

In all the operation was done by the proper subcutaneous method, in which he does not think it is possible to avoid the bladder with certainty. Labour should be allowed to terminate naturally. It is suitable in cases with a conjugate over 6.5 cm., and permits us to wait and see if labour will not terminate naturally. In private practice its place will always be taken by induction of premature labour. A second pregnancy after the operation ended in one case in version and extraction of a living child, and in another labour terminated naturally. The children were, however, smaller. Union was found not to be bony, but fibrous. It should be attempted to get some of the muscle or fibrous tissue between the ends of the bone, so that union will be fibrous, and a more or less movable joint formed.

Thiess states that natural labours are very common after symphyseotomy. There is permanent enlargement of the pelvis, as can be seen from measurements and skiagraphs. The symphysis also then has the power of stretching, and this does not interfere with walking. Labours before the operation show 16 per cent. of living children, after the operation, 79 per cent.

Pelham reports from Chrobak's Klinik that out of 1,300 labours where the pelvis was under 10 cm. conjugata vera, 72.5 per cent. were delivered naturally, and 27.5 by operative means. Hebstosteotomy can be used in cases where formerly cæsarean section was done from relative indications. It is owing to the great danger of lacerations, not an operation for the general practitioner, and should be done only in hospital.

Hammerschlag, in reporting the cases from the Koenigsberg klinik, discards the superiosteal method, as it is only after the periosteum is torn that the bone can fall apart. He attempted in one patient to get a permanent enlargement of the pelvis by transplanting a piece of periosteum and bone from the tibia.

Baisch compares the child mortality of Sæxinger, who makes common use of the induction of premature labour for contracted pelvis, and of Doederlein, who very rarely has recourse to it, and finds that it is about the same. Leopold had a similar experience.

Mayer discussed the question of the osseous healing of hebstosteotomy wounds. Nine women were operated upon, and of these, six were examined later, and to five it was found that union was fibrous. Reviewing the position of affairs after operation, it seemed that any separation of the bone was favourable to fibrous union.

Walcher would place the limit of hebstosteotomy lower. In one case he had operated with a conjugate of 6.2 cm., and the child lived. The time for the induction of premature labour should be placed later.