

vertex, a very large caput succedaneum, and marked heat and tenderness throughout the whole length of the vagina, especially about the os uteri. The latter, however, was well dilated, and the head had become very considerably engaged within the brim of the pelvis, but closely impacted. The apparent condition of the patient was by no means promising. Her countenance was expressive of anxiety and very much flushed, the pulse was quick and hard, the pains powerfully bearing down, with very short intervals. There was no other alternative but the immediate application of the forceps. The head was low enough down to permit the use of the short pair, which were therefore used. With considerable difficulty I succeeded in applying them, antero-posteriorly on the child's head, and after considerable tractive force, the head was withdrawn. The child was still born, and small, weighing only 6 lbs. 8 oz.; and although attempts at resuscitation were made, and continued perseveringly for nearly an hour, they proved fruitless, the heart's action ceasing in the course of three quarters of an hour.

The mother progressed favourably until the fourth day, when symptoms of pelvic cellulitis began to manifest themselves. In consequence of this she was removed to the Montreal General Hospital. An extensive abscess formed within the cavity of the pelvis on the left side, which was opened through the vaginal wall, permitting the escape of an immense amount of intensely foetid pus. She died, however, on the 23rd of April. The pelvis forms a specimen in the pathological museum of the Faculty of Medicine of McGill College. It presents some slight obliquity; the internal plane of the Ischium on the left side shows evident traces of caries. There is a considerable exostosis on the left Sacro-Iliac Synchondrosis, and a thorough ankylosis of this articulation on both sides. The antero-posterior or conjugate diameter of the brim measures $3\frac{2}{16}$ inches and the transverse $4\frac{1}{16}$ inches.

There can be no doubt that this unfortunate creature would have survived her accouchement had a more timely assistance been afforded.

Cases 7—14.—*Vertex presentations complicated with rigidity of the Os Uteri.*

These selected cases are of no further moment than as tending to establish the value of a practice suggested by myself in the December number, 1850, of the old series of the *British American Journal*, in which there appeared a paper confirmatory of the utility of Tartar Emetic, exhibited in such cases in one grain doses, given every half hour. This practice was at the time supported by the effects witnessed in four cases of parturition, complicated with excessive rigidity of some part of the uterine orifice, and these selected. I deem it unnecessary to enter into the peculiarities of these cases, as their phenomena were nearly all alike. Rigidity of the Os Uteri presents nearly the same phenomena in all cases; except that the rigidity may be partial or complete, involving one portion or another of the uterine orifice. The above, however, are cases in which the labour was prolonged by rigidity of the whole external orifice, which acted as a tight band upon the vertex, prohibiting its advance. All these cases were managed in accordance with the principles contained in the paper to which I have adverted, viz: the exhibition of grain doses of the Tar-