

British Empire who has not been called upon to perform it. Dr. Merriman has done it upwards of thirty times. In a note which I received this morning from my colleague, Dr. Davies, at Brighton, he states that he has performed the operation fifty times; that twenty-nine children were born alive, and that all the mothers recovered. I have myself performed the operation as many as fifty times with the most complete success. On one patient, with greatly distorted pelvis, I performed it about twelve times, and the woman is still alive. The operation, I repeat, is most simple, safe, and efficacious, and in cases of slighter distortion, if performed at the seventh month, or seventh month and a half, children are born alive by the natural efforts who would otherwise be destroyed by craniotomy. But it is not alone in slighter degrees of distortion that induction of premature labour is important, it is equally so in the highest degrees of distortion, where children could not pass through the pelvis without having the head broken up. If, in all cases of high distortion premature labour were induced about the middle period of pregnancy, or as late as the sixth month, the Cæsarean operation would never be necessary in any case, and the operation of craniotomy, if required, would be attended with neither difficulty nor danger. I believe I was the first who departed from the rule of practice laid down by the systematic writers on midwifery in this country, that premature labour was not to be induced in a first pregnancy till it had been proved that a living child at the full period could not pass through the pelvis till the volume of the head was reduced. In a number of cases in the first pregnancy, where a high degree of distortion existed, I have brought on labour before the seventh month, and thereby avoided all the dangers, both of craniotomy and the Cæsarean section. I take no credit for this, as the idea did not originate with me, but with Dr. Cooper as early as 1769, who had then proposed the following question:—"In such cases, where it is certainly known that a mature child cannot possibly be delivered in the ordinary way alive, would it not be consistent with reason and conscience, for the preservation of the mother, as soon as it conveniently can be done by artificial means, to attempt to produce an abor-

tion?" I am not aware that this practice of inducing abortion, or premature labour, in cases of the highest distortion, about the middle period of pregnancy, to avert the danger of craniotomy and the Cæsarean operation, has been recommended by any other writer in this country or on the Continent. The induction of premature labour, which not many years ago was denounced in France as a useless and injurious operation, as fatal to the mother, and the source of the most frightful abuse, I regard as the most important improvement ever introduced into the practice of midwifery, for it is not only efficacious in all forms and degrees of distortion, but in cases where ovarian, uterine and bony tumours obstruct delivery; in cicatrices of the vagina, malignant diseases of the os and cervix uteri; in organic diseases of the heart and lungs; in dropsy of the amnion, and general dropsy; renal and vesical diseases; mania during pregnancy, and especially in cases where obstinate vomiting occurs in the early months of pregnancy. It is astonishing how suddenly in some cases of this description the vomiting is relieved when the membranes are punctured and the liquor amnii escapes. The vomiting ceases as if by magic. Let those attempt to explain this phenomenon, who, by their illegal deeds and misrepresentations, attempt to persuade the profession that the uterus is destitute of ganglia and nerves. I hold in my hand a copy of Dr. Merriman's list of cases in which the Cæsarean operation has been performed in the British islands, which were as follows till 1820:—

1. Mary Dunally, a midwife performed the operation with a razor, on Alice Neal, near Charlemont, in Ireland. Child dead; mother recovered. 1738.

2. Mr. Robert Smith operated upon —Paterson, in the Canongate, Edinburgh. Child and mother both lost their lives. 1737 or 1757.

3. Dr. Young operated upon a woman about a mile from Edinburgh. "She was distressed with a constant vomiting, and I found the pelvis very narrow. In performing the operation, I had no occasion to take up any vessel. Having got into the womb, I could not possibly get the child away till I caused one to press up the head from the vagina, a part of it was so closely wedged in the pelvis. However, I brought away the