

Cæsarean section under the very best possible circumstances gave a mortality rate of at least 300 per cent. greater than vaginal delivery under the very worst circumstances. Some years ago he had convinced himself that total hysterectomy was the proper operation. There were fewer post-operative complications with it than with the subtotal operation. In case of toxæmia he did not follow the treatment laid down by Fay and Arnold, or any particular line of treatment.

THE MASTER OF THE NATIONAL MATERNITY HOSPITAL (in reply) thought it would be a very great advantage if the three Dublin Maternity Hospitals produced Reports that were compiled in a uniform way. It would be an advantage to make them as uniform in the compilation of statistics as possible. It was sometimes very difficult to know whether a case should be put into the obstetrical or into the gynæcological report.

Cases of uterine inertia called for great judgment in their treatment. In the last three years in hospital he had come to the conclusion that induction was a very difficult thing to do. He had used various methods for induction. He used Watson's modified method a great deal. Other methods used were rupture of the membranes and bougies. The results from bougies last year had been disappointing. He thought the bougie method was not good because of the danger of infection. He did not rupture the membranes in cases where there was a dead fœtus, and he never did it in a primipara. There had been 44 cases of induction, and in 2 of these the fœtus was dead before induction. One patient was inducted for very severe eclampsism. In this case he considered that death of the fœtus was due to eclampsism, and not to the induction. In cases where he was doing a Cæsarean section and found fibroids he thought it was much better to take away the fibroids. All the Cæsarean sections, classified as lower segment, were transverse incisions. Dehydration was carried out in patients who were œdematous, but not in patients who were not. He was quite convinced that the proper way to remove the uterus was through the vagina. In the past year there had been in the hospital eight vaginal hysterectomies out of a total of about forty, and this he thought was not enough. Of the two methods he thought the total was very little more risky than the sub-total, and he considered that the total was a better operation.

CORRECTION.

13th August, 1935.

DEAR SIR,—In the *Transactions* of the Royal Academy of Medicine in Ireland (Journal, July, 1935, p. 333), I am reported as stating that "tuberculosis of the tube was nearly always unilateral". This is a mistake on the part of the reporter. Tuberculosis of the tube is in my experience nearly always bilateral.—Yours faithfully,

BETHEL SOLOMONS.