

pital the patient hung between life and death. At the end of that period he slowly recovered, and in seven months he left the hospital comparatively well. Since that time, two years have elapsed, and, during the interval, he has presented himself for examination, both at my office and at Dr. Blackader's. To-day he is as perfect a type of manhood physically as one could wish to see. He holds a position as locomotive engineer in the Grand Trunk Railway. The photograph, as you see, reveals an absolute symmetry in the muscles of all the extremities, going to show that regeneration of the neurones must have taken place in this case also.

## CÆSAREAN SECTION.

BY

H. L. REDDY, M.D., L.R.C.P., Lond.

Physician Accoucheur, Women's Hospital, Montreal.

Mr. President and Gentlemen:—It gives me much pleasure to bring before you to-night, the notes of six cases of Cæsarean Section, operated on by me. In order to shorten the report and save repetition, I will briefly describe the operation performed in the six cases. The usual preparatory treatment for laparotomy was followed in each case when there was time for it, and in all cases the abdomen was made as aseptic as possible. The anæsthetic used in each case was alcohol, chloroform and ether. The patient being anæsthetized, an incision was made in the middle line,  $2\frac{1}{2}$  inches above the umbilicus and  $3\frac{1}{2}$  below. In all cases bleeding was slight, and a ten percent solution of gelatine easily stopped all hæmorrhage. The peritoneum was opened. The left flank being well depressed and pressure applied on the right side of the fundus aided by one hand over fundus of uterus, it was brought outside abdominal cavity. It was now covered with hot towels and the intestines were kept in situ by hot towels. Towels were also packed around the uterus to keep any discharge from entering the abdominal cavity. A rubber tube was put around the uterus and drawn well down to the cervix to act as an Esmarch when required. The uterus was then opened from a point between the level of the Fallopian tubes as far down as the contractile ring or 6 inches. The wall of the uterus was cut through rapidly, and the placenta, in five of the cases also, with, in each case, very much less loss of blood than would be lost in an ordinary confinement. The part presenting at the opening was seized and the child delivered rapidly; the cord was clamped with Pean forceps and cut; aseptic ergot was given in the buttock hypodermically and the Esmarch re-