

*Second.*—If the measurements or the vaginal examinations indicate any possibility of or necessity for Cesarean section, when labor begins, as few examinations should be made as possible, and these examinations should be made under the strictest aseptic precautions, preferably using gloves.

*Third.*—Freedom from previous attempts at delivery. It is now conceded that where, from the results of a proper ante-partum examination, Cesarean section has been decided upon at the onset or before labor, a 2 per cent. mortality is all that is to be expected. With such a low mortality as this, and with the increasing perfection of surgical technique, are we not justified, or even compelled, to decide between a clean, rapid abdominal section in preference to the slow, dangerous and oftentimes unsatisfactory or mutilating high-forceps delivery.

The indications for this operation at the present time may be enumerated as follows:

*First.*—Deformed pelvis.

*Second.*—Disproportionately large child.

*Third.*—Placenta previa.

*Fourth.*—Eclampsia, with partially dilated cervix, complicated or not by other causes.

*Fifth.*—Neoplasms of uterus, such as fibroids, carcinomata, etc.

*Sixth.*—Vaginal deformities, such as tumors or marked contractions from scars.

McPherson says: "The general shape and contour of the pelvis is as important an indication for Cesarean section as the measurements of the conjugate vera, for we now know that such irregularities as those of the Robert's type, on account of the lateral contractions of the sides, also render delivery by the vaginal route impossible, although the true conjugate may be longer than usual."

It can be readily understood, too, that even in cases where there is no malformation, and the true conjugate is normal, there may still remain the factor of disproportion of the size of the child to be born, necessitating possibly a Cesarean section in order to obtain a living child. And, upon the contrary, it is quite conceivable that a proportionately small child may be delivered through an abnormally small pelvis. About a year ago we had in our practice a case of this sort, a primipara, with the following measurements:

Inter-spinous .....	22	cms. instead of normal	25 cms.
Inter-cristal .....	25.5	cms. instead of normal	28 cms.
Extr-conjugate .....	17.5	cms. instead of normal	20 cms.
Inter-ischial .....	9.5	cms. instead of normal	10 cms.
Pubo-sacral .....	11	cms. instead of normal	12 cms.