

operate earlier; and this in turn led to a still smaller mortality. The present death rate of about two or three per cent. is chiefly due to making the operation one of election instead of one of emergency. Up to ten years ago even the most favorable cases for operation were women with deformed pelvis, who had been in furious labor for many hours, and on whom repeated and forcible efforts had been made to effect delivery. The operation may have been as skilfully performed then as we can do it now, although perhaps not so quickly; so that we can safely say that the majority, if not all, of the deaths were due to the injuries received by the women from the futile attempts of nature or art to deliver them. The next great decrease in the mortality occurred only two or three years ago, when a few of the most courageous abdominal surgeons inaugurated a new era in the history of Caesarean section by not only improving the condition of the class of women who had formerly been operated on, but by adding two entirely new and more favorable classes. That is to say that, instead of waiting until the life of both mother and child have been jeopardized by the violent use of forceps, and then doing Caesarean section, they have gradually persuaded the family physician to do less and less damage; until now it quite frequently happens that we have an uninjured woman to operate on. When every family doctor becomes skilful enough to recognize that a given head cannot pass through a given pelvis without serious injury to either mother or child or to both, and advises Caesarean section before using forceps; or even when he ceases in his efforts with the forceps before he has done serious injury; or even if he could do a moderate amount of damage without infecting the mother: then in the hands of an expert Caesarean section would reach its highest perfection, namely, 100 per cent. of recoveries, which, indeed it has almost reached in this year of 1909.

But, beside this class of deformed or disproportionate pelvis, which still gives a very small percentage of deaths, there have been added two other classes of women, who, because they are operated on before any injury whatever has been done to the soft parts, promise to give a death rate as low as an average delivery in a private house, namely, about one-half of one per cent. for the mother, and still better for the child. One of these classes comprises the women with puerperal convulsions coming on just before the onset of labor. Up to a few years ago the best we could do for them was an *accouchement forcé*, which has a high death rate for both mother and child, even if the mother were in good condition. But the woman with puerperal eclampsia has been an anaemic woman for several months, and has a low opsonic index; so that