

particular, both as to structural formation and functional activity. The paucity of remarks by obstetricians on this peculiar mal-position, renders such cases more than ordinarily interesting. A somewhat analogous case is recorded in the *Medical Times and Gazette*, (June 1861) by Dr. Murray, where he states that Dr. Simpson of Edinburgh is the only obstetrician who has recorded this peculiar obstruction.

*Case IV.*—Craniotomy—recovery.

December 4th, 1861, 9 P.M. Visited Mrs. F., 28 years of age, of small stature and thin conformation of body. First pregnancy and at the full time. In January, 1860, had a miscarriage advanced to the fifth month, and during an attack of small-pox. There was very slight dilatation of the os uteri, and the pains were feeble during the greater part of the night; towards morning the pains increased gradually and the os-uteri became dilated, the liquor amnii having escaped some hours previously. The head of the child was still in the brim of the pelvis, and beyond this point the uterine efforts were not sufficient to cause its advancement, there being no deficiency, at this stage, of uterine action. Having allowed ample time to elapse, so that nature might accomplish the delivery, unassisted, prompt action was now necessary, as the system appeared considerably exhausted by the almost constant pains, which evidently would be ineffectual towards either accomplishing or even advancing the labour. The forceps were applied with difficulty, but would not retain their position sufficiently long to be productive of good results. Failing in these efforts, and being unable to change the position by turning, owing to the rigidity of the parts and the firmness with which the head was impacted, I was convinced that labour could not be accomplished without artificial assistance. Dr. Hill was now called in consultation and also decided, that from the various circumstances of the case, it was evident that the labour could not be accomplished without the perforator and crotchet. No foetal cardiac pulsations, or even uterine foetal movements could be detected from the previous day. After the use of the perforator and the evisceration of the cerebral matter, long and continued efforts were necessary before the head could be brought into the cavity of the pelvis. The delivery was at last safely accomplished, and in three weeks the patient was about and doing, as usual. The head of the child was unusually large, presenting a well formed caput succedaneum, and moreover, owing to the small capacity of the pelvis, such a foetus unassisted, could not have exit "per vias naturales."

*Case V.*—Transverse fracture of the patella in the ninth month of pregnancy; delivery four days afterwards.

Dec. 5th, 1861. Mrs. M., a stout, able-bodied woman, aged 24 years, and the mother of one child. In the act of descending a pair of stairs, the foot slipped, and in the effort to recover the fall, the violent action of the anterior muscles of the thigh, caused a complete transverse fracture of the patella. This was rectified by a posterior splint, roller, and Pirrie's strap. Four days afterwards labor came on, and with a few smart pains the delivery was accomplished without any difficulty. Two questions might arise out of this case, first, the position which a patient should assume, when about to be delivered while suffering from a fractured limb; and secondly, are the bones more liable to fracture during the after months of utero-ges-