

satisfaction of engaging the head and gradually sweeping it down through the pelvis, as I raised the handles. As the head passed the promontory of the sacrum, I heard a crackling noise, and felt something give way; after which the head was easily delivered.

On examination afterwards, this proved to be the left half of the frontal bone which had been indented by the promontory of the sacrum. The right temporal bone was very much indented by the blade of the forceps, and I felt certain that the child would be injured by the pressure to which it had been subjected; but, to my astonishment, it seemed none the worse, and, within a few days, all marks of the forceps and of the indentation of the frontal bone had disappeared. This case illustrates what we can do in moderately contracted pelvis, by controlling the size of the child, giving plenty of time for labor to do its work, and the careful employment of a good long forceps applied to the transverse diameter of the pelvis.

CASE V. was a case somewhat similar to the above, but I did not see the woman until she sent for me to confine her.

Labor had hardly begun when I was called. As it was her first child, I followed the rule which I adopted since the beginning of my practice, of allowing 24 hours to elapse before terminating the first confinement. By this time the child's head had engaged in the superior strait, but made no progress whatever during the last 3 or 4 hours, so that I decided to apply the forceps and terminate the labor. I was sorry on extracting the head to see about a tablespoonful of brains oozing out of a hole at the front of the left parietal bone, caused by the pressure of the forceps.

I gave a very guarded prognosis, although the child was a very large and most vigorous one. To my surprise, he seemed very little the worse for this very severe injury, and when last seen—now

some years ago—was about a year old and had a nævus at this spot, about the size of a quarter of a dollar, which I ordered the mother to keep bandaged; since when neither mother nor child have been seen.  
250 Bishop street.

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## Society Proceedings.

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### MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Stated Meeting, October 19th, 1894.*

G. P. GIRDWOOD, M.D., PRESIDENT, IN THE CHAIR.

Drs. Elzéar Pelletier, F. J. Hackett, C. F. Wylde, H. Tatley and W. E. Deeks were elected ordinary members.

*Fracture of the Skull with Pulsating Tumor.*—Dr. SHEPHERD showed a little girl nine years old, who in 1889 had been under his care at the Montreal General Hospital. The following is a brief account of the case:

Florence C., age four years, admitted September 9, 1889. Ambulance case. Fell from second story window on to stone pavement. Picked up unconscious, and continued motionless for half an hour. Condition on entry, unconscious, pupils unequal, swelling over the right orbit with a semi-fluctuating feel, purposeless movements of the limbs, Cheyne-Stokes respiration. Her whole forehead and eyelids were greatly swollen, and at 12 p.m. that night her temperature rose to 103°. Three days later she seemed to be conscious, but she was unable to open her eyes from œdema. Eight days after her admission she spoke, asking for food; her condition then was slowly improving. She had then a fluctuating swelling over the right eye which pulsed, and running upwards and backwards from this was a fissure. Over the right parietal bone there was another fluctuating swelling, large and flat, but not continuous with the one in front. The fissure, however, ran into it. The hole over the orbit is still present, and one can feel the pulsation of the membranes through it. The line of fracture running up from this, corresponding to the fissure mentioned above, can still be made out with the finger. The swelling over the parietal bone has disappeared. The child's intelligence has not been good; her mother thinks her different from other children and not bright.

Dr. GORDON CAMPBELL remembered the case very well, especially so as he had given an absolutely bad prognosis after examining her condition on entry.

Dr. KINGHORN, House Surgeon for Dr. Alloway, read the following reports:—