

and the other $3\frac{1}{2}$ inches. All the children were delivered by forceps. Three of the children were born alive, but nothing is said of the condition of the other.

In one case the knife would not pass through the joint, and while a passage was being sought, the joint gave way, and on examination the bone was found to have given away into the obturator foramen, and at the same time the left ramus had fractured about the junction of the ischium and pubes. The fractured end of the bone caused a laceration of the vagina during the delivery. The patient made a good recovery.

The author doubts whether the operation of symphysiotomy will ever become popular. His experience of the operation is limited to six cases; in all there was considerable laceration of the soft parts and in two of them severe hæmorrhage was encountered. The care of these cases after delivery is very difficult, the convalescence is at least two weeks longer than of the Cæsarean operation. He considers that 3 inches is the lowest limit for this operation, but the relative size of the head must be borne in mind.

Cases of Cæsarian Section.—In the ten cases, one was done for extensive cancer of the cervix and nine for markedly contracted pelvis. The recovery of all the cases was uneventful. In one case twins were encountered. All the babies were born alive. One child became excessively jaundiced on the second day and died.

In operating the author states that he makes an incision of about five inches in length, two-thirds of it being above the umbilicus. Cameron's pessary is used to prevent bleeding from the uterus while incising it. The uterus is incised longitudinally, so that the top of the incision will not be at the fundus.

He states that the placenta has been found on the anterior wall in nine-tenths of all his cases. Catgut sutures were used for the uterus and silk to tie the tubes.

The operation was usually performed after labour had started. In his opinion the operation is attended with little risk in suitable cases. The risk is greatly increased if the patient has been some time in labour and has been repeatedly examined. In such cases craniotomy should be performed in preference.