cause of opposition was that the symphysis was a joint, yet he found that it healed as well as bone. The third cause, the difficulty of asepsis, could be got over. Good pains and a short labour were a necessity. Bad pains were often a sign of putrefaction of the amniotic fluid. The fourth was that only in 9 out of 100 cases was there any permanent increase in the size of the pelvis (Baisch). There were, however, 17 natural and induced labours, so that he ought to have reckoned 9 in 834, and in 8 of these he states that there was a "schlotter" joint. This, Zweifel says, is incorrect. He showed three of the patients, and their walk was quite right. Baisch had later withdrawn his statement. It was possible to demonstrate a measureable increase in the size of the symphyseal cartilage when, after operation, the patients were made to lie with the legs apart.

Doederlein was pleased to see that Zweifel and he agreed in all the important points. Various operators had shown that it was not at all easy to differentiate in subcutaneous operations between bone and cartilage, and symphyseotomy had been done in place of hebosteotomy. There was little to choose between the operations, but he believed that it was preferable to cut somewhat to the side. Zweifel and Pinard believe that section of the symphysis is preferable, as it leaves a permanent increase in the size of the pelvis. That may be possible when, a year or two later, a space is present; in the other operation, this does not occur. Natural labour after hebosteotomy is due to other favourable factors, not to increase in the size of the pelvis.

Von Franque had operated in 19 cases, and lost one mother from atonia uteri. Four children died owing to the operation having been performed too late, but he believes that it should be done in suitable cases, when the child is beginning to show signs of asphyxia, and not too long postponed; also when the patient is not too severely infected. Of 9 infected cases, all recovered, and 5 had no fever in the puerperium. He showed Sitzenfrey's needle, with which he held that it was impossible to injure the bladder. In two instances where it occurred, it took place during the separation of the bones. The operation is indicated when, two hours after rupture of the membranes, the head has not entered the pelvic brim; and then he allows labour to end naturally; but this could not always be followed, as there were indications that required intervention. Two infected cases with communicating vaginal lacerations recovered after a severe puerperium. The operation is not for every case in private practice. Nine of the patients were under observation for one year, and only in one (with a communicating vaginal laceration) was there any trouble in walking. Hernia was present in