and never were subsequently, the usual symptoms of hip-disease—as external discharges, for instance. For a year, he was in poor health, and kept his bed, with an apparatus upon the limb for the purpose of straightening the knee.

The limb is now shortened about two inches, and very slightly inverted. The head of the bone is distinctly felt upon the dorsum of the ilium, and of full size. All the motions of the joint are free and perfect, excepting eversion.

The possibility of dislocation of the hip-joint by muscular action has been adverted to, and Mr. Bryant, in his recent work on surgery, refers to a case that came under his own observation.

A CASE OF UTERUS BICORNIS.

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The patient, 31 years old, unmarried, servant, was admitted to the First Obstetrical Clinic of the Vienna General Hospital Feb. 1, 1872. She was of medium stature, and of rather more than medium breadth of body; of strong, muscular build, and called herself perfectly well. She was pregnant, but could give no account of the duration of the pregnancy, nor of any of the phenomena usually connected therewith. She entered the hospital only because she was no longer able to perform her duties as house-servant. She reported a previous confinement, but her account of it was very confused, and it seems most probable that it was a miscarriage at an early period. She had never been ill.

Feb. 2d.—Upon palpation of the abdomen, a tumor was felt in the right side, occupying the whole of this side, as high as the liver, and extending inwards as far as the median line, to the right of which it was scarcely to be felt. In the left side of the abdomen, nothing abnormal was to be detected, excepting the overreaching border of the tumor in the right side. The outline of the tumor converged from a broad, rounded base near the liver, toward the inlet of the pelvis, and was lost under the pubes.

By internal examination, the os uteri was felt very far backwards, and was directed toward the left side. It was a simple cone, with hardly a trace of fissure from previous confinements; and through the anterior vaginal wall the head of the child was very distinctly felt. The space of Douglass was filled by a tumor, which felt like a mass of fæces in the rectum, but examination with the finger proved the bowel to be empty. The tumor was movable to a certain extent by the fingers in the rectum, and felt smooth and somewhat softer than a fibroid. The parts were not painful, nor was the patient in any way disturbed by the examination.

She was kept in bed, and twenty-four hours later labor-pains were present. The os dilated very slowly, and in twenty-four hours was only large enough to admit two fingers. Examination again determined a head presentation, but the presenting part was very high up. On the left side of the internal os was a cavity which admitted two fingers, and was filled by a jelly-like substance, portions of which could be brought away by the fingers. The pains were now very strong and frequent, but the labor did not progress in a satisfactory manner.

At 5, P.M., Prof. Braun visited the case again, and found the os not so much dilated as in the morning; the labor had not advanced at all, and the woman was becoming exhausted. Thirst was intense; the mucous membrane was dry, and the vaginal temperature was 103° F. Chloroform was now administered, and Prof. Braun made a more careful examination, and discovered that the tumor in the space of Douglass was the unoccupied horn of a bicornate uterus, the right cavity of which contained a fœtus. The walls of the left horn were thickened and soft, but enclosed nothing excepting the soft tissue spoken of above, into which two fingers penetrated, without resistance, a distance of three inches. The junction of the unoccupied horn with the other was situated just above the internal os, and from the anterior and posterior cervical walls, sprang the septum dividing the two cavities. This was thick, with a rounded edge, and extended in a direct line from before backward. In the right uterine cavity could be felt the unbroken fœtal membranes, and through them the head of the child. The form of the uterus was, therefore, as represented in the accompanying wood-cut.

