

*Case of difficult labour, failure to deliver with forceps. Version successfully performed.* By T. HOWLEY, M.D., St. John, Newfoundland.

Perhaps the following case may be deemed of sufficient interest to your readers to render it worth publishing.

I think it offers a fair type of a class of difficult cases not infrequently met with in practice, and there can, I think, be very little doubt that many children are lost by the sacrificial operations in cases of moderately contracted pelvis, who might have been saved by a timely resort to turning where the forceps has been fairly tried and found insufficient to effect delivery, as advocated by Dr. Robert Barnes in his work on obstetric operations.

CASE.—Called out of town about six miles at 3 a.m., Dec. 18th, 1873 to Mrs. W., multipara, eighth pregnancy at about 40. On enquiry I learnt that she had always had difficult labors, having been on every occasion delivered instrumentally, viz: four times by forceps and three by craniotomy. She has two living children, both girls; had never brought forth a living male child so far. I found that the patient was very short, almost dwarfish in stature, and had evidently a contracted pelvis, though without any evidence of distortion or spinal deformity. Labor was in full progress, having got so far as the second stage, with strong and frequent expulsive pains; head presenting but not being able to enter brim. Having the previous obstetric history of the patient before me, I applied the forceps without delay after having chloroformed her, and succeeded in locking them without much difficulty, thus shewing: firstly, that the case was a fit one, for their trial; secondly, that the contraction of the pelvis was not excessive. I kept them on for over an hour using all the tractive force I dared, but without causing the head to descend or engage in the brim. I then came to the conclusion that delivery was not to be effected in that way, and in the absence of a consultation which was not easily to be had, I had to