at present is, that, if it fulfil the promise its appearance holds out, it will be a most valuable addition to our stock for craniotomy operations.—*Dublin Medical Press*, June 20th, 1849.

49. *Case of Uterus Bicornis*. By Dr. GENERALI.—The following case long excited great interest at Modena, being believed to be an undoubted one of superfetation, an opinion indeed, which the subsequent post-mortem examination does not entirely set aside. Gaetena Boratti had borne six children, all at their full time (the hand having to be introduced for the removal of the placenta on each occasion), and was delivered of her seventh, a full-timed vigorous infant, on the 15th February, 1817, the placenta on this occasion being spontaneously discharged. The pains ceased, but the abdomen still remained large, and the movements of another fetus were perceived. The tumour was confined to one side of the abdomen; and before the birth of the first child, a furrow along the median line seemed to separate the tumefaction into two parts. On the 14th March, a second well-formed child was born. The first child lived 45, the second 52 days. In 1822, she had another child at full time. In 1847, she died of apoplexy, and the uterus, normal in respect to its os and cervix, was found to be bicornuated at its fundus, a Fallopian tube being inserted into each of its cavities. The preparation is preserved in the museum at Modena.—*Brit. and For. Med.-Chirurg. Rev.*, from *Bulletin delle Scienze Mediche*, vol. xiii. p. 89.

50. *Extra-uterine Fœtation—Gastrotoomy*.—The particulars of this remarkable case, were related by M. TUEFFARD to the French Academy of Medicine.

The patient, a little thin woman, æt. 40, had been pregnant five times previously to the present illness; of these pregnancies, four ended in premature labour at seven months; the fifth arrived at full term. The extra-uterine was the sixth pregnancy. The foetal movements were very perceptible up to the sixth month, when, after exertion, the patient felt the child suddenly start up towards the left hypochondrium, and then fall back again in the iliac region of the same side. She had, at the same time, violent abdominal pain and considerable hemorrhage. From this time the fetus ceased to move, and the body diminished in size. Her symptoms afterwards were frequent and copious hemorrhages of periodical occurrence; in the intervals, excessive abdominal pain. When seen by the author, these symptoms had continued for six months. He discovered a tumour above the right groin, in which it was easy to perceive the form of the fetus. The os uteri was healthy and closed, the cervix of its natural size, and the whole organ was movable. The patient being very anxious for an operation, after the inhalation of ether, the author made an incision over the tumour, in a direction parallel to the linea alba. After dividing the skin, muscles, and peritoneum, he came upon a whitish membrane, forming a cyst, and containing a matter very similar to adipocire; below this was another cyst, which contained the limbs and trunk of a fetus, the head and upper extremities having escaped into the general cavity of the peritoneum, to which they had contracted firm adhesions. Further examination showed that the fundus of the uterus was destroyed, the cyst containing adipocire being closely adherent to, and forming one cavity with the uterus; the cysts were removed, and the abdominal incision closed by interrupted suture. As the vagina communicated directly with the peritoneal cavity, it was not necessary to insert a tent into the lower part of the incision, the discharges being enabled to drain off *per vias naturales*. The subject of this extraordinary case is said to have perfectly recovered.—*Ranking's Abstract*, vol. ix.

51. *Retroversion of Uterus during Pregnancy*.—M. VAN HEUGEL relates a case in which spontaneous reposition of the uterus took place, after emptying the rectum and colon of an immense quantity of impacted feces.

A young woman, three months advanced in pregnancy, experienced great difficulty in making water, with pain in the abdomen. On examination, the os uteri was found under the pubes, and the fundus projected upon the sacrum, and depressed into its hollow. The urine was drawn off, and a large enema was exhibited by means of a tube, which was passed up to the sigmoid flexure;