

ascertained that the child was dead, craniotomy was resorted to. Notwithstanding the evacuation of the cranial contents, the chin could not be pushed up sufficiently high to release the forehead until a pair of small bladed forceps were passed over the vertex, the bones compressed and the head brought down.

On examining the child after delivery it was found that a spina-bifida occupied the lumbar region allowing a meningo-myelocoele to form there, nearly the size of a small infant's head. This tumor lying between the wall of the uterus and the spinal column pushed the body to the opposite side of the uterus, or in other words changed the direction of the spinal column and its relations to the anterior and posterior poles of the head, and thus the chin was allowed to come down at the time the head was entering the superior strait. The mechanism of its production seems to be similar to that produced by obliquity of the uterus.

*Post Partem Hæmorrhage.*—If asked to say what is my greatest dread in the practice of obstetrics I would say *Hæmorrhage*, whether it is accidental, unavoidable or post-mortem. Eclampsia is not so rapidly fatal that a consultation may not be arranged for and the responsibility divided no matter how distant the second-practitioner may be. Not so with hæmorrhage; it comes on so quickly, often so unexpectedly and proves fatal so rapidly that there is scarcely time to call to your side counsel and assistance. The subject of post-partum hæmorrhage is one of immense importance, as it is relatively a common complication of parturition and there is no emergency in which so much depends upon the care and skill of the physician. I am inclined to think that while too much stress cannot be laid upon atony of the uterus as being the cause of this class of hæmorrhage, little if any stress is laid upon the fact that violent and even fatal hæmorrhage may take place with a well-contracted uterus, and consequently secure placental site.

A case related will probably illustrate my meaning better than any other way.

Mrs. S., aged 35, 3-para, had normal but rather rapid labors before. On reaching her side I found os dilated and the head ready to descend. A severe pain came on almost at once and, aided by her own efforts, which she had been keeping in subjection previously, the child was born. The placenta followed rapidly after and, although considerable blood came with it, it attracted no attention, as the uterus was firmly contracted and about the size of two fists. The woman was done up in the usual way, but in about half an hour her appear-