high forceps. Reuben Peterson, of Ann Arbor, goes so far as to say that, "The time is coming when the operation of high forceps will not be taught in our medical schools as an obstetrical operation." He is convinced that Cesarean section gives far better results. McPherson, consulting surgeon of the New York Lying-in Hospital, says: "If the physician undertook Cesarean section with the careless technique and lack of asepsis often used in high-forceps operations, the mortality would be appalling. Many forget that the successful use of high forceps in delivery needs greater technical facility on the part of the operator than is demanded for most other operative procedures. The serious sacrifices of life, relaxations and displacements of pelvic organs, the tears of the birth canal from forceps are in most instances inexcusable." There is still a tendency to adopt Cesarean section only after examinations by several physicians, and when all other methods have been tried and failed. Adopted in such cases, the operation stands a small chance of being successful, the patient succumbing to exhaustion or infection. The results of Cesarean sections vary according to the time, in reference to labor, the operation is performed. Reynolds said, in the analysis of two hundred and eighty-nine cases, that where the operation was performed prior to labor the mortality was 1.2 per cent., while late in labor 12 per cent. of the patients died. Routh, of London, has perhaps furnished the most convincing figures. From his list of one thousand two hundred and eighty-two cases, he found that where there has been repeated vaginal examinations, or where attempts had been made to deliver by means of the forceps, the mortality was 34.3 per cent. When the patient was in labor and the membranes ruptured, but with no attempts at delivery from below, the mortality after Cesarean section was 10.8 per cent. When the patient was not in labor, with the membranes ruptured, the mortality was 3.6 per cent., and when the patient was in labor, with the membranes unruptured, the mortality was 2.2 per cent. These figures can signify but one thing: that repeated examinations and attempts at delivery mean sepsis, and this in turn means high mortality, no matter whether the classical or other varieties of Cesarean section be performed.

There are two or three factors of paramount importance determining the success of these operations.

First.—Proper and sufficiently early ante-partum examination of the patient. In all primiparæ, at least, the pelvic measurements should be taken with the pelvimeter, and recorded, and a proper examination made to ascertain if there be any obstruction in or deformity of the birth canal, some time before labor is expected.