

peritoneal cavity and lifted out the child; he also removed the placenta which had been extruded from the uterus, a small portion only remaining attached to it. The uterus was then lifted forwards out of the abdominal cavity, and an attempt made to ligature it by a piece of elastic tubing. This tubing broke, and nothing else being available, a strong piece of twine was passed round the lower uterine segment and fastened securely. (The twine was afterwards replaced by a piece of the tubing generally used for ligature of uterus in Porro's operation.) The uterus was now amputated above the lower uterine segment. Some bleeding vessels were ligatured, and the abdominal cavity thoroughly douched out with hot water. There being only one sponge available, strips of clean cloth were used in addition. The ligature clamped the stump of the uterus a little above the lower limit of the rupture in the uterine wall; but a piece of the peritoneum forming the fold of Douglas was pulled in under the loop of the ligature, and so cut off the peritoneal cavity from the vagina. The incision in the abdominal wall was closed by silk sutures, which were passed deeply, so as to include skin, muscle, and peritoneum; five or six sutures were used. The stump of the uterus was brought through the external incision, and secured in that position by transfixing it with knitting needles. The wound was dressed with iodoform gauze, and a binder applied over all. The antiseptic used was corrosive sublimate. During the whole course of the operation the patient had been receiving frequent subcutaneous injections of ether; brandy was also given.

The operation was concluded at a quarter past eleven; and the pulse being barely palpable and the patient collapsed, one of the house-surgeons left for the transfusion apparatus. In the meantime brandy was given by the mouth, and also digitalis in the form of the tincture. On the arrival of the transfusion apparatus, 27 oz. of sterilized salt solution, of strength of  $\frac{1}{3}$  j. to the pint of boiled water was injected into the infra-clavicular subcutaneous tissue by means of syphon action. (Temperature of transfused fluid,  $100^{\circ}$  F.) This caused no appreciable improvement in the pulse, and the patient sank rapidly, the pulse being palpable at the radial artery ten minutes before death, which occurred at twenty minutes to 1 a.m.

The child was a male and still-born; the skin was peeling off in some places. The skin over right shoulder was much discolored by a well-marked caput succedaneum on it. Placenta was normal.

This gives the account of the case from the spectator's point of views. How the case struck me is briefly as follows:—When I was summoned to the patient I took with me Braun's blunt hook for decapitation, not anticipating anything more serious. When narcosis was completed, however, and inspection was made of the bared abdominal surface, it was evident that the flattening of the recti as the patient strained pointed to something abnormal. On palpation, therefore, I was not surprised to be able to make out the fœtus distinctly through the abdominal wall, and feel the body of the uterus apart from it and below the umbilicus: I accordingly diagnosed uterine rupture, and passed my hand into the vagina to ascertain its extent. I found it to be a huge one at the upper limit of the lower uterine segment posteriorly, easily admitting the entire hand. Blood poured through the rent, and as I believed the case to be, if not hopeless, a very bad one, I thought it best to attempt delivery of the child and placenta through the rent, and then to see what next could be done in the way of treating the rupture by the iodoform gauze tampon, as has been recently practised so successfully by Leopold and others. I accordingly seized the foot of the child and drew it down, but speedily desisted, as I found that with it the small intestines were descending thorough the rent. No course was therefore left to me but the performance of abdominal section, and I did this all the more readily as I saw I could deal with the rent then either by supravaginal amputation of the uterus or otherwise, as I thought fit. One difficulty was the armamentarium, as when mustered it only amounted to one knife, india-rubber tubing, needles and thread, one pair of Péan forceps, and one sponge, which an obliging but tipsy female neighbor sacrificed for the emergency. The house was a hovel, and the light scanty, but everything depended on speed, and sending to hospital would have involved nearly an hour's delay. When the abdomen was opened venous blood poured out, so that I at once seized the uterus and passed tubing