little developed. In only one of the cases of pregnancy which Cômpe examined was this sign absent. He once found it so strongly developed (a fifth month pregnancy), and so great was the laxity of the anterior uterine wall, that it was possible to take up a fold of that wall and grasp it between two fingers.

RUPTURED UTERUS; RECOVERY; SUBSEQUENT PREGNANCIES.

DR. A. E. AUST LAWRENCE reports, in the *British Medical Journal*, Sept. 26, 1885, the case of a patient who had had five stillborn and one living child. Delivery in the last-mentioned case was effected by forceps rather before the full time. Owing to slight pelvic flattening, it was decided to terminate the seventh pregnancy at the eighth month. Version was performed, but again, owing to the great difficulty in delivery, the child was stillborn.

Accordingly, in the next pregnancy, it was intended to induce labor at seven and a half months, but owing to a miscalculation on the part of the patient the operation was delayed till a month later. Labor-pains then set in of their own accord after a large dose of castor oil. The right hand and cord presented by the side of the head, and were pushed up. A binder was put on. Labor-pains continued very violently for about two hours, then suddenly ceased, and the woman complained of tenderness over the whole abdomen, but only when touched; she had no symptoms of attack, or collapse or hemorrhage. The hand and cord again prolapsed; the fetus was turned and delivery effected without difficulty, the only abnormality noticed being that, as the hand was passed into the uterus, a slight rush of blood took place. Twenty minutes later the uterus was small and firmly contracted; the finger was introduced into vagina to remove placenta, and it was then found that the placenta had escaped into the abdomen through a rent running horizontally in the anterior wall of uterus, at the junction of its lower and middle segments. It was also observed that the uterine walls were very thin. The placenta was removed through the rent. The intestines appear to have been kept out of the rent by a distended state of the bladder—a condition which was maintained subsequently. With the same object in view, the hips were raised, morphia was freely given, and the diet limited to milk and ice. The temperature rose slightly from the third to the sixth day, but recovery was complete. Patient was up on the fourteenth day. There was a hard mass of cicatricial tissue in front of the uterus and an aperture in upper part of vagina, which ran up parallel to cervix and opened into it half an inch inside the os uteri. Subsequently patient became pregnant and was delivered at end of seven and a half months of a child which lived only a few hours. She is now six months advanced in her tenth pregnancy.

Dr. Lawrence also mentions two other cases of rupture of uterus, in which the collapse and shock, ordinarily present in such a grave condition, were conspicuous by their absence.

NOTES OF A CASE OF CHRONIC INVERSION OF THE UTERUS.

Under the above heading MR. D. A. DAVIES reports, in the *British Medical Journal*, October 17, 1885, the case of a woman, aged thirty-eight, 4-para, who, three days after delivery, when sitting on the night commode, felt a severe shock with the sensation of something coming away from her, and was helped back to bed, sick and faint.