In making the designation of persons to act for the several professions, trades and occupations, the director shall give due consideration to recommendations by members of the respective professions, trades and occupations and by organizations therein.

Whenever the director is satisfied that substantial justice has not been done either in an examination or in the revocation of or refusal to renew a license, certificate or authority, he may order reexaminations or rehearings by the same or other examiners.

All certificates, licenses and authorities shall be issued by the department of registration and education, in the name of such department, with the seal thereof attached.

Medicolegal

Removal of Public Officers by State Board of Health

(*State ex rel. Attorney General vs. McDowell (Miss.)*, 71 So. R. 867;
also *Ware vs. State ex rel. Poole (Miss.)*, 71 So. R. 868)

The Supreme Court of Mississippi, Division B, says that the question to be determined in the first or McDowell case was whether or not, under a statute giving the state board of health authority to remove the state factory inspector "for cause," the board has the authority to remove such officer without specifying any cause satisfactory or otherwise and to remove him without a hearing. In the court's opinion, the authority conferred on the board of health to remove the factory inspector can be exercised only on "charges, notice and an opportunity to be heard." While the board of health under the statute in question has the authority to remove the factory inspector for cause, this cause must be a good cause, and not a mere arbitrary exercise of the authority thus conferred. The factory inspector must be informed of the nature of the charges preferred against him, and an opportunity must be afforded him to be heard; in other words, he is entitled to his day in court.

The same court says, in the second or Poole case, which involved the question of the power of the state board of health to remove a county health officer, that the case was ruled by the principle announced in the McDowell case, which was argued and submitted rather as a companion case. The position of county health officer is one provided by the legislature many years ago, and the incumbent is beyond question a servant of the public, and responsible to the people of his county for the manner in which he discharges the large and important duties imposed on him by statute. Matters affecting the public health and quarantine are intrusted to him. The statute contemplates that if he is faithful to the trust imposed, he will serve at least a term of two years, and it is to be noted that his salary is fixed by the year. The legislature never contemplated or intended that the state board of health should have or exercise the power of removal "at any meeting" without reason, notice or hearing. The proper construction of the statute simply means that the state board may exercise the power of removal for good or reasonable cause. What is or is not reasonable cause may well be a matter largely within the discretion of the board, but certain it is that the legislature never intended that one of our public officers should be thrust out of office without any reason whatever. This interpretation of the statute does no violence to the language employed by the legislature. If this is not the meaning of that section giving the board the right to remove, then the other provision of the statute fixing the term of office at two years would mean nothing.

Not Bound by Diagnosis of Physician

(*Southern Woodmen vs. Davis (Ark.)*, 187 S. W. R. 638)

The Supreme Court of Arkansas, in affirming a judgment in favor of Plaintiff Davis for \$1,700 for alleged total disability, says the proof in the blanks filled out tended to show a total and permanent disability, while the ailment disclosed in the examination of the physician was shown in the affidavit of the physician to be tuberculosis. The society caused an examination to be made by another physician, who failed to find any indications of the disease named, and refused payment, whereupon this suit was commenced to recover the amount. The proof adduced by the plaintiff tended to show,

not a case of tuberculosis, but of interstitial nephritis or Bright's disease. The evidence was sufficient to establish the fact that the plaintiff was incurably afflicted with that disease, and that he was totally and permanently incapacitated from any kind of manual labor such as was necessary to carry on his business of farming or logging. The defendant contended that he was not entitled to recover because he did not furnish satisfactory proof of loss. The contention was that his case must fail because he sent in proof of disability on account of tuberculosis, and that he subsequently abandoned that and undertook to prove that he was suffering from another disease which caused his alleged total disability. But the court does not think there was any merit in the defendant's contention, for it simply came down to the point whether or not the plaintiff was bound by the diagnosis of the physician as to the cause of his disability. He furnished proof on blank forms prescribed by the home office of the defendant society, and those proofs tended to show that he was permanently and totally disabled, and his right to recover was not defeated because there was an error made by the physician in the diagnosis of his case.

