

child. This operation had not been done in America. He must have been aware of the fact that in Europe the mortality had ranged from sixty to one hundred per cent. His experience in abdominal surgery was very limited. The use of ether as a general anesthetic was not discovered until nearly twenty years later, and antiseptic and aseptic technique had not been heard of. His equipment was an ordinary pocket case of instruments. He operated deliberately, and, as need arose, with courageous discrimination he decided that a childless mother was better than a motherless child, and acted accordingly. Anxious to know the true nature of the obstruction, he made bi-manual examinations with a freedom which shocks our ideas of aseptic precautions. He closed the wound with stitches and adhesive straps, allowing for drainage at its lower end. The child was lost, but the mother recovered, and went about her accustomed work on the twenty-fourth day, and five weeks from the day of the operation she walked a mile and back. Such was his achievement. During the nineteenth century, Cesarean section labored under the disadvantages of both a traditional and sentimental prejudice due to its early history. The enormous mortality attending the operation before the era of antiseptic and aseptic surgery made it one of doubtful expediency, to be advocated only in cases where the birth of a living child was believed to be impossible, and only to be resorted to after all other forms of delivery had been tried. As a consequence, it was performed upon women exhausted with other attempts at delivery; often after infection from repeated manipulation at the hands of several physicians, and with no, or at least incomplete, asepsis.

Twenty years ago the surgeon who had successfully performed one or more Cesarean sections was justly entitled to distinction. Now, this operation may be performed three or four times a day in a large metropolitan hospital service without causing any particular comment. Formerly, it must have been easy to decide in which cases these operations should be done, for it was held to be justifiable only as a last resort, when the birth canal was so obstructed that the child could not be delivered, even piecemeal. To-day, Cesarean section is an operation of election, in many cases coming into competition in difficult labors with other forms of operative delivery, such as high forceps, accouchement forcé, etc.

What members of our Association here, with a large obstetrical practice, have not repeatedly had not only a dead baby, but an invalided or a dead mother, following the high-forceps operation? Many authorities at the present time have scarcely any doubt of the ultimate substitution of other methods of delivery for that of