four days at each return, and the health was unexceptionable till within a short
time of her death. On a frosty day in December last she fell down in the street,
by which she was severely shaken, but received no other injury. In ten or
twelve days afterwards, being the natural menstrual crisis, she began to menstru¬
ate in the usual manner. For several days previously she had experienced a
feeling of great languor, accompanied by alternate rigors and feverish reaction,
and on the second day of the catamenial period she sat down on the step of a
street door, after which she became unable to resume her employment. The
menses continued to flow the usual length of time, but when the discharge should
have ceased, it became a profuse hemorrhage, passing away in clots. This was
arrested in the course of five or six days by the aid of medicine, leaving her,
however, considerably reduced; but in ten or twelve days more the health and
strength seemed to be tolerably restored. The menses on the succeeding occa¬
sion, which was at the beginning of February and about six weeks after the acci¬
dent, were in great abundance, and did not cease till sixteen days after their com¬
 mencement. On the 2d of March, being the third natural period since the
accident, the menses again appeared. For the first two or three days the dis¬
charge bore the usual character, and was moderate in quantity, but it soon assumed
the form of an alarming hemorrhage, which the prompt administration of reme¬
dies failed in the slightest degree to relieve. She died from exhaustion on the
15th of the same month, the bleeding having ceased about twenty-four hours be¬
fore death.

Mr. Whitehead considered this case interesting, in a physiological point of
view: first, in indicating the precise part of the uterus whence the discharge
issued, and inferentially also the part which furnishes the catamenial product;
and secondly, in seemedly suggesting the manner in which the latter is separated
ordinarily from the circulating mass; namely, by simple exudation from the
capillary blood-vessels of the inner surface of the uterus. He had no doubt that
the blood, the loss of which occasioned the death of the patient, escaped from the
openings previously noted; and judging from the exaggerated state of dilatation of
these openings in this instance, and their extreme minuteness in ordinary circum¬
stances, he believed they might possibly be the natural outlets by which the men¬

79. Twin case—Impaction of the Heads.—Mr. E. W. Eton records, in the London
Medical Gazette, (July, 1846,) a very rare case of twins in which, after the lower and
upper extremities and body of one child was extruded, it was found that the vertex
of the second child presented immediately over the breast of the first, so that the
chin of the latter rested on the occiput of the former; and the head of the former
was firmly impacted in the pelvic cavity. Delivery was effected by truncating
the extruded body about the seventh cervical vertebra, pushing up the head and
then delivering the second child with the forceps. The child was born inanimate
and could not be revived.

80. Triplets.—Mr. Wm. Pretty records, in the London Medical Gazette, Oct., 1846,
a case of triplets, in which one child was born alive, with two fetuses which had
lost vitality for three preceding months. The mother was a primipara, and labour
came on without any exciting cause, at the seventh month, as was computed. The
largest fetus was born last, and came into the world very much discoloured about
the head and face, (nearly black,) and with just sufficient power weakly to cry;
breathe, and exist for only three hours The two small fertuses were without fetor,
and resembled in colour others which have been preserved in spirits for several
years. Their bodies were compressed from back to front, and their heads laterally,
retained the arched top. The thickness of the smaller a little exceeded a crown¬
piece, that of the larger somewhat more, having an upper extremity deeply im¬
bedded in its abdomen. They weighed respectively 4 oz. and 7 oz. avoird. The
double placenta and membranes weighed 8½ oz. The child born alive weighed
3lbs. 8oz. and measured fifteen inches in length. They were all males.
The afterbirth consisted of two placenta, a single and a double one, with three
membranous sacs. The largest placenta was in every respect normal; the double
81. Inversion of the Uterus.—Mr. Burrows communicated to the Newton Branch of the Prov. Med. and Surg. Association, two cases of inversion of the uterus. The subject of the first was 24 years of age, and in her second accouchement. Her first was a long, tedious labour; two or three practitioners were consulted, and she was delivered with forceps. The second was a breech presentation, child small, and labour comparatively easy. After the delivery of the child, he (Mr. Burrows) inverted the uterus, by compressing the fundus by the hands of a female, whilst he made a slight traction by the cord, when the placenta appeared suddenly to come down into the vagina, as though it had been propelled from the cervix uteri. On passing the finger round it, he felt a conical mass, whose surface was soft and moist, and from which some blood escaped. He soon satisfied himself that the substance was the placenta, attached to an inverted uterus. He tried to peel off the placenta from the fundus uteri, to lessen the bulk to be returned through the os uteri; but it did not yield, gave pain, and increased the hemorrhage, he sent for Mr. Batty, who arrived in about twenty minutes, during which he attempted the reposition of the fundus uteri with the placenta attached, but did not succeed,—and he had just ceased his efforts when Mr. Batty arrived, who used considerable force, whilst Mr. Burrows applied his hand above the umbilicus, and pressed downwards, to prevent the rupture of the uterine ligaments. The whole was returned through the os uteri, and the placenta followed the withdrawal of the hand. The patient was much exhausted, and died in twenty or thirty minutes.

The second case occurred a few weeks after the former. The labour had not been of an exhausting character; a female was directed to compress the lower part of the abdomen, as soon as the head and shoulders were expelled from the os externum; and when the child was born, a binder was applied tightly, so as to compress the abdomen and uterus, and promote its contraction. Though no traction was made by the cord, nor any effort to bring away the placenta, yet the uterus was inverted. Having the former case in his mind, which had occasioned him much unpleasant feeling, he resolved at once to attempt to return the fundus uteri with the placenta, to avoid hemorrhage and nervous irritation. The parietes of the uterus being thin, the os and cervix flaccid and yielding, the replacement was easily accomplished: the placenta having followed the extraction of the hand, it was found in the vagina, and immediately removed. The patient recovered, as well as she had usually done, and no unpleasant symptoms followed.—Prov. Med. and Surg. Journal, Aug. 5th, 1846.

82. Inversion of the Uterus with Hemorrhage.—The following interesting example of this accident, is recorded by Dr. T. R. Mitchell, in the Dublin Medical Press, Sept. 9th, 1846.

"I was called," says Dr. M., "in great haste to Mrs. S., whom I found in charge of a medical practitioner, who stated that she had been delivered by him of her second child after a labour of eight hours' duration. The child was born naturally, and the placenta expelled in half an hour after its birth; that as he was about leaving the house she complained of acute pain in the back and groins, with a sensation of fullness about the vagina, and as if something had given way in her abdomen. This was followed by hemorrhage so great in quantity as to excite serious alarm: to this succeeded a number of fainting fits, from which it was difficult to arouse her. On my arrival two hours after delivery, I found that she had just recovered from one of them. The bed was saturated with blood; the patient was breathing hurriedly, with occasional gasping and deep sighs; the pulse was small and thready, 125 in a minute, and the heart's action greatly fluttered; the prostration of strength and collapse were so complete as to lead me to suppose that rupture of the uterus had taken place. Large quantities of hot punch had been given before my arrival without any effect. On applying the hand to the hypogastrium, the uterus could not be felt, which induced me to make a vaginal examination, when I at once discovered that the uterus was inverted in the third degree. The tumour was very sensitive to the touch, and she complained..."