again, and the cervix was still rigid, though very thin. I put in the No. 2 bag under light ether anesthesia. I then pulled on it slightly, and the cervix suddenly relaxed and the bag pulled through after about five minutes. I again examined and found the cervix dilatable, and the head engaged at the superior strait in an L. O. A. position. I dilated the cervix manually to full dilation, and then applied the Copeland axis traction solid-bladed forceps, and attempted to deliver. Unfortunately, however, though the forceps held splendidly with no sign of slipping, the head I found to be hydrocephalic, and after some little delay I had to perforate, and then delivered with the forceps. The solid blades protected the maternal parts against the jagged edges of the perforated skull. She was given 1,000 c.c sterile normal saline under the breasts, and several ounces of blood were lost after the delivery. The placenta and membranes were removed manually and a hot inter-uterine lysol douche was given. She was returned to the ward at 7.30, pulse weak and respirations rapid and shallow. She was ordered to have camphor in oil, grains 3 q. 4 h. At 10 p.m. I again visited her. She was still vomiting and out of the anesthetic. I had her given a one-two-three enema. I ordered her to have 1-150 of a grain of atropine sulphate hypodermically. I visited her in three-quarters of an hour and found that the enema had been fairly successful. I ordered her to have six ounces of saline by the bowel every four hours. She was allowed to have malted milk, water, and weak coffee by mouth. By morning she was considerably better, still no urine was voided as yet.

She was given ten grains of urotropine in hot lemonade every four hours. The lochia was moderate in quantity. I saw her in the morning again and she was considerably better. At 11.10 a.m. she had another convulsion lasting several minutes. (She had voided ten ounces of urine at 10 a.m.) She went into a state of coma after the convulsion for about ten minutes. At 11.50 she was resting quietly and was conscious. The blood pressure in her case was never high. 120 mm. of Hg. Tycos. before and during one convulsion. The bowels moved freely. At 2.10 p.m. she had another convulsion. There was a very offensive odor from the mouth. I saw her again at 3 p.m. and ordered two ounces magnesium sulphate by mouth and another one-two-three enema. This was followed by a free evacuation. At 6 p.m. she had another convulsion. Tap water was now ordered to be given by bowel. For the next two days there was nothing of importance; the urine was increasing to about twenty-five ounces per day. She had some cough; slept fairly