

centimetres, rickety English immigrant. Patient was prepared for operation and the situation explained to her with reference to future pregnancy.

At her request a Cæsarean operation was done and tubes removed as she did not wish to take the risk of future pregnancy. The ovaries were not removed. The child was a vigorous nine pound child, and mother and child left hospital at the end of three weeks.

*Case 3.*—Mrs. E. B., aged 40 years, primipara; admitted to hospital after being 36 hours in labour. Ineffectual attempts had been made to deliver with forceps. On examination, the vagina showed signs of severe bruising. Liquor amnii and blood coming away. Head firm, high up, and not engaged. Conjugate estimated at 6.5 centimetres. Pelvis rigid. Coccyx firm. After a rapid preparation of patient, Cæsarean section was performed. The uterus did not contract well, so a hot sponge was left in to be removed next morning per vaginam. On examination of interior of the uterus it was interesting to note the result of the severe efforts made to deliver with forceps. At the level of the inner os or slightly above it the muscular and mucosal tissue had been completely severed by the pressure of the head on the pelvic bones and cervical portion was apparently held only by the peritoneum.

*Case 4.*—Is one of unusual interest. Mrs. E. C., aged 42; multipara. Two labours previously, both very severe forceps cases. Her family physician was called hurriedly on the morning of November 5th. On arrival at the house he found her suffering from considerable shock with a large amount of intestine protruding from her side. The patient was vomiting and straining, and more intestine was coming out at every effort; a large hypodermic of morphia was at once administered, as the doctor expressed it, "to prevent her forcing the liver out, as she had everything else except a pregnant uterus outside." The intestines were covered with hot dressings, a binder applied, and the patient put on a train for the hospital. Owing to railway delays she arrived at hospital thirteen hours afterwards.

She gave a history of having a large inguinal hernia, which had been operated on unsuccessfully two years before at St. Bartholomew's Hospital, London, on which she had since worn a truss. As pregnancy advanced she had discarded the truss, substituting a binder therefor. On the morning of the accident she had been doing her usual work when pains commenced, and her expected labour began. She had a very severe cold, coughing and sneezing a good deal. She was coughing and vomiting when she suddenly felt something give way and became very faint. She knew her abdomen had ruptured as the bowels fell out, so she got