cautions having been taken we dilated the os with a Goodell dilator (as the os was only large enough to admit the dilator) until we were able to dilate bi-manually, we then dilated until we were able to apply the Axis Traction Forceps. On applying traction they slipped, when we e sily turned and delivered the child (and I wish here to call to your remembrance an interesting though not very important fact, that on introducing the hand into the uterus to deliver the child it was distinctly heard to cry by those standing around). The child was born alive, and has lived. The patient recovered slowly but well from the narcosis, but had rather a severe post-partum hemorrhage. During the first 12 hours after delivery she suffered with severe dyspnœa which was at once relieved by inhalations of pyridine. After-pains were present for the first 24 hours after delivery. The patient made an uninterrupted recovery. The quantity of urea increased from 416 grs. the day after delivery to over 600 on the third day.

We naturally ask to what pathological condition or conditions do we owe the serious state in which we found the patient on admission to the hospital?

We find in some cases post-mortem that nephritis has existed, but in many cases no lesion has existed ante-partum to which death may properly be credited. Experience has demonstrated that when the urea excreted falls below a certain quantity per day (in round numbers say 500 grs. per day), that certain symptoms appear and rapidly become grave. Therefore it becomes of prime necessity to examine the urine of every pregnant woman for urea in the last two or three months of pregnancy. Formerly only albumen was sought for, and if not found, all was considered to be well with the patient, and that there was no danger of a convulsion. I have often pointed out to you the fact that there may be albumen found in even large quantities (the quantity of urea being normal), and no convulsions take place, and again as in the present case no albumen was present, and undoubtedly had we not operated on the woman she would have had convulsions. Such is the experience of those of our profession who have had the largest experience in obstetrical work. Now if a favorable prognosis depends on the quantity of urea