

Particular stress is laid on the danger of infection of the cellular tissue as an objection to the operation, several cases of this nature being recorded from the author's personal experience.

Statistics, both French, German and English, are quoted showing that the mortality in cervical Cæsarean section lies between 7.3 and 8.0 per cent., while the morbidity, according to Jeannin, runs about 30.7 per cent. The foetal mortality runs somewhat over 8 per cent.

Shauta's statistics for classical Cæsarean section consist of 150 cases between the years 1885 and 1900, with 4 deaths, of which one only was due to sepsis, and 150 living children.

Comparison is then made between cervical Cæsarean section, craniotomy, and hebosteotomy. He then states that all cases that have been examined with infected hands are to be excluded from any form of Cæsarean section.

He distinguishes on purely clinical grounds 3 classes of cases:—first, clean or uninfected; those which present themselves for operation before or immediately after rupture of the amniotic sac and only have been examined under strictest aseptic precautions. Second, protracted cases; such being cases in which the labour has lasted for a considerable time, and a certain amount of expulsive effort has been made, the amniotic sac having been ruptured, and cases which have been examined under doubtful conditions of asepsis. Third, unclean or infected cases; to which class is designated all cases which have been examined repeatedly, whether they have or have not fever, even those cases which at the time of observation show no evidence of manifest infection.

The author then proceeds to discuss the subject of hebosteotomy referring to the fact that it is falling into a certain amount of discredit, which he thinks is due largely to its unwise employment. After dwelling on the dangers of operation, he states his own experience in 50 cases, in all of which the mother recovered. His custom was to allow all primiparæ to deliver themselves after the bones had been separated. Three children were born dead as a result of this method of treatment, the death being undoubtedly due to delay in the second stage. He is now of the opinion that the operation of hebosteotomy is only to be undertaken in the case of multiparæ, and is to be followed by immediate delivery.

In his clinic, between 1892 and 1906, out of 5,288 cases of contracted pelvis, craniotomy was performed on living children 76 times, with one maternal death.

He then discusses the indications for extra peritoneal Cæsarean section, relegating to this operation those cases which have already undergone protracted labour and escape of the waters, the so-called protracted cases