

should be scarcely more than those of natural labor; in such cases craniotomy is preferable, especially as in subsequent pregnancies premature labor may be safely induced and family secured. In this way craniotomy may save more infantile as well as maternal life than Porro's operation, in cases where the deformity is not too great. But when the contraction is great, Cæsarean section is a fair alternative to craniotomy, and in skilful hands is to be preferred. Conclusions: 1, Greater attention to diet and hygiene, especially among the working-classes, will decrease the frequency of deformed pelves. 2, In very slight degrees of deformity, the long forceps, turning, and induction of premature labor are the proper alternatives to craniotomy. 3, Porro's operation is suitable in great degrees of deformity. 4, Cæsarean section (Sänger's or Leopold's) is legitimate in less degrees of deformity. 5, Craniotomy is preferable in minor degrees of contraction. 6, In other obstructions, such as tumors, Porro's operation or removal of the tumor. The legitimate aspiration of the obstetrician is to eliminate from his art the practice of craniotomy upon living children; but the dream of Tyler Smith will probably be realized only when hygiene has triumphed over disease, and when all men and women are healthy and virtuous.

DR. KINKEAD of Galway followed with a paper on the possibility of reducing the maternal mortality of Cæsarean section to that of craniotomy. He said that the causes of death after Cæsarean section are shock, hæmorrhage, peritonitis, incarceration of intestine, exhaustion, and septicæmia, all of them dangers which are increased by delay in operating. In fact, delay and fruitless attempts to deliver in other ways are the main causes of the mortality. Dr. R. P. Harris has shown the mortality of Cæsarean section to be about 25 per cent. in pelvic deformity of $2\frac{1}{2}$ inches, where the operation was done within the first 24 hours, no other operative measures having been previously attempted. Although this percentage is too high, it compares favorably with the $37\frac{1}{2}$ per cent. of craniotomy in similar cases. Dr. Kinkead then described minutely the method of performing Cæsarean section according to Leopold and Sänger.