A deformity of the pelvis was now discovered, consisting of a conjugate diameter of only two and a half inches, which at once accounted for the delay in the labor, and the high position of the head. Forceps could not be applied, and Prof. Braun performed turning, with considerable difficulty, bringing down the right foot first, when by gentle traction the trunk soon followed. The delivery of the arms was very difficult, and occupied some time, the child, meanwhile, making strenuous efforts at respiration. The head was now engaged in the narrow portion of the pelvis, and could not be extracted. Forceps were unsuccessfully applied, and after their removal delivery was again attempted by manual assistance, and after very strong traction was accomplished. The child was profoundly asphyxiated, but was restored after half an hour of artificial respiration. The placenta did not follow the child, but remained in the uterus, and could not be removed either by manipulation from without or by injection of cold water into the vessels of the cord, and there was a slight hæmorrhage from the vulva. It was necessary to introduce the hand into the uterus, when the placenta was easily removed, and the bleeding at once ceased. Five grains of powdered ergot were, however, given at the same time, and the patient was placed in a warmed bed, in a room by herself. The child weighed six pounds and six ounces, English weight.

Feb. 4th, 8, A.M.—The patient has not slept since delivery. The abdomen is swollen, and very tender over its entire surface. Thirst is intense, and there is inability to pass urine. Tongue moist. Temperature 101.5° Pulse 100.

5, P.M.—Has slept somewhat during the day, from morphia. Had a slight hæmorrhage, for which ergot (five grains) was given, after which it ceased. Pain over entire abdomen, with slight hacking cough. Temperature 101.4°. Pulse 92.

Feb. 5th, 8, A.M.—Thirst diminished, and abdomen less painful

than yesterday. Milk is present in the breasts this morning. Tongue moist. Temperature 100·6°. Pulse 100.

5, P.M.—Pain in abdomen diminished, and cough not so troublesome. Soup.

Feb. 6th.—Patient steadily improving; less pain than yesterday.

Feb. 9th.—No pain in abdomen. Cough very slight. Patient has considerable appetite, and sleeps well. Pulse 80.

Feb. 11th.—Uterus not to be felt over pubes. Appetite good.

Feb. 16th.—Discharged, well.

Portions of the soft contents of the left uterine cavity were given to Prof. Wedl for microscopical examination; he pronounced it "typical decidua." It is interesting to notice its presence in that cavity of the uterus which had not contained a fetus, as seeming to indicate that the formation of decidua does not depend upon a stimulation or irritation due to the presence of the ovum in the uterus, as has been thought, but that it may take place quite independently of the contact of the impregnated ovule. It may not be amiss to call attention to the fact that in a large proportion of cases of uterus bicornis which have been carefully noted, other forms of imperfect development have been associated with it, the most frequent of which was lack of union of the lateral halves of the upper lip, hard and soft palate, the absence of portions of the perineum, and, finally, certain other rarer forms of deficient union of corresponding lateral portions of the body. The whole body has a tendency to be broad and short.

That uterus bicornis is a deficiency of development is proved by the fact that the female genito-urinary tract in the early part of foetal life consists of two canals (canals of Müller), which unite laterally from below upward, the central wall between the two passages disappearing to form the vagina and uterus, while the upper portions continue separate and form the Fallopian tubes. The presence of a septum in the uterus or vagina is, therefore, not a hyperplastic formation, but an indication of an interruption of the proper union of the two primary genito-urinary canals from which the uterus and vagina are developed. In cases of complete separation of the uteri, where two cervixes present into a single or a double vagina, only one of the uterine cavities is generally capable of conception, the other remaining in a more or less infantile condition during life. The causes which produce the deformity spoken of are totally unknown. They operate at so early a period of intra-uterine existence that the study of them is one of peculiar difficulty.

Unlike certain other forms of faulty development, as, for example, a superfluous number of fingers or toes, the bicornate uterus is not known to be hereditary. In health, the subjects of this deformity are not from this cause more sensitive to general diseases than other individuals. The menstrual function is somewhat oftener deranged than in women who are normally developed.

LARGE CALCULUS.—"Mr. Pelling shows me the stone cut lately out of Sir Thomas Adams, the old comely Alderman's body, which is very large indeed, bigger, I think, than my fist; and, which is very remarkable, he never in his life had any fit of it, but lived to a great age without pain, and died at last of something else, without any sense of this in all his life."—*Pepys's Diary*, 1668.