

American Gynæcological Society, which aroused an amount of interest and enthusiasm on this side of the Atlantic which bids fair to outstrip the enthusiastic manner in which the operation was taken up by its earliest advocates.

Pinard, A. (writing February, 1892, *Annales de Gyn.*), says: "At the present time, in cases where the pelvis is too contracted to allow of the expulsion of the foetus through the natural channels, we are obliged to choose between craniotomy and Cæsarean section. When the child is dead, the choice is simple, but when living it becomes necessary to decide between an operation which saves the mother's life, at the expense of the child, and one which saves the child but endangers the life of the mother."

He expressed the belief that it would not always be necessary to make this painful decision, but that a revival of the operation of symphysiotomy, as first practised by Sigault in 1777, would offer a ready solution of the question.

It is from his writing, from the article by Dr. R. T. Harris above-named, and from a few other sources, that I have gleaned the information which I present here.

Closely following upon Dr. Harris' paper of September 20, 1892, we have the reports of cases by Dr. Jewett, of Brooklyn, Dr. Barton Cooke Hirst, of Philadelphia, Dr. Springle, of Montreal, and others, and now almost every journal published in the United States and Canada has some reference to the operation, and new cases are recorded from time to time. Some of these cases will be referred to, as the subject is ripe for discussion, though we in Canada may go a long time before finding a case in which the operation may be demanded. We do not meet with the cases of rickety and deformed pelvis which are quite common in the old and crowded countries. Canadian women are stronger and better developed, and there are not many who will measure less than three inches in the antero posterior pelvic diameter.

I may say that in a practice of over twenty years in this country, I have yet to meet with the case in which delivery (instrumental) could not be effected with perfect safety to the mother.

It is not so with the child, for I can call to mind a few tough forceps deliveries in which, though after prolonged effort the delivery was effected, the

child was dead from pressure. In such cases, if the percentage of successful cases keeps up to its present rate, we may be justified in cutting open the pubic joint, in order to aid our efforts with the forceps.

But time will tell whether the operation will retain the high place to which it has now attained. We may press on, as they did in 1777, to an extent which will bring the operation into disrepute. Then, those who became too enthusiastic misapplied the operation, produced bad results, and soon brought it into disrepute, making for it many bitter opponents. The deaths then seem to have been chiefly due to sepsis, a danger which becomes less as modern surgical methods become better understood and more thoroughly applied.

In Europe, in 1778, eleven operations were reported. A gradual decline in the number of operations took place, so that it took nineteen years to produce eleven more recorded cases. "From July 25th, 1858, to February 14th, 1865, there was not a recorded case." Professor C. Belluzi, of Bologna, next reported two unsuccessful cases. In one of these the conjugate was $2\frac{3}{4}$ in., whilst in the other it was 3-16 in.

In January, 1866, Professor Morisani operated on a woman whose conjugate was 3-16 in., saving both mother and child. He became a strong advocate of the operation.

The Roman Catholic Church was and is strongly opposed to the sacrifice of an unbaptized child, and for that reason it greatly favoured an operation which would save both mother and child.

Though forceps delivery may be effected through a pelvis where the conjugate is even less than some of those mentioned, craniotomies have been done in just such cases. Dr. Wm. Jones gives a list of three cases of cephalotripsy where the conjugate was $3\frac{3}{4}$ in. with one death, and a further report of seven with $3\frac{3}{4}$ to $3\frac{1}{4}$ conjugates with one death.

Even as those early days pubic section gave a better result for the mother, whilst it offered the additional advantage of saving most of the children.

Coming down to our own time, we find that in 1881, fifty pubic sections were reported, with a loss of twenty per cent. of the women. In 1886, another report appeared, showing a greater rate of mortality, but the operations were done by a number of