

time for preparation and perhaps indifferent assistance, the vaginal section has no doubt come to stay.

The preparation of the patient can be done quickly, if necessary on the table, few instruments or assistants are required, it is quickly accomplished in most cases, fifteen minutes being as a rule ample to effect delivery, and oftentimes it might be done in much less time, the peritoneum is not opened and there is little danger of injuring the bladder with reasonable care. There is no abdominal incision to stretch if the patient recovers or be a source of questionings if she does not.

I would not have the impression created that I think that in vaginal Caesarean section one has a certain cure for eclampsia or that difficulties may not be encountered in its performance.

De Lee, after reviewing the reports on the subject, says, "Let the reader not be beguiled by the favorable statistics of vaginal Caesarean section into believing that we have a sovereign remedy for the disease in rapid delivery. While there is no doubt that emptying of the uterus immediately, eclampsia having declared itself, will reduce the mortality, there is also no doubt that the figures here quoted are only accidentally favorable. Eclampsia is a treacherous condition, and cases vary much in severity. The Editor's first 19 cases all recovered, this fact giving him a warm satisfaction in his methods of treatment, but the next 4 died in succession, dispelling that feeling completely."

Even after noting De Lee's remarks one can but return to the original statement that the most successful principle of treatment is that of prompt evacuation of the uterus. The best means of effecting this will depend upon circumstances to a considerable extent, but in the majority of cases vaginal section is the quickest and safest method at our disposal.

The next case is a rather unusual one, and as it approaches very close to a vaginal section, though it cannot be called such properly as the body of the uterus was not incised, it seems best to place it here in this report.

S. H., married, xvi.-para., Assyrian, age 41. Admitted to St. Michael's Hospital, in labor, December 30th, 1909. Eighteen months previously she had had a miscarriage which was followed by metrorrhagia for which she was operated upon in Grace Hospital.

On digital examination per vaginam no os could be found, the lower end of the uterus feeling rounded, and uniformly thick, with apparently a small scar about its centre.

With the speculum no sign of os could be made out except the scar referred to. The patient had frequent, strong pains.

An anæsthetic was administered, and with a very fine probe a minute opening was found leading into the uterus. Commencing from this point