

rough and cavity. I curetted the bones, and with the sutures and firm pressure over the trocantus succeeded in bringing the bones together. The pelvis was then firmly fixed with adhesive plaster, iodoform gauze drainage, and at each subsequent dressing I used an iodoform emulsion. As a result, I got good, firm union and recovery, without any interference with locomotion. There was no history of injury or tuberculosis in the family.

Cesarean Section

I was called by Dr. Martin, of Waterloo, Que., to see Mrs. X—, aged 35, ii. Para., a strong, healthy woman who had been nearly thirty hours in labor without having made any progress. On examination I found a well-developed pelvis, the cervix very high up, vertex presentation, os partially dilated, with firm, fibrous edges and apparently not dilatable. On palpating the abdomen immediately above and to the left of the pubes a firm, hard mass, about the size of a small orange, presumably a fibroid. Pains were good and strong, and had been throughout, but the woman was becoming exhausted. She had one child, eleven years of age; no miscarriages. Five years before, Dr. Wm. Gardner, of Montreal, had done a ventro-fixation of the uterus, as each contraction caused a great deal of abdominal pain in the median line I concluded that the ventro-fixation was interfering more with the labor than the fibroid.

The patient and her husband were very anxious to have a living child, and with the conditions existing I decided that cesarean section would be as safe a procedure for the mother, as a very difficult and prolonged high forceps operation with a non-dilatable os, while the chances for the child would certainly be more favorable.

The patient was placed on the table, abdomen disinfected, and an incision made in the median line, from the umbilicus down to about two inches above the symphysis. At the upper angle of the wound I entered the abdomen, but below this the abdominal wall was firmly fixed to the uterus by a dense mass of fibrous adhesions, 1½ inches wide, extending down as far as the finger could reach. I decided to leave these adhesions intact, and prolonged my incision upwards to the left of the umbilicus.