Bumm had done hebosteotomy 44 times in 4,000 labours without a maternal death. Bad bladder lesions were caused by separation of the legs, not by the needle. Too much weight should not be laid upon a permanent increase in the size of the pelvis, the delivery of the patient was the first consideration.

Franz had done 11, and lost one from thrombosis of the ovarian arteries. In two there were some difficulty in walking, and one had a hernia.

Fehling had operated in 20 cases, and found it difficult to fix the limit, as he considered it depended upon the sort of deformity of the pelvis. Hebosteotomy would take the place of perforation of the living child. He did not think that the induction of labour gave so bad results as some were inclined to think.

Von Rosthorn lost one patient from hæmorrhage after hebosteotomy. He opened up the wound, but could find no bleeding vessels and plugged, but the bleeding continued. The bleeding was purely venous.

Kuestner and Hofmeier were opposed to hebosteotomy, and favoured cæsarean section.

Zweifel, in reply, stated that he was pleased that the concensus of opinion was in favour of waiting for a spontaneous delivery after operating. He had advocated episiotomy some time ago. Bladder lesions did not follow symphyseotomy, only hebosteotomy, and unless this could be avoided, symphyseotomy was preferable. He was opposed to the induction of labour in contraction of the first degree; in contraction of the second degree, it was permissible. After symphyseotomy there was a permanent enlargement of the pelvis, but this was not proved for hebosteotomy.

Doederlein, in reply, said that the future of hebosteotomy depended, upon good primary results. The question of a permanent increase in the size of the pelvis was of secondary importance, but if it were as easily attained as Van de Velde said, then it should be attempted. Bladder lesions could be avoided by the use of the finger.—W. G. G.