as surgeons, and urged the necessity of attaining greater perfection in diagnosis and devoting more attention to uterine therapeutics.

Dr. Robert Barnes introduced the subject of "The Alternatives to Craniotomy" in an admirable paper, somewhat conservative in tone. He said that in Tyler Smith's time the perforator was more frequently used than the forceps, craniotomy being done once in every 340 cases. The abolition of craniotomy was Tyler Smith's dream; but though this will probably never be realized, the frequency of the operation may in several ways be diminished: (1) By hygienic and prophylactic measures. Infancy is the time when deformity begins, hence infancy is the proper time to prevent it. Secure better food and hygiene for the working classes and deformity will decrease. Deformed pelves are much rarer in England since the passage of the Factory Acts, and of late years cases of extreme deformity are far less frequent than in Germany. (2) By the use of the long forceps with the pelvic curve, many children are now extracted through narrow pelves that would in earlier times have been sacrificed. (3) By the induction of premature labor, either before or after viability, when the case is seen sufficiently early. (4) By turning, an operation available from the 36th to the 40th week. But when the woman has come to full term with a living child too large to be extracted alive through her pelvis, the only alternatives are craniotomy or one of the Cæsarean section operations. Which shall it be? For Cæsarean section two strong arguments are urged: 1st, The child has thereby a reasonable prospect of living. 2nd, The mother's chances are not much worse than after a difficult craniotomy. The advocates of craniotomy maintain that (1) Cæsarean section does not, as yet, give the mother as good a chance as craniotomy; (2) the mother has a primary right to life, consequently that operation should be chosen which will give her the best chance. The whole question hinges upon the degree of deformity of the pelvis; the operation, which is preferable in minor degrees of contraction, is not necessarily preferable in the major degrees. In deformed pelves with a conjugate of 3 to 3½ inches, the risks of craniotomy