

then bichloride. Towels were boiled and placed around abdomen. Instruments were boiled and put into a solution of carbolic acid.

After making hands aseptic, an incision four inches long was made in the median line; after cutting through the skin and integuments, and after all hemorrhage had been arrested by artery forceps, the peritoneum was picked up between two forceps and cut between; the finger was then used as a guide and the opening enlarged with scissors. On digital examination a five months' foetus was found lying amongst the bowels, and there were also a great number of clots and quite a quantity of serous fluid, showing that the sac had ruptured. The foetus was removed through the opening. On examining the placenta it was found to be quite adherent and was separated with great difficulty, and there was very severe hemorrhage, which was controlled by boiled hot water and artery forceps. The cavity was then packed with iodoform gauze for a few moments, and on removal it was found that all hemorrhage had ceased. After drying the cavity with prepared lint a drainage tube was inserted, and the peritoneum was brought together with silk, then the muscles and skin with silkworm gut and a dressing of boracic acid and iodoform, absorbent and gauze, and a many-tailed bandage.

The patient was very weak after the operation, but on giving her strychnine hypodermically, and brandy per rectum, she revived. We would have given her an intra venous injection of salt solution but did not have the appliances with us. Her diet after the operation was brandy, milk, egg albumen, and beef juice, that is, beef just warmed and then squeezed.

She made a good recovery, and she now wears an abdominal silk belt and is going around.

The temperature on the fourth day went up to 100, but when the bowels were moved it went down to 99.

I would like to enumerate some of the many difficulties a country surgeon has to contend against:

1. The patient was nine miles from our office.
2. Country people have a great abhorrence of an operation, and if you do an operation and it terminates fatally you are done for in that locality.
3. It is impossible to have trained nurses, as nine times out of ten operations have to be done in poor families, and they are unable to get them. We had two neighbor women assisting us. You have to act as nurse, generally, yourself.
4. It is very hard to get country people to go to a hospital; they think when you mention hospital to them that their time has come, and will start to make preparation for the "great beyond."

Generally the places you have to operate in are not very aseptic, and it is a wonder sometimes how they escape septic trouble.

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