

Certain researches which he had made on the symphyses of women who had died soon after labour had shown that the symphysis was a proper joint, with a fibrous capsule and a true synovial membrane.

Stoeckel reported 44 cases from the Charité (Berlin), with no maternal deaths. Two of the children died. Hebstectomy is an operation without danger to the mother. By the proper subcutaneous method there is least bleeding, and the bladder can easily be avoided. As the bladder lies usually extra-median, its position should be correctly ascertained, and the operation performed on the opposite side. If the needle is passed from below upwards, the bladder can be easily avoided. In his 44 cases, on only one occasion was the bladder punctured. Bladder puncture will heal spontaneously, while bladder rupture is dangerous, and is due to excessive separation of the bone. The legs should not be allowed to separate too widely, and labour should be allowed to proceed naturally. Prophylactic hebstectomy purely on the result of the pelvic measurements is not justified, and neither should one wait too long. In the case of obvious disproportion between the foetal head and the pelvis, hebstectomy should be done as soon as the os is fully dilated and the child still unharmed. Operative delivery is indicated when there is any danger to the child. Forceps is preferable to version.

Fleischer found as the result of hebstectomy of seven puerperal pelvises that (1) the true conjugate showed a distinct increase, greatest in small, round pelvis (10 mm.), (2) the transverse diameter was still more increased (up to 2.3 mm.); on the average 1.4.3, 15.0, 15.6; (3) the alteration in the oblique diameter was very slight, and should not affect the choice of the side for operation: (4) the circumference was important, as the average increase was 5.5 c.; (5) the integrity of the sacroiliac synchondrosis was not affected by a separation of the bone of 4 cm.

Schickele says that in order to bring about a permanent increase in the size of the pelvis, the section of the bone should be made in the form of a step, and after delivery the ends of the bone so manipulated that the two projecting parts remained opposite each other. This might be arrived at by keeping the patient lying, with the legs abducted.

Van de Velde directed attention to the permanent increase in the pelvic dimensions which can be attained after hebstectomy when the patient is made to lie with the legs well apart and without a bandage. Such increase takes place with complete recovery of the bony continuity. He showed skiagraphs, from which one could see that there was an increase of from 1.5 to 2.0 cm. That this is sufficient was proved by three of his cases, in which the next children were born naturally, even