

narrow, blunt-pointed bistoury, from behind forwards. The urethra was held to one side by a metallic catheter. The sacro-iliac joints, being very mobile, the severed bones separated fully three inches during the delivery of the child, which weighed $6\frac{3}{4}$ lbs. The body was delivered with comparative ease, but the after-coming head had to be extracted with forceps. The child, apparently dead, was resuscitated after prolonged artificial respiration. The wound was closed with silkworm gut sutures, which included the fibrous tissues about the bones. The pelvis was firmly supported by wide strips of adhesive plaster and a binder.

Recovery was uneventful—absolutely no rise of temperature, primary union, and no interference with locomotion.

Two years later, when living in Montreal, she was delivered with forceps at full term of a living child weighing 5 lbs. At this birth the symphysis readily spread apart but never caused any interference with walking.

About a year later she returned to me in very poor health owing to some prolapse and backward displacement, etc. I sent her to the hospital, where I repaired the cervix and perineum and did a ventro suspension of the uterus which relieved her symptoms. At the present time her health is very good.

Case 2. An interesting case came under my observation a few years ago, when I was called to see Mrs. J—, aged 30, vi. Para., in confinement. On arrival I found she had given birth to a large living child, which had been shot out of the vagina with the first expulsive pain. She had given birth to her children in rapid succession, and had a large, flabby and pendulous abdomen. She had experienced difficulty in walking about, accompanied with pain about the symphysis, for about five weeks before labor. On examining the pelvis I could readily place my finger in the symphysis, showing that the bones were widely separated.

I strapped the pelvis firmly and kept her in bed for three weeks. Three weeks later I was called, and found an abscess over the pubes. I had her removed to the hospital, and on opening the abscess found it communicated with the symphysis. The bones were separated nearly one inch, denuded of cartilage,