bag and some bi-chloride tablets, which I had with me, I was able to give her a 1 in 2,000 sublimate douche, and also to thoroughly disinfect my own hands. I ordered the midwife to place her under my A. C. E. mixture which I had with me, and in a few minutes had her sound asleep, with the womb and abdominal muscles thoroughly relaxed; it was only the work of a moment to introduce one hand into the uterus, push up the shoulder, aided by my left hand on the abdomen, and to seize the feet with my right hand. There was some little difficulty in getting the head through the pelvis, which was rather a flat one, necessitating the high forceps application at her first confinement. I was obliged to apply the forceps to the aftercoming head. This, however, was only the work of a few minutes. Within fifteen minutes of my arrival at the house the child was born, but dead. As I feared, hemorrhage, owing to atony of the uterus from exhaustion, I administered a drachm of fluid extract of ergot before removing the placenta, and waited about 10 minutes to give this time to take effect. The placenta was then easily expressed from the uterus, and the latter organ held firmly in the hand until all danger of post-partum hemorrhage had passed. The precaution was not unnecessary, for several times I felt the uterus relaxing under my grasp, and at the same time filling up with arterial blood which was expelled at the next uterine contraction.

After waiting until she had thoroughly awakened from the anæsthetic and all danger of hemorrhage was over, I left her, with strict injunctions to have her cleaned up, which the midwife did as well as she could with the means at her command.

Strange to say, this patient recovered as if there had been nothing unusual,—thanks, I presume, to the antiseptic precautions I had taken.

CASE IV. This patient engaged me a couple of months ago to confine her, telling me that she lived several miles away from my residence, and that she had come so far to me in the hopes that I could succeed in delivering her of a living child, as she had already been confined twice, but each time the baby had to be destroyed in order to be delivered. She was very anxious to have a living child, but had been thoroughly discouraged by the three very able physicians who had told her that this was impossible. In fact, in a moment of discouragement, her husband had thrown a large stock of baby clothing into the fire.

On examination I found the pelvis contracted, the antero-posterior diameter being about 3 inches. I advised her to cut down her diet to the very smallest limit possible, in order that the size of the child might be kept down accordingly. This she faithfully did; in addition to which, her husband aided me by keeping her working more than usually hard, and I requested her to drive at once to my private hospital as soon as labor began, intending to perform symphysiotomy, for which I made due preparation. She appeared at my private hospital accordingly at 4 o'clock in the morning about 10 days ago, when I found labor going on actively, but the amniotic membrane unruptured. I carefully avoided rupturing this, and left her in the charge of a nurse, with orders to give her just enough of the A. C. E. mixture to keep her easy without rendering her unconscious.

My object in doing this was to give nature a chance to mould the child's head to the pelvis, with the possible hope that an operation might be avoided, and that the forceps applied high might effect delivery instead.

At 9 o'clock, after giving her a bichloride douche, followed by a hot water one, I applied the long Baudeloque forceps to the head, which was resting on the pelvic brim, but not engaged; and had the great