Society Proceedings

COMING MEETINGS

Alabama State Medical Association, Montgomery, April 17-20.
Am. Assn. of Pathologists and Bacteriologists, New York, April 6-7.
American Gastro-Enterological Assn., Atlantic City, April 30-May 1.
American Urological Association, Chicago, April 2-4.
Arizona Medical Association, Douglas, April 17-18.
Arkansas Medical Society, Little Rock, May 1-3.
California State Medical Society, San Diego, April 17-19.
Georgia Medical Association, Augusta, April 18-20.
Illinois State Medical Society, Bloomington, May 8-10.
Iowa State Medical Society, Des Moines, May 9-11.
Kansas Medical Society, Salina, May 2-4.
Louisiana State Medical Society, Alexandria, April 17-19.
Maryland Medical and Chirurgical Faculty, Baltimore, April 24-26.
Mississippi State Medical Association, Jackson, May 8-9.
Missouri Valley Medical Society, Keokuk, Ia., March 22-23.
Nebraska State Medical Association, Lincoln, May 8-10.
New York State Medical Society, Utica, April 24-26.
North Carolina State Medical Society, Asheville, April 17.
Oklahoma State Medical Assn., Lawton-Medicine Park, May 8-10.
South Carolina Medical Association, Spartanburg, April 17-19.
Tennessee State Medical Association, Nashville, April 3-5.
Texas State Medical Association, Dallas, May 8-10.

THE THIRTEENTH ANNUAL CONFERENCE OF THE COUNCIL ON HEALTH AND PUBLIC INSTRUCTION OF THE AMERICAN MEDICAL ASSOCIATION

Held in Chicago, Feb. 6, 1917

DR. HENRY M. BRACKEN, St. Paul, in the Chair

Public Health Training in Universities

DR. GEORGE E. VINCENT, President-Elect, Rockefeller Foundation: Successful public health training must be carried on either by universities or by schools in close affiliation with them. This is not to say that the university can provide all of the necessary conditions. The closest and most sympathetic cooperation with agencies which are carrying on actual public health activities is of fundamental importance. All the schools provide for practical field work. The need of connecting the experience in the laboratory and the material of the lecture room with the actual concrete problems of the profession is universally recognized.

A few phases of public health work seem either to have been overlooked or only incidentally recognized. For example, the function of public health education and publicity is one which deserves study and for which special types of training should be provided. The education of public opinion in a democratic country is necessary for the progress and stability of public health work. In an attempt to outline the chief lines of future development, it may be well to enumerate the different types of public health functionaries for whom train-

ing will have to be provided. These fall into a number of fairly well defined groups: 1. Public health administrators; men with fundamental and thorough training who are capable of serving as federal functionaries, and as state, city and county health officers. 2. Laboratory men who have had sufficient contact with field work to be thoroughly intelligent about their duties. In this group may be included also statisticians whose training in public health enables them to interpret with some intelligence the data with which they deal, and to estimate with reasonable accuracy the coefficient of corruption and the mean of mendacity by which vital statistics are so largely vitiated. 3. Administrative specialists who, with a background of general training, have become proficient as epidemiologists, authorities in tuberculosis, or specialists in venereal diseases. 4. Sanitary engineers who deal with engineering problems not merely from a physical but from a biologic point of view. 5. School medical officers who are more than practitioners and see the health of the school in its wide relations to community life on the one hand and to individual efficiency on the other. 6. Specialists in public health education and publicity who combine with accurate knowledge the capacity to apply practically the principles of individual and group psychology. 7. Public health nurses with special training and aptitude for the important duties which more and more will devolve on them. These nurses will be differentiated, for example, into the city nurse, the town nurse and the rural nurse. 8. Sanitary inspectors of many kinds, the artisans of the public health service, who nevertheless require a training which will enable them to do their work intelligently and with satisfaction both to themselves and to the community.

In order to insure this unified, purposeful kind of organization, the agency for teaching public health must have reasonable autonomy. It will not do to make the new curriculum a mere by-product of medical education or subject to its sole control. There should be a special administrative board and a director imbued with the ideals of preventive medicine. Only under such conditions can a public health teaching organization gain the requisite authority, coordinated efficiency and professional spirit. The outlook for public health in the United States is encouraging. There is an increasing recognition of its economic and social importance as well as its bearing on individual happiness.

Public Health Instruction in Medical Schools

DR. M. J. ROSENAU, Boston: We must keep clearly before us that the purpose of teaching public health in medical schools is not to make health officers of medical students, but to broaden their training so as to fit them better for the practice of medicine. Special training for a public health career requires special courses and even special schools. The importance of training health officers deserves the recognition which it is getting. The teaching of hygiene may then be used as one of the means to broaden the point of view of the medical school and to widen the horizon of the medical student. The medical profession is one of the most important links in the sanitary chain. The efficiency of any system of health administration depends on the cooperation of a trained group of skilled physicians, acting independently and collectively. No medical school can ever be complete enough to offer facilities to cover the entire field of public health instruction. Cooperation must be established with federal, state and city health departments, and with many philanthropic and semipublic agencies. Milk stations, baby welfare work, antituberculosis societies, psychopathic clinics, institutions for the feeble-minded, water and sewage boards, hospitals for contagious diseases, board of health laboratories, quarantine stations, medical inspection of schools, and many other agencies may be utilized with advantage in teaching the subject.

