no case. In two there was slight descent of the anterior vaginal wall. In one case the bones had not united two years after the operation. The children did well.

Seeligman reported the results of hebosteotomy as done by his method, which consists in making a small incision parallel to the upper edge of the pubic bone, then with his finger separating the periosteum from the back of the bone until he reached the lower edge of the pubis; then drawing the vulva inwards, he incised the skin at the outer fold of the labium majus, and with the finger separated the corpus cavernosum clitoridis along with the periosteum from the bone, until the posterior surface of the ascending ramus was reached. By so doing he can pass the saw very easily and without any danger of wounding adjacent organs. The needle used to pass the sound round is left lying to protect the parts during division of the bone. He drains through the lower wound. Results of operations in private and in kliniks show quite different figures. The induction of labour, perforation, and cæsarean section all show a considerable degree of maternal mortality, and he believes that hebosteotomy will diminish this.

Henkel believes that hebosteotomy in suitable cases and carried out with proper care, allows a very good prognosis to be given both for the mother and for the child. Primiparæ are not suitable on account of the resistance of the soft parts and the danger of lacerations, which cannot be prevented even if labour is allowed to proceed naturally. One usually does not expect in such cases the labour to terminate naturally. Prophylactic section of the pelvic may seem advisable in some primiparæ, where the soft parts are easily dilatable. The severe hæmorrhage and lacerations which sometimes follow render it advisable to wait till the os is fully dilated, as it may be necessary to terminate labour rapidly. The patient must never be left after the operation has been performed till the labour is over, and then the vagina should be examined for lacerations. It may be advisable to use the dilating bag to dilate the vagina, or to do an episiotomy. Certain forms of contraction, including pelves of the male type, and with a high symphysis, are not suitable for this operation. Lacerations, hæmorrhage, and bladder lesions affect the prognosis. Direct separation of the periosteum protects from hæmorrhage and bladder lesions. He had never seen infection of the wound or necrosis of the bone follow. He prefers the half-open to the properly so-called subcutaneous method. The section of the bone should be done as near the symphysis as possible, as that gives the greatest amount of room. He operates through a single small incision at the upper border of the symphysis.