

on the tumor has been known to cause inversion. Such a case would be easy to treat by reducing the inversion at once and stopping the bleeding by the ordinary means used for *post-partum* hemorrhage. Whilst speaking of this I might be excused for reminding you of one or two most useful considerations. A normal-sized uterus, after the placenta has been delivered, will hold a piece of sterilized gauze one yard wide and five yards long. It is well to carry a roll of such prepared gauze. If the uterus requires a tampon for the purpose of stopping bleeding it is required at once and of large enough size to exert pressure. Amongst other things I have found whiskey an excellent thing for injecting into the uterus to stop the bleeding. It may be used either pure or diluted with an equal quantity of water.

Treatment of cases of obstruction requires all our energy, skill and tact. When finding the patient already in labor it is my plan to wait, if possible, until the os uteri is dilated, or at least dilatable; then with the patient in the lithotomy position, disinfected, and under complete anesthesia, make a thorough manual (not digital) exploration. If it is possible to push the tumor up above the brim I do so, and then apply the forceps, and deliver. Such a procedure is not always very easy, for just when you have the tumor up and the head coming down, one is often doomed to disappointment by finding the tumor slip down in the way again. Success is favored in this as in many other obstetrical operations by complete anesthesia, and it is better to try this plan with care before resorting to podalic version, for though version may be easy enough, its accomplishment does not complete the delivery, for even though the body of the child may be made to pass the obstruction the head is apt to be so pressed upon by the tumor that it will be impossible to deliver it without perforation and reduction of its bulk, which in the after-coming head is no easy matter. Such a case came under my notice quite recently, when a confrere was called to attend a primiparous woman. He had no opportunity of examining before the commencement of the labor, and when he did make an examination he found that a tumor was in the way of the head. As it seemed semi-elastic he hoped to be able to push it up sufficiently high to allow the passage of the head, and, indeed, did succeed to such an extent that he was able to apply the forceps, but the head would not pass the obstruction. Under complete chloroform anesthesia I also tried, and it seemed as if the case was one where success should crown our efforts, but the head was hard and unyielding and the tumor would come down with the head. The situation was difficult, the place was not fit for an operation, it was midnight and the way to the hospital was rough, and I thought that the child