

and Kenneth Cameron saw the case. The uterus was then tightly contracted upon the child, whose head was tightly filling the inlet. It was easily seen that the pelvis was too small to extract, and symphysiotomy was decided upon.

A median incision over the symphysis, extending three-quarters of an inch above this and passing slightly to the left of the clitoris, was made down to the bone. A vulcanite rod in the urethra drew it over to the right and depressed it away from the incision. Above the pubis the incision was deepened until the loose cellular tissue was reached. The left forefinger was then passed behind, and the position of the urethra being ascertained, the symphysis was cut through. The two sides sprang apart, leaving an interval of over one inch. A pad was placed over the wound and the foetus rapidly delivered with forceps by Dr. Lockhart, proper support being given laterally to the pelvis. The child was in good condition and not disfigured by the instruments.

The total time was one hour and a quarter from the commencement of the operation until all dressings were completed.

The measurements of the child's head are :

B.P. ....	= 94 mm. in diameter.
F.O. ....	= 120 " "
M.O. ....	= 145 " "
B.T. ....	= 88 " "
Shoulders ....	= 155 " "
Circumference of head .....	= 33.5 cm.
" " shoulders ..	= 40.5 cm.
" " hips .....	= 28 cm.
Length of child .....	= 53 cm.
Weight .....	= 3629 grms.

Both mother and child have done well since. There is considerable pain about the left sacro iliac synchondrosis, due, I believe, to rupture of the anterior ligaments.

Symphysiotomy, or division of the pubic symphysis, has lately been brought prominently before the American profession by Dr. Robt. P. Harris of Philadelphia. On Sept. 20th he read an exhaustive and admirable paper upon the subject before the American Gynæcological Association, setting forth the many claims advanced and good results obtained by Italian obstetri-