

but found it impossible, as the foetal head was thrown forward over the pubic arch; and although he could apply one blade, it was impossible to introduce the other, as there seemed to be a wall of bone on the right side of the pelvis, forming, as it were, a shelf, upon which the foetus rested. After several unsuccessful attempts he sent for Dr. Abbott, who also failed. They then sent for me, and when I arrived, about 3 p.m., I found the os dilated, the foetal head very high, labor pains strong and continuous, and the patient cheerful. On attempting to introduce the forceps, I had no difficulty in getting the left blade into good position, but there my success ended, as the shelf or projection of the ilium on the right side was an effectual bar to the application of the right blade. I then tried this blade first, but found it would always fall back of the foetal head towards the sacrum, and assume a position resting on the perineum. After a consultation with Drs. Abbott and O'Keefe, it was thought best to perforate, although I was afraid, from the nature of the deformity, that it would be useless, as, if we succeeded in bringing the head down, it would be impossible to extract the child's body. And my fears proved to be correct, for after perforating, which was performed with the utmost difficulty, owing to the non-fixtured position of the foetal head, and it being so far forward and so high up, it was impossible to extract, as the bones of the head could not be crushed, for all our attempts to apply the craniotomy forceps or cephalotribe were unsuccessful, and although we nearly emptied the skull, still we could not introduce any of the above-named instruments to crush and extract. We succeeded in getting the blunt hook into the foramen magnum, and used all the force possible, but could not budge the head, so we had another consultation, which resulted in sending for Dr. G. W. Jenks of Detroit, who arrived about 9 p.m. the same day. He tried the forceps, cephalotribe, etc., as we had done, but with no better success, as he found it was impossible to apply more than one blade.

Now, what was to be done? After having exhausted every known means of delivery by the vagina (I might say that I had previously tried to pass my hand up and get the feet, with the