tion slowed, pulse feeble and varied between 109 and 140. She could be roused, and talked rationally at times; pupils equal. Three days later, the drowsiness deepened into coma; pupils became unequal, left much dilated when death ensued. No post-mortem could be obtained, but the case was so identical with one reported in the London *Lancet*, Oct. 11th, 1890, page 767, under the care of Mr. Walsham, that I feel fairly convinced that we had a case of secondary deposit in or near the floor of the fourth ventricle, as in Mr. Walsham's case it was verified by post-mortem. What pathological change took place as the result of the operation whereby the urine was so much reduced in daily quantity? or was it only a coincidence? The same fact was noted in the case referred to.

G. T. McKeough, in discussing this subject, called attention to the very poor results of the very best operators until recent years. Dennis reports 38 cases with 45% having passed successfully the three year limit. Halstead has had 50% of cures. These results were due to more perfect technique, antiseptic and aseptic precautions and a better knowledge of the pathology of carcinoma, the precise manner in which it spreads and affects surrounding tissue. He emphasized the importance of early operation and outlined carefully the steps in the operation.

"The Preservation of the Perineum," was the title of a paper by C. B. Oliver. He said, in part:—"When the perineum is rigid and undilatable, it has been my practice to introduce two fingers of the right hand into the vagina, and with each pain stretch the perineum in advance of the head. I have often found extreme rigidity disappear in a few minutes under this treatment. The patient's attention being occupied by the severity of the pain, no objection is ever raised to this procedure.

When the head begins to distend the vulva, our real work begins. Full expansion has by this time been secured. Two fingers are introduced behind the occiput, and this part of the head is brought well down under the pubic arch. The diameter of the head passing through the outlet will thus be materially lessened, and so also will be the tension on the perineum. Although by this step an almost inappreciable lessening of the diameter may at times be attained, it may still be sufficient to prevent serious laceration. Attention to this practice should be a routine practice.

Of the various methods which have been advocated by older writers, for the prevention of perineal laceration, it is best to say nothing.

Unless the physician feels that he has both perineum and head under complete control, he will suffer the mortification of witnessing frequent lacerations. There is only one method which, to my mind, meets the necessary requirements. Olshausen and others have advocated the plan of expelling the head in the interval between pains by means of the thumb or finger in the rectum, but as far as I can learn, this practice has not been very widely adopted. Four years careful study has convinced me that this is the method par excellence. The second finger of the right hand is introduced into the rectum beyond the child's chin. The disengaged left hand is used to press the perineal tissues from each side towards the median line, and while the patient is cautioned not to bear down, the head is brought into the world at the will of the operator.