I wish now to refer to some cases of special interest:—

CASE I.—Inversion of the Uterus.—A. W., aged thirty-one, in her fifth pregnancy, was admitted on the 28th of January. Her health during pregnancy had been normal, and her condition on admission was normal, except that there were specific sores round the anus and vulva. The child was delivered spontaneously, and twenty minutes after its birth the staff nurse, who considered that the placenta was in the vagina, tried to express it. She did so when the uterus was contracted, and, after she had failed to get the placenta out, she was satisfied that the uterus was in its proper position. The Sister was sent for; she found the uterus relaxed, and rubbed it up, and produced a contraction. She then again tried to express the placenta and failed. The bladder was full, and was catheterised, ten ounces being removed. The uterus at this time was contracted, and expression was again tried. The hard fundus was felt to yield under the fingers, and a round mass appeared below. This was first thought to be the placenta until the inverted uterus was seen behind it. There was very little haemorrhage before inversion, but after inversion there was some, but not a great deal. I was sent for, and on arrival found the uterus completely inverted, the placenta being still adherent to the fundus. The placenta was quickly removed, and the uterus then replaced manually, the part just above the cervix being replaced first and the fundus last. The utero-vaginal cavity was then

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plugged with iodoform gauze. In replacing the uterus the peritoneal edges of the funnel were steadied by pressure from above. The cervix was also caught with bullet forceps, but these pulled out. Any direct pressure on the fundus showed that the latter was very thin, and that the finger could easily push a passage through it if much pressure was made. The patient made an uninterrupted recovery except for the occurrence of a slight rigor on the third evening.

**Case II.—Rupture of the Symphysis Pubis.—**N. M'A., aged thirty-two, first pregnancy, was admitted on the 23rd of August. She was sent from the country, with a history of having been in labour for thirty hours, the membranes having been ruptured for twenty hours, and she stated that two unsuccessful attempts at delivery by the forceps had been made. On admission the uterus was contracted rather tightly round the child. The os was three-quarters dilated, the head being at the brim, but not fixed. The foetal heart was not heard. There was no marked pelvic contraction, and, as the patient's general condition was good, she was given a quarter of a grain of morphine, and allowed to rest for six hours. Further examination then showed that there had been no advance of the foetal head, and that the os was in the same condition as before. The pains were getting weak and short. The forceps was applied, and after some traction the child was delivered. During the traction a crack was heard, and on examination the symphysis was found to be separated in front. The upper and lower ligaments had held, but there was a yielding of the rest, so that the bones were sufficiently separated to allow a finger to be pushed between them. During the separation a vaginal tear occurred on the right side of the clitoris. This was repaired, the vagina was plugged, and a pubiotomy belt applied. The patient made a satisfactory recovery, and experienced no subsequent difficulty in walking.

**Cases III. and IV.—Ovarian Thrombosis and Pyæmia without Thrombosis.**—In two patients suffering from pyæmia operation was performed. One of these patients died, and as I have already recorded her case in my paper dealing with this subject, I will not again refer to it. The