

Finally, craniotomy on the dead child should be performed in many cases in preference to the difficult operations which are usually carried out when the foetus is alive, the principal being, after the foetus dies endeavor to deliver the mother with the least possible injury and danger.

Craniotomy is considered as a last resort, and the woman is subjected to the most dangerous operations in order to avoid mutilating her dead infant. The mortality of craniotomy is considered higher than almost any other operation, by some even higher than Cæsarean section or symphyseotomy. This is absurd; the mortality of the operation of craniotomy is lower than that of forceps.

Of all obstetric operations the most common is that of the forceps. Frequently the operator finds that, notwithstanding most strenuous efforts, he can produce no effect on the progress of the child; this is usually due to a mistake in the diagnosis of the position of the head, or to the failure to recognize the existence of a contracted pelvis. However, the attempts at delivery are continued, another physician helps to pull, and together they succeed in delivering a dead child, or one so crushed that it dies in a few hours. As for the mother, she has severe cervical, vaginal and vulvar tears, post-partum hæmorrhage, and sepsis, in the puerperium. If happily she escapes with her life, she carries the effects of such brutality in the shape of severe cellutic thickenings in the parametria, adherent uterus, and probably life-long invalidism. I have known a physician to pull four hours on the forceps, knowing all the time that the foetus was dead.

The second operation that is too often undertaken to avoid the necessity of hurting the dead child, is version. In cases of contracted pelvis where in spite of strong pains the head has not passed the inlet, if the child is dead craniotomy is the proper operation. I exclude here cases of absolute contraction, referring to those where the conjugata vera is from three to three and a half inches: to do a version here is foolhardy. The operation of version is one that, except in the most favorable cases, requires considerable skill in technique; it has always the attendant danger of rupture of the uterus, especially in cases where the lower uterine segment has become thinned during the ineffectual attempts of the uterus to force the head past the obstruction. Finally, the operation of craniotomy is simple and requires less skill than a version; it has no attendant dangers except sepsis and injury to the soft parts, which the operator can avoid.