

pregnancy. I made an incision in median line about seven inches long. The pre-peritoneal fat was very abundant and extremely vascular. Instead of incising, I tore it upon a steel director and exposed the peritoneum throughout the length of the wound; stopped all hemorrhage, and then opened the peritoneum. On passing in the finger I found extensive adhesions towards pubes in front in the line of the incision. While passing finger to left side, a gush of watery, dark-colored fluid took place, and a rent could be felt where the sac had ruptured, allowing this brownish-colored liquor amnii to escape into the peritoneal cavity. Passing the finger into the sac the limbs of the fœtus could be felt. The walls of the sac were very soft, tearing like paper, and very vascular. I put a clamp on each side and divided the wall between them; then took a foot, and gradually delivered a half-macerated male child, well developed, well nourished, and weighing about eight and a-half to nine pounds. A large quantity of meconium, that had been evacuated from the fœtus into the sac some time before operation, began to escape from the wound. The peritoneum was protected by sponges and absorbent cotton. The omentum was firmly adherent to sac above and bladder to it below. The navel string was tied previous to delivery, to prevent any pulling on it that would endanger the separation of the placenta. A quantity of vernix-caseosa, separated from the body of fœtus after its death by the action of the liquor amnii, was found lying at the bottom of the sac. The placenta was of the battledore formation; was situated on the right anterior and lower wall of the sac, and its edge came to within half an inch of lower angle of the incision. A large depression was left in the left iliac fossa. The bladder was found, by means of the sound, to be pushed well under the pubis towards the left side. The sac was thoroughly cleansed, as was also the peritoneal cavity, with plain boiled water; the sac walls were cauterized and the clamps loosened, but as the blood oozed from the cut edges, they were stitched with silk all the way round to effectually prevent bleeding. The edges of the sac wall were then stitched to the peritoneum and abdominal wall. An extra thick silk suture was passed through the abdominal

wall, sac wall, and again through the abdominal wall, at the upper and lower angles of the wound. A large glass drainage-tube was inserted, and put well down into the depression previously mentioned in the iliac fossa and within the sac. No drainage-tube was put in the peritoneal cavity. The navel string was left hanging from the lower angle of the wound. The wound was then closed with silk sutures and the edges carefully approximated. Iodoform was dusted over the surface, Lister's gauze tow, and a flannel roller completing the dressing. Considerable retching followed the operation during the afternoon. The urine was passed without difficulty. Some small clots of blood came from vagina during micturition. The sponge over drainage-tube was changed every two or three hours, and the wound kept absolutely dry by means of rubber tissue. Nothing allowed by stomach for 48 hours. The temperature fell as usual to 98.8°, pulse to 106, and then to 94.

May 2. Considerable flatulence; some pain on passing urine; dressings looking very clean, and left unchanged; urine strongly ammoniacal.

May 3. Changed dressings; everything looking well; nose bled a little.

May 4. Catheter used for urine. Temp. 100.2°, pulse 84.

May 5. Washed out sac carefully with solution of bichloride of mercury 1-10000; gave vaginal douche; enema of warm oil, followed by soap and water; bowels moved comfortably; temp. 102.6°, pulse 100; complains much of heat; slight cough developed; moans and sighs; no pain; sponged with alcohol and water; nausea; restlessness.

May 6. Vomiting; temp 103.2°, pulse 106; nothing but ice given by mouth; discharge from tube much brighter; atoms of placental debris coming away when sac is washed out; brandy and soda water; napkin over labia soiled, rather offensive.

May 7. Sac washed out twice a day; odor of discharge very strong; wound healing by first intention; champagne; enema of whiskey and milk; temp. 100.6°, pulse 108; slight chill; temp. 103.4, pulse 108; vomiting continues; nutritive enemata.

May 8. Saw her husband for few moments,