

while patient was in fair condition and strong. I accordingly had her removed at once to the Wingham General Hospital and prepared for Caesarean section.

Operation.—An incision 6 to 7 inches long was made in the median line—from above the umbilicus downwards. The abdominal wall, as is usual in such cases, I believe, was exceedingly thin. A specially long gauze roll was now packed in between the everted lips of the abdominal incision and the fundus uteri to protect the abdominal cavity. One of my assistants now pressed the abdominal wall firmly against the sides of the uterus. A vertical incision was now made into the uterus, from the fundus downwards, of about the same length as the abdominal incision. This was carried right through the uterine wall. As the placenta presented, instead of pushing it to one side, I went right through it, grasped a leg, and extracted the child. Dr. Hutchison now clamped the cord with haemostats, cut it, and I handed him the baby. He and Miss King, the patient's special nurse, took the child in charge, resuscitating it quite readily. Although the operation thus far had taken only four minutes, the hemorrhage had been very free. As soon as the child was delivered my assistant, Dr. Margaret C. Calder, grasped the broad ligaments and cervix, which controlled the hemorrhage temporarily, and at the same time brought the uterus outside the abdominal incision, a large sterile towel being placed behind the uterus, separating it from the towels covering the abdominal wall, which were now, of course, saturated with blood and liquor amnii. I now extracted the placenta, being careful to grasp it on the foetal surface. The uterus contracted at once. I inserted deep interrupted No. 3 chromocized catgut sutures. This practically controlled the hemorrhage. Half deep or superficial interrupted catgut sutures were inserted between these, and the peritoneal surfaces over the entire wound were brought together by a continuous suture analogous to the intestinal Lembert suture. The surface of the uterus and broad ligaments were sponged clean and the uterus replaced. The abdominal wound was closed by means of a continuous fine catgut suture for the peritoneum, interrupted silkworm gut sutures being employed to bring together the fascia, overlying structures and skin. The entire operation took 36 minutes. I am indebted to Dr. J. E. Tamblyn for giving the anesthetic, and my thanks are especially due to my assistant, Dr. Margaret C. Calder, and our excellent Hospital Superintendent, Miss J. E. Welsh, who so ably assisted me in the operation. The child, a boy, weighed $9\frac{1}{2}$ lbs., with the following measurements:

Head—Ant. post. 11.5 cm.; transverse, 9.75 cm.; shoulders, 11 cm.