

Let me illustrate what has been said by short accounts of one or two cases we have recently had in the Burnside Obstetrical Hospital.

Mrs. S., aged 33, primipara, was admitted to the hospital on March 11th in labor. The head was presenting in the right occipito-posterior position, and was not fixed in the pelvic brim. The pelvis was well proportioned and of fair size, with an estimated true conjugate of 10 centimetres. On pressing the head down into the pelvis there was a slight amount of over-lapping. The first stage progressed slowly, and morphine and hyosine were given on three occasions. The cervix was fully dilated at the end of twenty-four hours. After being five hours in the second stage there was no engagement of the head. Forceps were applied, but the head could not be made to advance. The fetal heart, after the application of the forceps, could not be heard, and craniotomy was performed. There was some laceration of the vagina and perineum, and the patient had a febrile puerperium, the temperature rising on several occasions to 101 deg.

H. H., aged 13, primipara, admitted to the hospital. Head presentation, R.O.P. position, head movable above the brim. Pelvis slightly contracted, estimated true conjugate of 9.5 centimetres. First stage completed in fourteen hours. Pains continued strongly in the second stage, but after four hours the head was not fixed, and the patient was somewhat exhausted. Forceps were applied, first before and then after rotation of the occiput to the front, but without success. The fetal heart was still strong, about 130 per minute, and as the patient had been handled very carefully throughout with a view to preventing the possibly of infection Cesarean section might have been undertaken at this stage. Owing to the youth of the patient, and what we knew regarding the paternity of the child, however, we deemed it unjustifiable. Version was performed, and the birth of the child effected by perforation of the after-coming head. This, in my experience, is sometimes an easier operation than perforation of the fore-coming head. There was some laceration of the perineum and vagina, and the puerperium was slightly febrile.

In contrast with these two unfortunate results of forceps application to the head above the brim, let me cite other two of practically the same type, where a happy result was obtained by Cesarean section.

Mrs. B., aged 23, primipara, two weeks overdue. Seen in consultation on account of non-engagement of the head in spite of strong labor pains. Pelvis normal in configuration; true con-