

Dr. Hunter Robb asked Dr. Michael if in his case he has been able to suture the pubic ligaments as described by Leopold of Dresden in a case of symphysiotomy.

Dr. Michael said that the ligaments of the pubes offered a very considerable amount of tissue which might be caught with sutures. It would be unwise to depend upon the sutures, however they were passed. The pressure from the sides, as produced by adhesive plasters and a well-applied bandage over them, is so complete that you get a support which no suture of any kind could supply, and it would not make a very great amount of difference if the ligatures were not applied at all.

Dr. Robb congratulated Dr. Michael upon the success of this case. He thought that symphysiotomy would undoubtedly have a prominent position in obstetric surgery. On account of the simplicity of the operation, there will be great danger of its being performed more often than is necessary.

The pelvic measurements should be made as carefully as possible, with consultants of sufficient experience, before operation, just as is done when Cæsarean section is thought of. In some cases the operation is undoubtedly so clearly indicated that immediate action is justifiable, but these cases, he believed, form the large minority. Symphysiotomy does not provide for as many abnormal conditions as Cæsarean section; for example, where one has to deal with cancerous growths of the cervix, pelvic exostosis, tumors of the uterus, and some deformities of the pelvic bones, it would be useless to do symphysiotomy.

He believed, however, that the operation would perhaps save the lives of many children. On the other hand, it may leave undesirable results in the mother.

Dr. William S. Gardner said that the profession was indebted to Dr. Michael for bringing this subject before them. This operation will almost entirely take the place of craniotomy on the child where the condition is that of contracted pelvis. Of course no one would dream of doing symphysiotomy for a cancerous cervix, or where the obstruction was due to any other condition in the pelvis than that of contraction. The operation will also cut in very largely upon the Cæsarean sections, especially those Cæsarean sections done in the United States. The fact is very well known that we have in the United States a very small number of extremely contracted pelves, and that a large percentage of the Cæsarean sections that have been done were upon women who had only what is known as the "relative indication." With reference to the suturing of the pelvic bones, Leopold remarked at the time he was stitching the wounds that he did not consider the stitching of very much value, and that he placed his main reliance upon the external bandage. The bandage which he used was