cases, even after normal labor. In fact, a prominent obstetrician recently stated in my hearing that there had been only a slight lowering of the death-rate from puerperal septicemia (excluding criminal abortion) during the past decade. This is a significant commentary on our boasted modern asepsis, and may well furnish food for serious thought. In my own experience, hardly a week passes in which I am not called upon to operate (often in desperate cases) for the relief of septic conditions which were clearly avoidable. We may well turn from our brilliant statistics of laparotomy, and ask if there is not more useful work to do in the line of prophylaxis.

The concentration of our minds upon abdominal operations inevitably diverted our attention from the less spectacular, but equally useful, plastic surgery. I distinctly remember when it was considered as rash and injudicious to repair a lacerated cervix and perineum at the same sitting; in fact, I assisted the late Dr. James B. Hunter at his first "combined" operation. Later, plastic surgery again came to the front, and numerous were the new methods of restoring the torn perineum. Flap-operations in perineorrhaphy and the closure of vesico-vaginal fistula, popularized by Tait, had their day, and were found wanting. Permanent results, not mere rapidity of execution, form the true test. Emmet was the first to call attention to the true pathology of so-called laceration of the perineum—that it is not simply a visible tear of the soft parts, but actual separation of the muscular fibres and fascia of the pelvic floor. Every subsequent operation of permanent value has been based on this sound anatomical principle. Any man who watches the arrest of the head at the lower third of the parturient canal must admit this, even if it had not been confirmed by careful dissections and studies of frozen sections. Earlier and more skilful application of the forceps has done much to prevent this lesion, while, as regards vesico-vaginal fistula—due to neglected labor—this has become literally a *rara avis* since the days when I was an interne in the Woman's Hospital, where Sims won his spurs for his successful treatment of this hitherto common and hopeless condition.

The classical cervix operation, once so common (and so abused as to apparently justify the sneer of foreign surgeons, that "one set of American gynecologists incised the cervix and another sewed it up") has given place to Schroeder's amputation. We hear little nowadays about subinvolution and "reflex neuroses" due to laceration. Dr Emmet himself admits that amputation is now the most useful operation to prevent the subsequent develop-