DISCUSSION ON THE PAPERS OF PRESIDENT VINCENT AND DR. ROSENAU

DR. VICTOR C. VAUGHAN, Ann Arbor, Mich.: Medicine consists of that knowledge which can be utilized in the prevention or cure of disease. Hygiene consists of that knowledge which can be used in the prevention of disease. No one can

teach medicine without teaching hygiene. No student can read a textbook on any infectious disease without getting some knowledge of its prevention, so that the teaching of preventive medicine necessarily goes with that of curative medicine. The clinical teacher must discuss antitoxin; he must discuss the diphtheria bacillus, how the disease is spread, how it is prevented. This is true of other infectious diseases. In discussing smallpox and typhoid fever he must bring out the principles of vaccination, and so on. Notwithstanding the fact that preventive medicine is taught along with curative medicine, there must be a distinct and well defined course in hygiene per se. As dean of a medical school, I try to take into consideration all the subjects that must be taught in that school, and not overemphasize or magnify what I myself teach. All my students must read either Rosenau's "Preventive Medicine" or Harrington's "Hygiene." We have optional courses in water analysis, food analysis and sanitary surveys. The course in hygiene includes those things not likely to be taught from other chairs, as, personal hygiene, food, drink, clothing, exercise and mental hygiene. We then take up the hygiene of the home, ventilation, heating, the hygiene of the community, municipal hygiene, rural hygiene, state hygiene and national hygiene. In studying hygiene we study the law, the public acts of various cities in Michigan especially, although I encourage students to make a special study of the acts of the state in which they live or intend to practice. No better or more efficient course in hygiene can be given than would be secured by universal military training.

DR. C. E. CANTRELL, Greenville, Texas: The people of this country, outside of large cities, have not men qualified to do this work. The universities must do graduate teaching.

DR. H. B. HEMENWAY, Evanston, Ill.: Malcolm Watson says that a sanitarian has to approach the subject through medical practice, a handicap which very few men have ever been able to overcome. The medical profession has been the greatest stumbling block to sanitary progress in the past. For the trained specialist a school should be entirely independent. There is a great difference between the work of the public sanitarian and that of the medical profession. One of the great weaknesses in our administration has been ignorance of law.

DR. M. F. BOYD, Iowa City, Iowa: Those engaged professionally in public health work look forward to the time when the public health administration of this country will be in the hands of professionally trained sanitarians, even though the most optimistic of us will admit that that time is far off. Who is going to supervise the health of the people in the meantime? The medical profession. No profession is so well qualified to handle public health work under present circumstances. If our medical schools would devote more attention to this subject, an immense improvement would result. The men who are destined at some time in their practice to serve as local health officers would understand their duties. That is perhaps the best solution of the problem until the advent of whole time health officers professionally trained as such. The American Public Health Association, realizing the difficulties which exist at present, at the Cincinnati meeting of 1916 passed a resolution creating a permanent committee on public health education. One of the duties of the committee is to endeavor, in the course of years, to increase the amount of time and attention paid to the subject in medical schools. To that end they directed that the committee cooperate with the Council on Health and Public Instruction and the Council on Medical Education of the American Medical Association and the Association of American Medical Colleges, and to this end, as representatives of this body, I would urge that these councils of the American Medical Association appoint representatives to cooperate with the Committee on Public Health Education of the American Public Health Association.

DR. A. W. ABBOTT, Philadelphia: Dr. Rosenau asked in his questionnaire whether I regarded the number of hours allotted to me at the university for teaching hygiene sufficient? I replied that I did. I am opposed to increasing the complexities of our medical curriculum. That of the University of Pennsylvania differs little from that of other good schools.

They all want remodeling. Hygiene is too big a subject to be taught in toto in any course except a special course in hygiene. As a part of the medical course, the most that one can aspire to do is to give the candidate for a medical degree a review of the problems which have been accomplished.

