

that he has established practically two new indications for the operation, the case of the heart disease, and the hypertrophy of the cervix; both these conditions as indications for Cæsarean section are certainly rare. In the other cases there was no other course. This operation has certainly become popular in recent years, replacing the operation of symphysiotomy, as the mortality of this to both mother and child was considerably higher than Cæsarean section. Williams has collected 335 Cæsarean operations for various causes, and of these cases, operated on by different men in Europe and America, there were only 23 maternal deaths, and a very low percentage as regards the foetal mortality. The operation is of course only to be undertaken by men of experience, in proper surroundings, and early. When the operation is left till after high forceps attempts have been made, or frequent examinations, the mortality runs up; but where the operation can be selected and undertaken early before much interference, there is no question about it as being probably the easiest way to deliver such women, both for mother and child. There is a new operation, particularly in cases where there is a relative indication of 8.5 cm., in a flat pelvis and 9 cm. in a generally contracted. This is what is known as Gigli's operation or hobotomy. The symphysis is sawn through to one side of the joint and union by callous results in a permanent increase in the diameter of the pelvis, so that in several cases the subsequent labours have terminated without difficulty. It is probable that this operation will replace symphysiotomy in minor degrees of pelvic deformity.

J. A. HUTCHISON, M.D. I would offer my congratulations to Dr. Reddy. He kindly permitted me to be present at one of these operations, and I was much impressed with the dexterous manner in which the operation was performed, and with the well trained assistants and general suitability of the surroundings.

F. R. ENGLAND, M.D.—I would like to ask if Dr. Reddy considers it always wise to produce sterility; in this case he seems to have left it largely to the wishes of the husband and wife. About two years ago, I met one of our French confreres from St. Gabriel de Valois, and he informed me that he had just done a Cæsarean section for the second time on the same patient, and that the mother and children had done well. An interesting point in the case was that on opening the abdomen the second time there was a hernial protrusion of the foetal membranes at the site of the first incision which he had made in the uterine wall. Apparently he had not rendered the patient sterile. He also used a 10 per cent. solution of gelatin to check the hæmorrhage.