

now formed, which eventually ruptured, carrying along with the water as it gushed forward a loop of the Funis, which it was found impossible to return, thus additionally complicating the case. Pulsation was for a considerable time felt in it. On consultation it was now deemed advisable to have recourse to the long forceps, which were repeatedly applied by myself, and afterwards by Dr. Holmes, but which as often slipped off the head. It was finally resolved upon to have recourse to version. The patient having been thoroughly chloroformed, with very great exertion and difficulty, arising out of the violence of the uterine action, I succeeded in bringing down one foot, and afterwards the other, but now exhausted, I requested Dr. Fraser to complete the extraction of the fœtus, which, after powerful tractive efforts was at length accomplished. The child was born dead, but the mother, notwithstanding the severity of her labour, made an excellent recovery, and was discharged from the hospital on the 7th August.

I find in the remarks on this case in the ward-book of the hospital, that the biparietal diameter of the child's head measured $4\frac{1}{2}$ inches, and that the antero-posterior diameter of the brim of the pelvis, ascertained by digital measurement, was only three inches. The following additional peculiarities in regard to the child are on record: Its length was 24 inches; its weight 10lb. 8 oz.; and the length of the funis umbilicalis was 45 inches. It is worthy of remark that her accouchement, two years previously, was only of two hours duration, that child was then living, nothing unfavourable having occurred.

Case 6.—*Vertex presentation in the left Transverse position, complicated with generally contracted diameters of the brim of the pelvis, and an exostosis of the Right Sacro-iliac Synchondrosis. Forceps.*

M. N. G., an unmarried primipara, aged 30 years, of short stature, stout and active was admitted into the U. L. Hospital on the 22nd January, 1855, and labour came on the 18th March at 6 a.m. As soon as possible after this was known the gentleman to whose charge this case fell was sent for. This party confident in his own powers, and too proud to consult the matron with whom he had had an altercation some time previously, was resolved to manage it exclusively himself, which the matron, grossly neglecting her duty, permitted him to do. In fact, he stated that he had enjoyed an extensive midwifery practice in Upper Canada, in the place where he resided, and was therefore competent to any emergencies which might arise. The unfortunate result of this case proclaims how shamefully he violated his obvious duties. He arrived at the hospital at about 7 a.m.

From this time till about 11 a.m., the pains were light with considerable intervals between them, but they now began to be more active and efficient. An examination was made, which satisfied him that the infant was presenting by the vertex. The os uteri became nearly fully dilated about 3 p.m., when the pains changed to the ordinary bearing down ones. Matters continued in this state with the exception of increasing intensity in the pains, and but little engagement of the head in the cavity of the pelvis until 6 o'clock the next morning, when he at last deemed it his duty to send for me. I arrived at the hospital at 7 a.m., and on careful examination discovered a transverse presentation of the