DR. JOHN M. DOWSON, Chicago: We may before long have to go farther than Dr. Abbott has indicated and specifically educate young men for family health officers. Medicine is becoming so specialized that the function of the general practitioner is gradually disappearing, even in the smaller towns. The conscientious practitioner long ago recognized the importance of referring difficult surgical cases—everything except emergency surgical cases—to some special man. What applies to all recognized special lines is becoming equally true of general medicine, that adequate modern care cannot be given to the man ill with acute disease except by men with special facilities and special training, and that leaves the general practitioner with not very much to do. Large industrial organizations, and other types of organizations, are looking to the purely preventive side of the health of their employees, and we may find it necessary to direct our education along different lines, giving students instruction in hygiene and preventive medicine.

PROF. E. O. JORDAN, Chicago: The provision for the teaching of hygiene in our medical schools has not only for a long time been inadequate, but is at present lamentably so. Outside of the handful of schools that Dr. Rosenau mentioned, very little provision is made for the teaching of hygiene in our medical schools throughout the United States. We are talking now about introducing a course in military hygiene and sanitation into our medical schools. The first step is to provide in every medical school for a full time man on this subject. That could have been done at any time in the last ten years. We find ourselves now lacking any number of medical men trained in hygiene. One of the speakers has pointed out that for a long time to come we shall have to depend on graduates in medicine for the supervision and control of much of our public health work. These men should receive an adequate outline of training in hygiene.

DR. VICTOR G. HEISER, New York: During the past fifteen years I have had working with me graduates from medical schools of the United States, and their woful deficiencies in matters of hygiene and sanitation have been harder to overcome than the apathy of the public with which we have to deal. I am pleased to see that there has been a recognition of the necessity of improving instruction in these lines. During the past few years I have had occasion to visit most of the medical schools in the eastern hemisphere, particularly those of India. Hygiene and sanitation, and much of medicine is far better taught in the average school in India than it is taught in the United States. The facilities and equipment and the ability of the teachers themselves far exceed the average in this country.

The State Regulation of the Practice of Medicine as an Executive Problem

HON. JAMES M. COX, Governor of Ohio: Every important calling has to be regulated, and the logical arrangement is regulation by government because the individual citizenship has neither the time nor the agency to work out this regulation. The motive of the medical profession is to conserve the public health. When you establish the motive of the other fellow, you have accomplished nine tenths of the task of analysis.

I know of no physician who ever entered the medical profession prompted by a lust for a million dollars. If he did, he probably did not remain in it long. There is no profession that is making more progress than the medical fraternity, and certainly none that is rendering a greater service to humanity. Members of your profession are apt to get restive because of the difficulties that you encounter in your affairs with the cults, so called. You must remember, and if any of you have had public experience you will know the force of my contention, that we can work things out in this country only by the processes that are given to us by democracy in government. You know in your own minds full well just

what sort of statutory provision would best conserve public health, and yet if you were arbitrarily to put it into effect now you might delay your ultimate accomplishment many years. Now, I speak from experience because I was the governor of the state of Ohio, if you will permit a personal reference, immediately after the adoption of a new constitution. I have never felt it was a revolutionary upheaval in Ohio. I always looked on it as an evolutionary upheaval in authority, and we have had fifty-six varieties of laws in Ohio. I knew they were right and we passed them, but my friends, the populace, had not caught the glimpse, and they gave me a two years' vacation.

You are not going to be enabled to stamp things out that you think are harmful today. But if your concept of things is sound, and I am rather disposed to think that it is, then you can depend first on the intelligence of public opinion, and secondly on the courageous exercise or manifestation of that public opinion. It is singular how many of our citizens in every state inveigh against a standard. It seems to me, that is your great battle. But I urge you to stand by it with all the militancy of a great profession. Do not lower the standard of your profession, regardless of the cults who oppose you.

To the state medical boards and boards of health, there should always be attached men of principle, men of courage, who get a vision of the real ideals that you men are holding to, and then you have the courage not to depart from those ideals. My observation in Ohio has been that in Dr. Matson, for instance, laws are all safe because I have found that the governor of the state can be looked squarely in the eye by Dr. Matson, and if he does not agree with the executive thought he firmly but respectfully says so. Now, I speak of him as a type. Of course, we feel that all things are a little bit better in Ohio, and the nearest approach you make to Ohio standards and ideals, the better.

While the governor has the right of saying what the state medical board does in Ohio, I have never run counter to the recommendation of the medical board. I know that the members of the medical board are devoted to high ideals, and so far as I can give them cooperation and help to maintain those ideals, I shall do it.

