

surrounding the uterus about the brim of the pelvis, with the result that the woman had a genuine pelvic cellulitis, or, perhaps more properly, a necrosis of the cellular tissue; an abscess formed and pointed at Poupert's ligament, where it was evacuated, and she made a rapid recovery.

CASE II.—I was called early one morning a few months ago to go in consultation with the family doctor at a small town 5 or 6 miles from Montreal. On arriving at the house, I found the attendant worn out with all night attendance, when he informed me that he had been called in the afternoon of the day before, and found the patient in active labor. She was in great pain, and screamed most of the night; but for some reason he could not explain, the labor had made no progress, and thought that this was due to its being a breech presentation, as he could feel no bones of the head, and on the contrary he felt a slight dent in the centre of a soft mass which he thought must be the anus. On examination, however, although this dent was somewhat misleading, I had no difficulty in diagnosing a case of hydrocephalus, and by manual palpation, I ascertained that the child's head was of enormous dimensions. The mother informed me that she had thought all along that she had twins, as she had never been so large before.

I placed her under an anæsthetic, and introduced my hand under careful aseptic precautions above the pelvic brim, when, as far as I could reach, nothing could be felt but the enormous head. The bones of the skull were more like parchment, and could be easily indented with a sort of crackling feeling. As there was no object in submitting the mother to any risk for the problematical advantage of saving a child with this disease, and, moreover, as the mother believed the child was dead, I punctured the fontanelle with a pair of sharp-pointed scissors, which I had disin-

fecting for the purpose, and allowed what I should estimate to be between 2 and 3 quarts of clear hydrocephalic fluid to escape.

By introducing my finger into the hole thus made, I was able to get a hold of one of the parietal bones, which, however, doubled up under the pressure, but, nevertheless, giving me a sufficient hold to draw down the head, and quickly deliver the child. The mother made a rapid recovery.

These are the only cases of hydrocephalus that I have met with in about 800 confinements.

CASE III. I was called early one morning to see a woman whom I had confined of her first child a few years before, and found that she had been in labor for more than 24 hours. For financial reasons she had not engaged me for this confinement, but had taken, instead, a midwife. She was evidently very poor, the house being exceedingly dirty, while her bed was simply filthy. The midwife told me that everything appeared all right until the waters broke about 10 o'clock the night before, when a hand of the child presented and appeared at the vulva. She became alarmed, and sent for a neighboring physician, who was too discouraged with the surroundings to attempt to do anything for her relief, and therefore ordered her to the lying-in hospital. Having the usual dislike for hospitals so common among the poor, she did not follow his advice. About 1 or 2 o'clock in the morning, as the pains were most violent, she sent for another physician, who gave her the same advice as the first one, and even paid for a cab to take her to the hospital.

On my arrival, about 4 or 5 o'clock, not knowing that any other physician had seen her, I found the hand protruding from the vulva, and the child placed transversely across the abdomen. I fortunately obtained a clean tin pan and a kettle of hot water, and with this and the aid of a douche