

after-coming head. Dührssen has never seen a case of severe hæmorrhage in the large number of operations he has performed.

Time does not permit an extensive review of the literature pertaining to this operation, but it may be said that in Germany it has won for itself a permanent place in the field of obstetric operations. Munro-Kerr, of Scotland, has reported three cases thus operated upon and says the operation is not attended with difficulty, the stitching being the most difficult part. He considers the operation requires some surgical experience, and is consequently not suited for ordinary general practice. Yet several successful cases have been reported by general practitioners both in England and America.

Webster and Bacon have reported a number of cases operated upon in America. Bacon in reporting favourably of the operation draws attention to the following advantages it possesses: The peritoneal cavity is not opened, thus the dangers of peritoneal contamination are avoided, as well as the disadvantages of peritoneal adhesions. There is much less hæmorrhage than from abdominal Cæsarean section, as the site of the placenta is not infringed upon. The scar in the uterus is probably in a less dangerous location than in the case of abdominal Cæsarean section. The scar and consequent weakening of the abdominal wall is avoided, and in general the consent of the patient to such an operation is more readily obtained than for abdominal Cæsarean section.

Halbertsma first suggested the use of abdominal Cæsarean section in eclampsia, and since then the operation has been frequently performed in such cases.

Pollak, of Vienna, has recently published a comparison of the comparative results of abdominal Cæsarean section and dilation by means of the Bossi dilator. He has collected 82 cases of abdominal Cæsarean section performed for eclampsia, with 48 maternal deaths and 33 foetal deaths. In 71 cases delivered by dilatation by means of the Bossi instrument, the maternal mortality was 12 and the foetal 10. Hammerschlag reports 21 cases of vaginal Cæsarean section collected from literature. Nine mothers died, six of eclampsia, two of sepsis, and one of pneumonia. The foetal mortality is not given.

It thus seems that the more conservative method by Bossi dilation gives, on the whole, better results than either abdominal or vaginal Cæsarean section.

Hammerschlag of Königsberg, has well summed up the present treatment of eclampsia in a recent paper and I cannot do better than quote his conclusions which give full expression to my own opinion:

He distinguishes between light, moderate and severe cases, according