I do not know what your experience is in other states, but in the state of Ohio the time has come, and I assume the situation is very much the same with you, for a more rigid supervision of health matters in the rural counties. It is only by the grace of God that half of the population have not died from typhoid fever in communities in which they have open wells and insanitary situations. In Knox County they had a widespread epidemic of typhoid fever. No one was sick save those who took milk from one dairyman. That circumstance made some impression on the imagination and the understanding of that community, and now the health officer has no trouble. There are rural counties in Ohio in which there is no supervision over health matters except that exercised by the state under its police powers. Society was delinquent. We have demonstrated that by the establishment of a branch of government which is more or less new.

The probate courts and juvenile courts in our state have to do with the assignment of delinquent youths to our state institutions. We found at Lancaster, for instance, that boys mentally unsound were put in close contact with boys who were perfectly sound mentally, but who had slipped their foot in some moral way either by virtue of their home association, or of their not having a home worth while. We have changed the law to provide that instead of the probate judge sending these delinquent youths to the institution at Lancaster, to the institution at Delaware or to some other institution, they are sent to the board of administration at Columbus, and are held in surveillance under inspection as long as necessary by the board of administration. How did it work out? They found an ever-ceasing stream of boys and girls with poor eyesight, some of them mentally delinquent, some of them not; some of them suffering from enlarged tonsils, and still others suffering from profound anemia. The board of administration through this newly created department built up these boys, and it was amazing how the crop improved.

Those youngsters were simply plants of humanity that had been reared low in the valley, probably under the stones, and they gained their first glimpses of those elements of nature which are so essential to life itself, and we found that in from thirty to sixty days we changed the whole aspect of things. We found some children, for instance, 10 and 15 years of age who had the mental equipment of children of 5 or 6 years of age. We resorted to the Binet test; then we established the placing out process, finding homes for these children so that they might grow into useful citizens. We found homes for them because there are thousands of homes without children as there are thousands of homeless children. Then we kept our eye on both these children and those homes, making sure, in the first place, the children were making progress, and, in the second instance, that the homes were satisfactory places for the children.

I believe that you should require a physician to have a four year course in a high school, a two year course in a university or college of arts and sciences, a four year course in a reputable medical school, and at least a year's experience in some hospital. We have no fear in our state as to the efficiency of physicians, if that standard is to be maintained. Probably the rapid development of what we designate as cults is due in some instances to the standards that have been established. I will urge on you, for the time being at least, a common sense mental attitude toward the cults, so called, basing that observation on the thought that if they are not going to make a useful contribution to society, then their failure will, in more or less quick time, be recognized by society, and society will help stamp it out.

DISCUSSION

DR. THOMPSON, President, University of Ohio, Columbus: We all believe in the fundamental principles of education. Americans believe that education is a panacea for all human ills if you let it work long enough. We are interested in educational administration from the standpoint of the profession. This is particularly true of universities and colleges that have professional schools. I am interested in the legislation of our states bearing on the practice of medicine. A serious problem which presents itself to the educational portion of the community is the administration of these laws. We have to deal fundamentally with the questions which underlie these professions. These questions are chiefly those of applied science. Our institution is interested in the problems with which the board of health must deal. As deans and trustees, we feel it would be well to take a friendly attitude toward any body of men interested in the application of science to human welfare. That is the attitude university presidents and university boards of regents take concerning the larger questions of medicine. The state university and the privately endowed university have for their broad outlook public welfare, and so we are interested in the administration of applied science toward public welfare. That, more than any other reason, is the one that underlies our belief that the medical college should be associated with a university.

DR. JOHN A. ROBISON, President of the Illinois State Board of Health, Chicago: In regard to cults, the Illinois law requires that a physician shall have a certain preliminary education, that he shall attend a recognized medical college, and be examined before he can receive a license to practice. The law, however, permits any individual who does not wish to practice regular medicine, but who wishes to practice it in some other form, to submit merely to an examination by the state board of health. He does not have to exhibit any preliminary education, he does not have to be a graduate of a high school or university, nor does he have to attend any particular college of his own cult for training. It is an injustice to the physician that he has to spend so many years and so much time and have to undergo examination before he receives a license to practice. But the injustice is not so much to the physician as it is an injustice to the people of the state of Illinois, in which persons can be licensed by the state to practice on them without the requisite training.

