jugate estimated at 11 centimetres. The os was fully dilated, membranes unruptured. The head was large, freely movable above the brim, and overlapped when pressed down. The patient had only been examined once, and that with every precaution, before I saw her. Owing to the degree of over-lapping Cesarean section was advised, although the pelvic measurements did not seem to justify it. The operation was performed, and resulted in the birth of a healthy living child and a perfectly normal puerperium. The head of the child was large and firmly ossified.

Mrs. F., aged 24, primipara. Admitted to the hospital on April 11th in labor. The head was presenting L.O.A. position, freely movable above the brim. Some overlapping on pressing it down into the pelvis. True conjugate estimated at 10. centimetres. No flattening. The first stage progressed normally, and at twelve noon, the os being fully dilated, the membranes were ruptured. After four hour of strong labor pains the head was still unengaged. Having in mind our previous results with high forceps we elected to do Cesarean section. Mother and child both did well. The cause of the non-engagement of the head was at any rate partly due to the cord being coiled round the neck of the child five times, so preventing the descent. Had forceps been applied the death of the child would almost certainly have resulted.

In subsequent labors all of those patients may be delivered naturally, for in none was the amount of pelvic contraction great. It is not only in primiparous patients that we meet with these difficulties at the pelvic brim. They may arise in parous women, who have previously given birth to living children. In them, too, premature application of the forceps may have disastrous results.

Mrs. C., aged 43, 7-para. Seen in consultation on account of failure of the doctor to deliver with forceps. The patient's previous labors had terminated naturally. The pelvic measurements were normal; the true conjugate estimated at 10.5 centimetres. The first stage had lasted nearly forty-eight hours, the head was not fixed, and forceps had been applied for manual dilation of the cervix, but the head could not be made to advance. The patient was admitted to the hospital, and allowed to continue in labor for two hours. Forceps were then applied, although the head was still movable, because of the exhaustion of the patient. No advance could be made. With the amount of handling which this patient had had the only alternative was craniotomy. The hand was introduced into the uterus, with the intention of per-