patient at this time began to exhibit signs of fatigue, and I was sent for to decide what further steps were to be taken. Having been informed of the diagnosis and progress of the case, I had the patient placed under the influence of chloroform, certain that I would have to complete the delivery with the forceps. I then proceeded to make a thorough examination with the hand, and found the head of the child occupying the brim of the pelvis, and covered with a smooth structure that felt very much like thickened membranes. This had a uniform surface, there not being the slightest projection to indicate the situation of a cervix. There was a smooth, rounded fold of the anterior wall of the vagina in close connection with it, which had led to the belief that this fold was the anterior lip of the os. On making a careful exploration of the surface projecting into the vagina, a slight depression was felt by the finger at its upper and posterior part. This point, moreover, was softer and more yielding than the parts surrounding it. Convinced that this was the occluded os uteri, I pressed forcibly on it, when the obstruction yielded and my finger passed through the os into the womb. The patient, having recovered completely from the effects of the chloroform, was ordered 15 grains of the hydrate of chloral every twenty minutes until four doses had been taken. This secured her several hours of sound sleep, from which she awoke greatly refreshed. The pains gradually became stronger and recurred at shorter intervals until about three o'clock the next morning, when the os uteri being fully dilated, the forceps was applied to the head of the child at the brim of the pelvis, and after careful traction for thirty-five minutes the child was delivered. There was no laceration of the cervix uteri nor of the perineum. The patient made a good recovery and left the hospital on the eighth day after her confinement.