important case in his practice, as also did Dr. Marquis, of Mount Pleasant. These papers each elicited considerable discussion, in which Drs. Griffin, Winskel and Fairchild took part.

A vote of thanks was tendered Drs. Sinclair and Marquis for their interesting papers, and after some routine business the society adjourned, to meet again in Brantford on the first Tuesday in March next.

Selected Articles.

THE IMPROVED CÆSAREAN OPERATION.

The disposition manifested to return to the old method of abdominal delivery in the management of labors in pelves extremely narrow in their measurements, had stimulated suggestions from many prominent quarters, with the object of increasing the safeguards and precautions against the ordinary dangers attendant upon it. These are proposed mainly in reference to the prevention of hemorrhage, the security of the wound of the uterus against gaping, the warding off of septic influences, and the insuring of the greatest promptitude consistent with the proper performance of the operation. The various recent suggestions in these directions are very admirably set forth in a series of papers just completed by Dr. Garrigues, of New York, in the *American Journal of Obstetrics*

In connection with these points, it is interesting to notice an operation recently (March 5th) performed in the Maternity of the Woman's Hospital of this city by Dr. Anna E. Broomall, Professor of Obstetrics in the Woman's Medical College. The patient was a negress, aged 22, with a conjugata vera of $2\frac{7}{10}$ inches, and a very exaggerated inclination of the pelvis, which increased the obstruction. She had been twenty-four hours in hard labor before she came into the Hospital, and attempts at delivery had been made by long-continued and vigorous compression and traction with forceps. At the time of the operation by Dr. Broomall, her temperature was 102° and her pulse 180, with offensive discharge of blood and shreds of tissue ; but as the fœtal pulse was distinct, and the mother's condition not absolutely hopeless, the Cæsarean operation was adopted, as giving more chance to both lives than any other method. Craniotomy was inadmissible with the active signs of life in the child, and the Porro operation involved too much shock, and, moreover, her intelligent consent to be unsexed was not obtainable in her then condition. The operation was performed with full antiseptic precautions as to assistants, instruments, and atmosphere. The main important feature was the adoption of the principle of the Müller-Porro operation, viz., the turning out of the uterus from the abdominal cavity, keeping the edges of the incision closely pressed against the uterine wall, and before incising the uterus making constriction of the cervix to prevent hemorrhage. This plan, first suggested by Litzmann, of Kiel, has been carried out heretofore in a few cases only, and without success, by placing a constricting band around the cervix, either a wire loop, or, as urged by Garrigues, an Esmarch rubber tube tightened up until complete arrest of circulation is affected. Dr. Broomall, however modified this portion of the operation in having the *cervix grasped by the hand of an assistant* and securely compressed until the uterine wound was closed by sutures. The hand was applied with its palmar surface upon the lower anterior face of the uterus, with the thumb and fingers extended with the commissure looking downward, then slid rapidly down until the soft tissue of the cervix could be grasped in its embrace, the head being gently pressed upward till the cervical tissues were entirely isolated from it. The softness of the cervical walls rendered an efficient grasp quite easy, and the circulation was absolutely controlled, there being apparently not a drachm of blood lost from the incision in the uterus. The placenta was implanted anteriorly and had to be cut through, causing of course the loss of its contained blood. The advantage of this method of constriction was seen to be immense. First, there is great saving of time, and that too at a period of the operation when every moment tells upon the vitality of the fœtus. The difficulty of passing a cord or ligature of any kind over and behind the uterine body, carrying it down between the womb and the edges of the incision—which have to be kept closely in contact to prevent the escape of the intestines—and the care necessary to prevent loops of intestine and portions of omentum being carried down and grasped by the ligature, contused and perhaps permanently injured by the rough constriction, constitutes one of the serious delays in the Porro operation ; and the manipulation necessitated by it, disturbing the placental circulation, involves great danger to the child. With the manual grasp, the fingers being gently slid around the cervix from in front and kept close to the uteriue wall, such precautions are unnecessary, and the whole constriction is done instantaneously. In Dr. Broomall's case, it was less than fifteen minutes from the time the peritoneal cavity was opened until the uterine wound was completely closed, and in ten minutes more the abdominal walls were closed also, making only twenty-five minutes in all that the abdomen was open. Second a very important gain by this procedure is in the diminished risk from injury of the uterine tissues or the broad ligament and its appendages by their grasp in the soft hand, with its well-regulated and intelligent press-