

incisions were made both antero-posteriorly and laterally, splitting the cervix throughout its whole length. Forceps were applied and a delivery easily effected. The incisions were repaired the following day, leaving a sufficient cervical opening.

The puerperium was uneventful and mother and baby left the hospital in good condition on the twelfth day.

Abdominal Caesarean Sections.

Case No. 1. Jessie F., married, aet. 31, 11-para. A rather delicate woman, small in stature and frail in constitution. Both labors had been very severe and extended over many hours, being terminated with forceps after considerable traction. The first baby lived about eight months and died of some intestinal trouble, probably due to feeding, but it did not cry for the first six weeks at all and appeared to be unable to nurse.

The second child only lived twenty-four hours, and at the time its death was ascribed to injuries to the head during delivery. The external pelvic measures suggested the probability of flat pelvis being as follows:—Interspinous 24.5 c.m., intercrystal 27 c.m., external conjugate 18 c.m.

The diagonal conjugate was found to be 11 c.m., from which an estimate of the true conjugate was made of about 9.5 c.m. or 3.75 inches.

She last menstruated about October 15th, 1908, and experienced quickening on January 31st, 1909, from which dates an estimate of the time of labor was made between the 23rd and 31st of July, 1909.

It was decided to allow pregnancy to continue until the 19th of July, when if labor had not begun in the meantime, an abdominal section would be done.

Labor commenced, however, about 11.30 a.m. on the 18th, and preparations immediately made for operation, which was done about 4.00 p.m. No vaginal examination was made in the interim, except one by myself just prior to operation to determine whether the presenting part was entering the brim satisfactorily and judge of the necessity of operation in this instance. The os was dilated to the size of a fifty-cent piece, but the presenting part (breech) was high up and I decided to proceed. The usual abdominal incision was made and the uterus not delivered out of the abdomen.

On incising the uterus the placenta was found directly in the line of incision, with the result that the hemorrhage was free. The placenta was torn through and the baby rapidly delivered. The placenta, though torn, was, I think, all removed, but some of the membrane was left behind and was successfully passed a day or two later.