small and feeble; voice a mere whisper; sordes on teeth and lips; tongue dry. All uterine action had ceased, and it seemed to me that unless something rapid was done there was little hope of anything but death from exhaustion.

With the assistance of Hospital Assistants Chundun Singh (retired), Doorga Prasad (in charge of dispensary), and Achru Ram (in charge of gaol and police hospitals), I proceeded at once to operate. Having drawn off the urine and washed the abdominal walls, etc., with a strong bichloride lotion, Achru Ram at the same time administering chloroform, I made an incision a little to the right of the median line, half-way between the umbilicus and symphysis pubis, cutting down at once on to the uterus. Introducing two fingers, I enlarged the incision down and up, having the bladder—which was lying collapsed and exposed at the lower part—kept out of the way by the points of my fingers as the incision was being extended.

I then waited a short time until all bleeding (from a few veins) had ceased, made an incision into the body of the uterus, somewhat to the left of the median line, exposing the back of the foetus, and extending this by the introduction of my finger in the same manner as in the primary incision, both up and down, extracted the child—which was a fully developed male—cut through the cord, and put it (the child) aside. I then, leaving the placenta inside, compressed the uterus with both hands, causing it to contract somewhat, and pulled it, along with the ovaries, completely out of the abdomen, and handed it over to one of the hospital assistants, who held it in that position until I had transfixed the cervix with a couple of steel knitting needles. These I introduced at an angle, so that they crossed each other in a line parallel with the fold of each respective groin. While one hospital assistant dragged the uterus well forwards, and another kept the intestines *in situ*, I passed an india-rubber drainage tube firmly round the cervix, below the level of the knitting needles and, tying it there firmly, cut off all the structures above, which included both ovaries. There was scarcely a drop of blood lost. The walls of the abdomen were brought together by interrupted silver sutures, the peritoneum being included in each stitch. A glass drainage tube was inserted on the umbilical side of the stump, and the whole dusted over with aristol, a many tailed bandage relieving the tension on the sutures.

After the effects of the chloroform had passed off, 20 minims of laudanum were given. The operation lasted less than half an hour, and not more than an ounce of blood could altogether have been lost. On my evening visit I found that the patient had slept for four hours and had passed urine without the aid of the catheter.

The subsequent history of the case is one of uninterrupted recovery. There was a little tympanites for two days, which passed off when the bowels were relieved by a turpentine enema. The incision above and below the stump healed by first intention.

The knitting needles and tubing were removed on the third day, the stump being allowed to drop back into the pelvis, and the drainage tube on the fourth. Since then the parts have been syringed out twice daily with a weak boracic acid lotion, the abdominal walls, vulva, etc., being carefully dried and dusted over with aristol powder, a many tailed bandage of course being used as a support. No other treatment has been found necessary. After the operation the temperature never rose above 100°, nor the pulse above 96.

November 21st. This is the eleventh day since the operation. All sutures are removed; the cavity is filling up and contracting rapidly; bowels and bladder are acting naturally. Temperature normal, pulse 82, and appetite voracious.

November 30th. The woman is "up and about," and the wound entirely healed. She has gained markedly in flesh, and all her digestive functions are normal.

December 9th. She is walking about, and now fit to go to her home.

A SUPPLEMENT to Squire's *Companion to the British Pharmacopœia*, containing notes on the additions made in 1890, has been issued by Messrs. Churchill.

A ZOOLOGICAL station has been established on the borders of Lake Plön, in Holstein. The German government has promised an annual subvention.

CASE OF CÆSAREAN SECTION.

By R. F. GRANGER, L.R.C.P. AND L.R.C.S.ED.,

Surgeon Whitby Workhouse Infirmary.

My excuse for publishing this case is the rarity of the operation in private practice and the remarkably successful result. I was called in to see the patient, S. P., aged 24, at 6 P.M. on November 4th, 1890, and found her to be in the second stage of labour. She was a dwarf, 4 feet in height. Above the pelvis she was well developed and of normal size, but her pelvis was extremely small and rickety, and her lower limbs did not exceed 16 inches in length. On my arrival the pains were occurring every two minutes, increasing in rapidity, and on vaginal examination the conjugate diameter of the pelvis was found to be only 1½ inch.

Drs. Wilson and Stonehouse consulted with me, and it was decided that Cæsaean section was the only remedy. In consequence of the poor accommodation at her home, she was at once removed to the workhouse infirmary, and when she arrived the pains were almost gone. She was at once prepared for operation, and I performed it in the presence of Drs. Wilson, Stonehouse, and Tinley. The latter gentleman gave ether.

I had the bladder emptied. The operation was performed antiseptically. In consequence of the small distance between the umbilicus and pubes, the incision extended between these two points; an incision of the same extent was made through the linea alba down to the peritoneum, and the peritoneum was divided on a director for the same distance. The uterus appeared at the wound, and no protrusion of intestines occurred. I made an incision through the uterine wall the length of the abdominal wound. Very little bleeding occurred; the bleeding vessels were at once secured, and the uterine wall hooked up to the edges of the skin incision. The membranes were cut and the right arm presented, the child lying in the normal position. The head was found and with difficulty extracted, on account of the small size of the wound; the body followed without difficulty, but the placenta, being slightly adherent to the left side, was removed after some little trouble. There was very little bleeding, and the uterus contracted firmly immediately after removal of the placenta, so firmly, indeed, that I was some time in finding the uterine incision. The uterus was brought out of the abdominal wound and held between the hands for about a couple of minutes to ensure continued contraction. The uterus being replaced, a drainage tube was introduced through the incision into the vagina, and the uterine incision closed by five silver sutures.

On examination there was practically no blood, as far as could be seen, in the peritoneal cavity. Seven silver sutures were introduced through the entire thickness of the abdominal wall; carbolic dressings and a flannel binder were applied.

The patient rallied well after the operation. On visiting her the following morning she said she had slept well, and had been very little troubled with after-pains. I had the dressings changed, and very little discharge was found from the abdominal wound, but a free and very offensive discharge had occurred from the vagina. The catheter was used once, but after that she had a free escape of urine. The wound healed by first intention. The temperature was 100° twelve hours after the operation, and it never exceeded that. The wound was dressed daily, and the vagina syringed out twice a day with a weak solution of carbolic. She was given a mixture of tinct. opii and sp. æth. nit., and kept on gruel for the first week, and then allowed beef-tea. She slept well and took her food well throughout the whole course of her recovery, which was uninterrupted, and she was allowed to sit up on the nineteenth day, and discharged on the forty-second day. The child lived.

REMARKS.—The success of the operation was probably chiefly due to its being performed before the patient was too far exhausted, to the smallness of the incision, that of the uterus involving neither fundus nor cervix. The case is noticeable in there being no apparent shock, in the rapidity in which the wound healed, and in the entire absence of bad symptoms.