

The uterus being firmly pressed against the abdominal incision throughout, I incised the uterus well up over the fundus, extracted the child, clamped the cord, and directed the anesthetist to give a hypodermic of ergotine, which I had previously prepared, while I separated the placenta. The loss of blood was comparatively trifling. The uterus promptly contracted as soon as emptied. On examination I found the mass to the left of the uterus was a fibroid firmly embedded in its wall. As the operation was done in a farm house, at 2 a.m., by lamplight, I concluded it best to leave the fibroid alone.

A wide strip of gauze was placed in the uterus, one end being pushed down through the os. The uterus was then closed with interrupted silk sutures, including all layers except the mucous membrane. A second continuous catgut suture was also used in the peritoneal covering of the uterus. The abdomen was thoroughly cleansed with dry sterilized gauze pads, and the wound closed in layers with Van Horn's catgut, silkworm gut being used for the skin; no drainage. No elastic bands used during the operation to control hemorrhage.

The child weighed $7\frac{1}{2}$ lbs., and was very much alive. The patient's recovery was uneventful, union by first intention, no disturbance of temperature, etc.

Patient was up in three and a half weeks.

Extra-Uterine Pregnancy

Case 1. A telephone message from Dr. — to drive out a distance of twenty miles and be prepared to operate on a case of appendicitis. On arrival I found the patient to be a woman, aged 40; pulse 140, small and compressible; subnormal temperature; marked pallor; abdominal distension and tenderness, especially over the lower portion. Her medical attendant informed me that a month previous she had been in bed for three or four days with an attack of appendicitis, pain and tenderness in the right iliac region, and a rapid pulse. These symptoms subsided in a few days, but there still remained an uncomfortable feeling in this region. About twelve hours before my arrival she had been suddenly seized with an intense pain about the right iliac region, and faintness, which her physician attributed to a rup-