DR. DAVID A. STRICKLER, Secretary, Colorado State Board of Medical Examiners, Denver: The laws are safe in the

hands of good men. A board is effective only if its members are men of good executive ability. The medical profession should insist that it be represented by men of good executive ability, and to this end should bring influence to bear on those who make the appointments. The public does not have confidence in the purposes of the medical profession that it should have. If a jury is under the impression that the state board of medical examiners is back of a prosecution, it will free the individual in a large percentage of cases, no matter what the evidence against him is with relation to practicing medicine. If it be a question between an ethical physician and an unethical physician, the jury will give the advantage to the unethical physician every time. If it be a question between a layman and ethical physician or an unethical physician, the jury will give the advantage to the layman every time. I speak of this as a practical point in the administration of laws, and I believe it is true in every state. I know it is true in Colorado.

Current Medical Literature

American Journal of Obstetrics and Diseases of Women and Children, York, Pa.

March, LXXV, No. 3

- 1 Conservation of Energy in Spinal Anesthesia; Its Value in Weakness of Cardiac Muscle. R. R. Huggins and B. Z. Casleman, Pittsburgh.—p. 353.
- 2 Organotherapy in Gynecology; Report of Cases. F. B. Block and T. H. Llewellyn, Philadelphia.—p. 357.
- 3 Relation of Glands of Internal Secretion to Female Pelvic Organs. C. W. Vest, Baltimore.—p. 366.
- 4 *End Results of Cesarean Section. O. P. Humpstone, Brooklyn.—p. 372.
- 5 Gynecologic Postoperative Treatment at Long Island College Hospital. C. R. Hyde, Brooklyn.—p. 378.
- 6 Case of Adenomyoma of Rectovaginal Septum. A. Heineberg, Philadelphia.—p. 384.
- 7 Imperforate Hymen; Large Scrocolpos in Child. S. Wiener, New York.—p. 398.
- 8 Diffuse Fibromas of Ovary. P. J. Reel, Columbus, Ohio.—p. 400.
- 9 Cases of Myomectomy in Pregnancy. J. A. McGinn, Philadelphia.—p. 406.
- 10 When to Use Curet in Infected Abortions. J. O. Polak, Brooklyn.—p. 409.
- 11 Treatment of Papillomatous Growths of Ovary After Pozzi Method. C. R. Hyde, Brooklyn.—p. 412.
- 12 *Tuberculous Glands of Mesentery; Report of Cases. A. T. Jones, Providence, R. I.—p. 417.
- 13 *Relation of So-Called Ether Pneumonia to Pelvic and Abdominal Surgery. W. E. Darnall, Atlantic City, N. J.—p. 426.
- 14 Hospital Management. G. K. Dickinson, Jersey City, N. J.—p. 434.
- 15 Surgeon's Responsibility to Economics of Hospital. E. Marvel, Atlantic City, N. J.—p. 439.
- 16 Goiter and Pregnancy. A. Crotti, Columbus, Ohio.—p. 450.
- 17 Postpuerperal Sterility; Its Cause and Surgical Treatment. H. S. Lott, Winston-Salem, N. C.—p. 456.
- 18 Strangulated Ovarian Cyst Simulating Appendicitis; Report of Cases. E. A. Vander Veer, Albany, N. Y.—p. 459.
- 19 Digital Rotation in Occipitoposterior Positions of Vertex. G. A. Peck, New Rochelle, N. Y.—p. 463.
- 20 Premature Separation of Normally Situated Placenta in Latter Months of Pregnancy. L. A. Wing, New York.—p. 471.

4. End Results of Cesarean Section.—One hundred and forty-eight consecutive cases of abdominal hysterotomy were analyzed by Humpstone. Dystocia due to disproportion is by far the most frequent indication in this report, 109 cases, in three of which prolapse of the funis was also found. Dystocia from the soft parts alone led to cesarean section in several cases. Ventral fixation, intentional or accidental, was the cause for ten operations, and one case of dystocia from a Coffey plication. There was one full term pregnancy after an interposition operation, one case of vaginal stenosis and one of osteoma on the posterior surface of the lateral ramus of the pubes. Three cases of contraction ring with impending rupture of the uterus gave three live babies, from uteri foul with odorous meconium, without serious morbidity to mothers. Ovarian cysts were the causative factor in three cases. Impacted face presentation with the chin posterior and tonic uterus was three times treated in this manner. Accidental hemorrhage led to operation in two cases, one of them in