with intense interest and anxiety the following picture! A mother of several children, a beloved wife, and the centre of a large circle dependent upon her for love, for care, and for counsel, about the end of the seventh month develops the symptoms of placenta prævia, or severe puerperal nephritis. The physician cannot conceal from those who surround her the fact that the violent hemorrhage or sudden convulsive seizure may at any moment destroy life. Should one of these occurrences take place, the patient's friends know full well that it may be hours before medical aid can be obtained in their dire necesity. Day after day the painful process of watching, hoping, dosing goes on; and gradually the symptoms grow worse until the final issue comes, and great joy is felt if, the child being sacrificed, the mother survives. It is to save all this, at the expense only of exposing the child to the danger of premature birth —a child, too, whose life would be at great hazard even if the pregnancy were allowed to proceed— that premature labor offers itself as a valuable resource.

The obstetric forceps is probably the most life-saving instrument which surgery has ever invented; and from the time of the Chamberlens, about 1647, thousands in every generation have endeavored to improve it, thousands have handed down their names in connection with it by suggesting trivial modifications, and thousands have in their efforts rendered themselves butts for the laughter of their successors by reason of the vanity which guided them. Few, very few, real improvements have been made in these instruments, and these improvements have occurred at long intervals. The Chamberlens used short, straight forceps; Levret and Smellie added length, and gave a pelvic curve to these, and nearly, if not quite, doubled their value; and Tarnier, of France, has, in our day, added a pair of tractors which enable the operator to pull more accurately in coincidence with the superior strait, while the handles are still in the inferior. This is the only real improvement in these instruments since the days of Levret and Smellie, and, like theirs it marks an era in the history of the instrument, and a mile-stone in its advancing usefulness. There, are cases, many cases, in which it is not called for; there are some, and not a few, in which it gives great facility in delivery

Of late two substitutes have been proposed for the Cæsarean section—extirpation of the gravid uterus and its annexa after delivery of the child from it, or Porro's operation; and delivery of the child above the superior strait of the pelvis by cutting through the abdominal walls and vagina, or laparo-elytrotomy.

R. P. Harris, the only great medical statistician that America has yet produced, reports in October, 1883, that the combined Porro and Porro-Muller operations saved, out of 116 cases, $48\frac{8}{20}$ per cent. of mothers, and 90 out of 118 children. Garrigues, in an able and exhaustive essay, reports in the same year that, out of eight operations, laparo-elytrotomy saved half of the mothers and all of the children except two, who died before the operation was undertaken.

In general terms, I think that, to state the comparative success of the two operations, it must be said that the results of laparo-elytrotomy have thus far been superior to those of the Porro-Muller operation, but that for some inexplicable reason the latter has found favor with the profession, both in this country and in Europe, which the former has failed to obtain.

From my experience with laparo-elytrotomy, I feel certain that, if a fair trial is given to it, it will surely yield a success greater than either the Cæsarean section or the Porro-Muller operation. It is so easy of performance, inflicts so little injury upon important viscera and has already proved so successful, that I cannot doubt its merits.

We must not conclude that, because the general professional mind is not favorable to an operation which has been little tried, such an operation has "been weighed in the balance and found wanting."

The following examples will prove the contrary: In 1834, Gossett, of London, discovered the present operation for vesico-vaginal fistula—position, metal suture, speculum, and all—operated twice, and published his operations. Yet it was left for Marion Sims, in 1852, to re-discover the whole matter.

The greatest advance which has been made in medicine during the present century is the application of clinical thermometry, and its adoption is, as you all know, quite recent. Yet, about one hundred years ago, Currie, of England, fully developed this invaluable contribution to scientific medicine merely to see it pass out of notice and yield no results. And these are by no means the only instances of want of appreciation which can be quoted. I do not, therefore, despair of laparo-elytrotomy, but, from my personal knowledge of its advantages, am very hopeful of its future. A little over a month ago Dr. Pilcher, of Brooklyn, having under his charge a case of labor in a deformed woman, aged twenty-one years, in good health, but with a rachitic pelvis, giving in its antero-posterior diameter of the superior strait a measurement of two inches, sent for Dr. Skene, to aid him. After she had been in labor eight hours, Dr. Skene, with his well-known skill, performed laparo-elytrotomy and delivered her of a living child. To-day both mother and child are perfectly well, the after-history of the former being entirely uneventful, the wound healing by first intention, and the patient sitting up on the twenty-first day. It gives me great pleasure to avail myself of Dr. Pilcher's kind permission to report this, as yet unpublished, case to you to-day. And now, in all candor, let me ask you if a procedure which has effected such a result repeatedly, both as regards mother and child, should not be at least fairly tried before it is cast aside among the failures of obstetric surgery.

From the earliest records of medicine in Egypt,