Cæsarean Section performed on Six occasions on the same patient.

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Mrs. A. H., age 21, was admitted to the Royal Victoria Infirmary, Newcastle-on-Tyne, on the 30th September 1913, for Cæsarean section. She had a history of rickets in early childhood, was of stunted growth, and her true conjugate diameter was less than 3 inches.

1st Cæsarean.—Operation, 6th October 1913. Male, alive. Puerperium afebrile. Discharged 18th October 1913.

2nd Cæsarean. Admitted 20th February 1915. Operation 21st February 1915. Female, alive, $6\frac{1}{2}$ lbs. Puerperium afebrile. Discharged 6th March 1915.

3rd Cæsarean. Admitted 3rd October 1916. Operation 3rd Oct. 1916. Female, alive, $5\frac{1}{2}$ lbs. Discharged 17th October 1916. Temperature 100° F. on 4th day, 101° F. on 5th day after operation. Otherwise normal. This child died one year and seven months later. Four months after this operation the patient developed a ventral hernia, for which she was operated on 25th August 1917, and discharged 14th September 1917. Convalescence afebrile.

4th Cæsarean. Admitted 22nd March 1918. Operation, 22nd March 1918. Female, alive, $6\frac{1}{4}$ lbs. Puerperium afebrile. Discharged 13th April 1918. This child died ten weeks later.

5th Cæsarean. Admitted 15th September 1919. Operation, 16th September, 1919. Patient seven months' pregnant and in labour. Female, alive, but died the following day. Puerperium afebrile. Discharged 27th September 1919.

At this operation the lower part of the previous incision appeared to have given way, but was covered by peritoneum, forming a hernia of the uterus, about the size of a crown piece, into which the membranes protruded and through which the foetus was quite visible when the abdomen was opened. The margins of this were cut away, and the uterine muscle sewn together again.

6th Cæsarean. Admitted 19th July 1921. Operation, 19th July 1921. The uterine wall appeared strong and healthy. Male child, alive, 7 lbs. Convalescence afebrile. Discharged 29th July 1921.

Although this patient has already had six Cæsarean sections, she does not seem any the worse. The method of procedure was similar in all cases. The operation was not performed until the

patient had been one or more hours in labour. The incision was a mesial one through the body of the uterus, and the uterine wound was united by two layers of chromic catgut, the first layer being interrupted through the whole thickness of the uterus, the second being continuous through the peritoneum over the incision.

The patient has now three living children, and her present age is 29 years. All these operations were performed in the Royal Victoria Infirmary, Newcastle-upon-Tyne.

A Case of Missed Labour: Cæsarean Section.

By BELLINGHAM SMITH, F.R.C.S. (Eng.).

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E.F., 22, was admitted to Victoria Ward, Guy's Hospital, on May 1st, 1913. She had been married 18 months and had had no children. She stated that menstruation had been regular up till May 24th, 1912, when it ceased. She had considered herself pregnant, and calculated that she would be confined at the end of Feb. 1913. On Oct. 2nd, 1912, she first appreciated foetal movements and noticed that her abdomen was becoming progressively bigger and that her breasts were enlarged. On March 9th she sent for her doctor. The doctor wrote as follows: "On March 9th she seemed to be not quite at full time for there was a fairly long cervix which only admitted the extreme tip of my finger. I advised patience. On March 18th I saw her again and the cervix was gone (practically). There was a slight 'show,' and the foetal head was obviously presenting as I could distinguish the sutures. On April 12th there was again a slight 'show.' There has never been any suspicion of a miscarriage."

The Registrar noted:—There is a median swelling in the abdomen which extends half-way from the umbilicus to the ensiform cartilage. The round ligaments can be distinguished on either side. During the abdominal examination the uterus appeared to make some slight contraction. No foetal heart was heard, but a definite uterine souffle was audible on either side. On vaginal examination the cervix was soft, but was not dilated. The foetal head could easily be felt. The breasts were enlarged and secreting, but the patient said that the character of the secretion had altered: "before it was watery, now it is milky."

Foetal movements suddenly stopped on March 28th, and the patient said that she felt better in general health since the movements ceased. The abdomen had been decreasing in size since that date.