eclampsia or placenta prævia. On the other hand, it is quite as absurd to say that the inherent risks to the mother from symphyseotomy are so great as indicated by a ten per cent. mortality. It is the old story of the fallacy of miscellaneous statistics. For the sake of argument it may be admitted that the general mortality of symphyseotomy is ten per cent. This represents the results which have been obtained under the conditions which exist in the practice of the profession at large. It includes cases in which the indication was proper, the operation skilfully done at the right time and after a proper technique, by skilful men; and it also includes the "too late" cases, in which the patients have been maltreated by midwives or by careless or ignorant practitioners before the performance of symphyseotomy, which conditions have nothing to do with the inherent risks of the operation. In order to contrast the relative dangers to the mother of symphyseotomy and the induction of premature labor, it will be necessary to analyze the cases. It must be recalled that the induction of premature labor is an operation done at a selected time, upon women in good condition, almost invariably by an obstetrician of experience. For the comparison to be just, only such symphyseotomies should be selected in which similar conditions prevail. Under these conditions I am satisfied that the maternal mortality will not exceed one per cent. under either operation.

In support of my judgment concerning the slight inherent risks connected with symphyseotomy, I have to submit the following recent statistics of the operation, kindly furnished me by Dr. Robert P. Harris.

Since March 8, 1893, there have been 31 symphyseotomies in the United States, with 2 women and 7 children lost. In the fatal cases one woman was in labor three days before the operation, and died of sepsis on the eleventh day. The other was in labor thirty-six hours, had a temperature of 102° and a pulse of 140, her vagina being œdematous and badly torn by forceps before entrance to the hospital. She died of marked shock in twelve hours. Three children were dead before operation, 2 were delivered by version and died under extraction, and 2 died soon after extraction.

Prof. Paul Zweifel, of Leipzig, has operated 23 times without the loss of child or mother.

The Italian record is incomplete. Since January 1886, there have been 55 operations, with 2 women and 8 children lost. One woman was in labor ninety-six hours and died of septicæmia. The other had a long labor, with shoulder presentation and prolapsed cord, and died of metro-peritonitis after twelve days.

These statistics strongly support my statements. The fatal cases were in bad condition when operated upon, after the failure of other methods of treatment, and there was no reason in any of the cases to believe that the death was in any way due to symphyseotomy. On the contrary, it was due to the conditions which were present before its performance. These statistics also include many other cases which were in bad condition at the time of operation, yet which nevertheless recovered.

I cannot refrain from calling attention to the large number of deaths among the children delivered by version after symphyseotomy, in this country. It is to be hoped that this plan of delivery will be abandoned in favor of the forceps.

From the standpoint of the child the advantages all lie with symphyseotomy. It has been amply demonstrated that a large percentage (about sixty-six and two-thirds per cent., according to Winckel) of premature children die within a few months of birth. With the incubator the infant mortality in hospitals was eighteen per cent. in the Leipzig Maternity and thirty per cent. in the Paris Maternité. Winkel's statement is explained by the large mortality among premature infants during the first year of life. The contrast between the prospects of a premature child born four or six weeks before full term, are altogether in favor of the latter, whose prospects are nearly as good as the average of infants. This fact, and the conviction that the dangers to the mother are about equal, have convinced me that symphyseotomy at term is to be preferred to the induction of premature labor.

A paper by Dr. Robert P. Harris, read before the American Gynæcological Society, in 1892, giving detailed reports of the results of symphyseotomy in Italy, convinced me of the slight risks inherent in the operation. At that time I had under my care Mrs. G., who was seven months pregnant with her fifth child. She had been delivered once of a small child (not weighed) by