left her, and found on her return at 3 P. M., that she had no pain during her absence; the os uteri was lower down, and more yielding, though not in the least dilated, and a slight discharge of water, tinged with blood, escaped whilst making the examination. She had not slept, nor felt the motion of the child since. Soon after the waters broke. A dose of castor oil was now ordered.

Mr. Brownbill saw her the following evening, Nov. 21st, and found that the labour had not progressed, the os uteri remaining contracted; she had no pains; the vomiting continued; she complained of feeling weak and poorly; pulse feeble; countenance anxious.

The next day extreme restlessness came on; she complained of severe pain in the middle of the back; between one and two o'clock her breathing became laborious; her finger nails turned livid; a continued gasping followed, and death closed the scene.

On post-mortem examination, a large rupture of the uterus was found extending from the centre of the fundus posteriorly along its whole length, as far as the os uteri. The length of the opening was about seven inches. The uterus seemed perfectly healthy, and was well contracted over the firmly adherent placenta. The child had evidently been dead some days, the first stage of putrefaction having commenced.

---

39. *Twins born at two months interval.*—Dr. WILBERG relates in the *Gaz. Médicale di Milano*, the case of a young woman married ten months, and who in the eighth month of utero-gestation, (March 24th, 1846,) was delivered of a viable infant, but which had not attained its perfect development. Her labour was easy, the placenta was spontaneously thrown off in about an hour and a quarter, and the usual sequelæ were presented, except that the mammæ did not tumefy, and it was necessary to procure a wet-nurse for the child. However the mother thought that she perceived the motions of another child, and the abdomen increased in size. On the 20th of May, she was again seized with labour pains, and gave birth to a perfectly developed child, larger and heavier than the first. The third day her mammæ became tumid, milk fever occurred, and this young mother was able to nurse both children.—*Gazette des Hôpitaux*, Sept. 30, 1847.

---

40. *Prolapsus of the Uterus during Labour.*—*Subsequent Reduction and Cure.*—By M. NAUDIN.—This woman was in labour with her third child. After the pains had continued for forty-eight hours, the waters having been prematurely evacuated, and the os uteri remaining rigid and undilated,—the uterus was suddenly precipitated outside the vulva. M. Gassail dilated the rigid os uteri with the hand, and presently the child was born, and soon followed by the placenta.

The uterus was replaced, but was again protruded during an effort in making water. It was again reduced, and retained by a T bandage. In ten days this woman was able to walk about, and, on examination, the os uteri was found at its usual height in the pelvis.—*Month. Journ. and Retrospect of the Med. Sciences*, March 1848, from *Gazette Médicale*, Dec. 18, 1847.

---

41. *Simple Metritis after Delivery.*—Dr. WILLEMIN maintains that this affection is most frequently produced by deep laceration of the neck of the uterus, an accident which he believes to happen in most deliveries, although generally not to a serious degree. In regard to the symptoms of metritis, he denies entirely the existence of morbid sensibility in the vaginal portion of the neck of the uterus, a symptom which M. Chomel particularly points out. The state of the lochiæ varies extremely; but the most important change on them is an unusual persistence or even increase of their sanguinolent character after the first week, whilst in the malignant puerperal metritis the lochiæ are generally suppressed. Contrary to the statement of Duges and Chomel, M. Willemin asserts that the urinary functions are very rarely disturbed.—*Ibid.*, from *Archives Générales de Médecine*, Dec. 1847.

---

42. *Placentitis occurring twice in the same woman.* By Dr. VAN HENGEL.—In Feb. 1844, a woman, thirty-three years of age, having arrived at the exact time when her tenth menstruation would have taken place, was delivered of a child, of whose death there had been distinct signs three weeks previously. The fœtal portion of