

preferable to Cæsarean section. The simplest method of performing this operation is to draw down the closed cervix to the vulvar opening and then incise its anterior lip. When you reach the bladder insert two fingers between it and the uterus and by stretching the fingers apart you can separate them very easily; then continue the incision through the lower uterine segment practically up to the reflection of the peritoneum. In addition, you can, if you will, make a secondary incision in the posterior lip, but in the two cases I have had, it was only necessary to make the anterior incision. The advantage of this operation is that it is extra-peritoneal; that the single cut is very easy to draw together with catgut sutures and the operation from start to finish takes about 20 minutes.

With reference to Dr. Reddy's remarks on blood letting I would say that in these cases the primary blood loss was comparatively small. The administration of salines is, according to the French, absolutely contra-indicated. They say that the œdema at the time of labour is usually due to the retention in the body of the chlorides which are not excreted by the kidneys. Our experience has been that the normal salines are not contra-indicated; but, acting on this theoretical objection, we have in a number of cases given a solution of lactose, isotonic with the blood, with exceptionally good diuretic results.

FURTHER INDICATIONS FOR CÆSAREAN SECTION.

A. LAPHORN SMITH, M.D. (See page 516).

H. L. REDDY, M.D. I have had much pleasure this evening in listening to these papers. As to Cæsarean section, I believe Kelly, of Baltimore, takes twenty minutes to perform the operation, but I doubt if any one less skilled could attain this. As to its not becoming popular, Sãnger makes the remark that "any physician practising midwifery and not able to perform Cæsarean section has not risen to the requirements of his time." I would be very far from recommending the general use of it for all cases; the death rate is 10 per cent. to 15 per cent. in large cities in ordinary cases of confinement in their own homes, but if every man performed Cæsarean section for every trifle it would probably be very much higher. It is only from 3 per cent. to 5 per cent. in the hands of careful operators. I certainly think it is a vastly superior operation to vaginal section. Certainly you have not got the peritoneum exposed in the same way with the latter operation, but now-a-days it is exposed by the majority of surgeons without fear, and I do not see why obstetricians should take this as an objection. I do not see any reason why this operation could not be done by an intelligent man in a private house, especially in the country; still I would be very slow to give up sending the patient to the hospital if it could be managed at all. It is a major