

the parent of many, in various distinguished academic positions. Thus the impress of this centre of learning is transmitted from one generation to another. The teachers' work does not die with him. It lives after him, and in the discharge of the honourable responsibilities of life the still small voices hover round; hushed though they be, the impression of the past is there, and is a cheering ideality in the perplexities incidental to a labour of love—*medical duty*. Thus we observe there is a grand connecting link established, which strengthens the attachment and promotes an ever living desire to uphold the honour and dignity of your Alma Mater.

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## A CASE OF SYMPHYSIOTOMY.\*

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Mrs. M. L., I-para, aged 25, of Irish parentage, gives the following history: She has been healthy up to her marriage, four years ago; since then to the date of her pregnancy she has suffered from what a local gynaecologist pronounced to be pyosalpingitis. However she became pregnant and appeared to do well.

On the 4th inst. slight labour pains were experienced and the liquor amnii began to flow away. I saw her on the morning of the 5th, and labour was then active, but the os uteri not fully dilated. The pelvis was found to be contracted. At 3 A.M., dilatation being complete, with no descent of the foetal head, it was thought expedient to use the forceps. Dr. Gordon Campbell anaesthetized the patient, and a thorough examination of the pelvis and contents made. The head had not engaged and was large. The inlet was circular, with a true conjugate of 75 mm. The succeeding diameters in the pelvic cavity were correspondingly diminished, the small space between the tuber ischii especially so. An attempt at extraction with forceps was unsuccessful. Undue violence was avoided. Crying of the child in utero was distinctly heard by those present. At 9 A.M. Drs. Lockhart

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\* Read before the Medico-Chirurgical Society of Montreal, Dec. 9, 1892.