

One may be briefly formulated as follows :—1. If the foetus is lying within the uterus, podalic version should be performed at once and the child rapidly extracted, unless forceps offers the greater advantage. A careful examination must then be made as to the site and extent of the rent. If it be low down, small, and absolutely closed in by the uterine contractions, the clots and shreds of membrane should be evacuated, a warm douche administered, and a hypodermic injection of ergotin administered, after which a strip of iodoform gauze should be carried to the fundus, and a firm abdominal roller applied.

Upon the first indication of peritonitis, an abdominal section should be performed, and the peritoneal cavity flushed, and drained.

2. When the rent is large, and a portion of the foetus has escaped into the abdominal cavity, the head, however, remaining fixed, or resting on the pelvic brim, forceps should be applied and the child rapidly extracted. This failing abdominal section must be performed, and the rent closed according to the Sanger method.

3. If the entire foetus have escaped into the abdominal cavity, or the lower portion remain in the uterine cavity, abdominal section is the only resort.

4. If the rent be extreme and ragged, or if there exist a septic condition of the parts, a Porro-Caesarian section, or total extirpation of the uterus is the only plan to pursue.

The placenta may be removed by the vagina, unless it has passed into the abdominal cavity, and the uterus contracted upon the rent, in which case section will be necessary, even though the child has been delivered per vaginam. If the rent is incomplete, it will be sufficient, after careful cleansing and irrigation, to pack the rent with iodoform gauze, for the purpose of controlling hemorrhage and to secure drainage.

R. W. G.