

says: "In the whole range of the practice of medicine there arises no situation of equal solemnity." When the child is dead there can be no particular objection to the operation of craniotomy, and it is not likely to be of much use, because, whether craniotomy be performed or Cæsarean section be carried out, the mother is in many cases already beyond hope of recovery. To my mind, this should be one of the strongest arguments in favor of Cæsarean section, an operation that aims at saving the life of both mother and child.

I have several times been called in consultation to see cases in which the operation of craniotomy had either been instituted or carried out, and have been obliged to stand by and see the patients gradually sink from shock. When called in to see such women the pulse generally ranges between 130 and 140, and they are completely exhausted. They generally die within twenty-four or thirty-six hours after delivery. There is no reason why Cæsarean section should not be performed on a strong woman before exhaustion has set in from prolonged labor, with as much success as the abdominal surgeon performs hysterectomy or Porro's operation. The pregnant condition should not increase the rate of mortality.

In the minds of all thinking men a final decision has no doubt been arrived at, and nothing can be gained by any further discussion of the subject. But, notwithstanding all that can be urged, craniotomy will still be performed by a few. Craniotomy and Cæsarean section, if done early, are equally safe to the mother, but not equally safe to the child. If performed late they are equally dangerous to the mother, but not equally dangerous to the child. Therefore, whether performed early or late, the position as regards the mother is but little altered, while the child has everything to gain from Cæsarean section and everything to lose from craniotomy. The choice between the two procedures must depend to some extent on the religious and moral feelings of the parent and the humane scruples of the practitioner. To thrust a perforator into the brain of a living child must always be a revolting procedure. Above all, let me urge in cases of difficult labor or pelvic contractions early consultation with other practitioners, because the early moments are the golden moments, and the lives of two human beings hang in the balance.

PREGNANCY AND INTRA-ABDOMINAL DISEASE.

If an inguinal or femoral hernia becomes strangulated in a pregnant woman and cannot be reduced by taxis operation is imperatively demanded. In such a case the question of emptying the uterus cannot for a moment be entertained. The uterus is not handled, the abdomen is scarcely opened, the incision is not in the median line, and the patient is therefore not likely to miscarry. But there are other cases in which the ques-