forming version, to be followed by perforation of the after-coming head, when it was discovered that the uterus was ruptured through the lower segment. The abdomen was opened, the uterus incised, the child removed dead, and hysterectomy performed. The patient had a somewhat stormy convalescence, the temperature ranging around 101 deg. for several days. Ultimately she made a good discovery.

This is a type of case not infrequently met with in practice. The patients are usually elderly and stout. Previous pregnancies and labors have resulted in thinning and weakening of the uterine wall. The first stage is apt to be prolonged, so that the second stage pains are ineffective, and the head fails to engage. Thinning of the lower uterine segment readily occurs if there is the slightest disproportion between head and pelvic brim. So that we cannot allow the second stage to proceed for many hours. We are put off our guard by the previous obstetric history, and think that we shall have no difficulty in effecting delivery with forceps. If we are deceived in this, and find that the head will not engage with moderate traction, recourse should at once be had the craniotomy or Cesarean section if circumstances be favorable.

Mention has not been made of version as an alternative to the application of high forceps, or as a means of treatment when the high forceps operation fails to effect delivery. Our experience with this, in common with that of other obstetricians, is that the fetal mortality is even higher than after the high forceps operation. Harrar reports a fetal mortality of 13.7 per cent. in 51 versions on living children. Taylor, in 260 cases of pelvic deformity, reports an infant mortality of 46.6 per cent. after version, 25 per cent. after high forceps. We have on two occasions known rupture of the uterus to occur as the result of attempted version after high forceps failed.

Let us then try to sum up the situation in those border-line cases where, with a pelvis normal in size or slightly contracted, there is a disproportion between the fetal head and the pelvic brim, and the head has failed to engage at the beginning of the second stage. Immediate application of forceps will result in death of the child in at least one-quarter of the cases, and there will be a maternal mortality of from 1 to 5 per cent., and a morbidity which is difficult to estimate, but which is certainly very high. If the labor be allowed to continue without interference, spontaneous delivery will occur in about 75 or 80 per cent. of the cases, with a fetal mortality of between 1 and 2 per cent. Cesarean section, performed before any attempt has been made