

operation and never likely to become a very common one, but personally I would not hesitate to do it when it is needed. As to doing it over and over again on any woman I think that is an outrage. I consider it a duty to tie her tubes off. Of course this is out of the question with Roman Catholic patients. I think Cæsarean sections have been about 24 to 26, with four deaths: two were moribund on admittance to hospital.

J. ALEX. HUTCHISON, M.D. I think that Dr. Reddy is very wise in stating that the operation is at all times a major one, and I cannot entirely agree with Dr. Smith that it can be done in two minutes and that there is no danger. I consider that every time the abdominal cavity is opened there is danger. In the hands of Dr. Smith and Dr. Reddy such an operation may be very simple, but what may be very easy to them may not be to a general practitioner, obstetrician or surgeon.

A. LAPHORN SMITH, M.D. I am very grateful to those who have so generously discussed my paper to-night. I know that Dr. Little is under the influence of the European School, but I want to point out to him that the European School is following the American School and that American Gynæcology is leading the world to-day. For instance, the vaginal removal of pus tubes which originated in Europe is going out completely. Abdominal section is a very serious thing, but if there is one case more than any other where the ideal conditions exist for such section, it is in these cases, where the child must be removed from the mother as quickly as possible and with the smallest possible risk of injury to both. It must not be forgotten, however, that it requires an expert and quick operator if we would obtain a low or no death rate, and the services of such a one should be obtained whenever possible.

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