

formation of clots, by deposit from the blood itself; and the condition of rheumatism, I apprehend, may be one of these.

"In considering the question, as to whether or not an embolism can be formed in the blood by simple coagulation of a portion of its fibrin without the existence of any organic change in any part of the heart or bloodvessels—as I believe to have been the case here—we must remember that coagulation of the blood takes place much more readily with a slow and feeble circulation, and that after great loss of blood there is generally a relative excess of fibrin and a much quicker coagulation of the blood (Day), whether this loss occurs by bloodletting or by hemorrhage.

"Pregnancy, too, has its own particular condition of blood; viz., a low specific gravity, from an excess of water, fewer red corpuscles, and a relative excess of fibrin; all circumstances favouring the occurrence of embolism. Her anæmic habit is not an unimportant point in this case, and would aid in the development of an embolon.

"The coexistence of all these favouring circumstances lends additional probability to my opinion, that the case I have narrated was one of the formation of an embolon by simple coagulation; and I think I am warranted in saying that such a pathological condition does occasionally occur. The prognosis in all such cases of embolism would be more favourable than in those arising from organic disease, from the fact of the clot being less firm than detached masses of old-standing effusions are; and referring to Dr. Richardson's experiments on the coagulation of the blood, we find that he could re-dissolve the clot of coagulated blood in serum alkalinified with ammonia. This I believe was done in the living subject in Mrs. R.'s case by the administration of ammonia; and I am disposed to give a share of the credit due for the result of this case to Dr. Richardson, for the important additions he has made to our knowledge of the physiology of the blood, although I am quite aware that his conclusions as to the cause of the coagulation have been very ably contested.

"The result of this case has been most satisfactory; for the long continued difficulty of articulation led to some little fear that a permanent difficulty of articulation might be the result, as it is said to be in all cases of recovery from embolism of the cerebral arteries."—*British Med. Journ.*, April 30, 1864.

45. *Fatal Hemorrhage after Delivery caused by the Pressure of a Placental Uterine Polypus.*—J. S. Beale, Esq., records (*Lancet*, April 23, 1864) an account of a *post-mortem* made by him of the body of a female who had died about three or four hours after giving birth to a fine large male child, the labour having been lingering, and the woman faint and exhausted.

"The body was well nourished; features calm; lips blanched; lungs healthy; heart large, pale, and flabby; no blood in the auricles or ventricles. A coagulum extended into the aortic orifice. The pericardium contained about six drachms of fluid. There was about two pints of fluid tinged with blood in the cavity of the abdomen. Liver pale; stomach pale, and containing a little tea; intestines distended with flatus; kidneys and other viscera healthy. Rising above the coils of intestines, and pushing them aside, was seen the uterus largely distended, and about the size of the uterus at the fifth month of gestation. The uterus was opened by an incision shaped like the letter Y, which exposed a fleshy tumour some seven inches in length, terminating in and surrounded by a very large coagulum of dark firm blood closely adherent to the tumour, and blocking up and distending the cavity of the uterus, and projecting within two inches of the external labia. The coagulum was carefully removed, and weighed over twenty ounces. The tumour was now distinctly seen attached by a pedicle over one inch in diameter to the right side of the fundus of the uterus. The pedicle was about three inches in length, and gradually expanded into a glossy, soft, even mass about three inches in breadth and seven inches in length. No lesion of the uterus or vagina was discoverable. The pedicle was firmly attached to the uterus, and was round in form; and the wall of the uterus was injured in its removal, so close was the union. On washing the tumour and incising it, it presented, when placed in water, the cotyledonous structure (only smaller) of the placenta, with the usual spongy cellular tissue.

"Never having seen, heard, or read of such a case previously, I gave my evidence to the effect 'that the presence of the tumour prevented the contraction of the womb, encouraged the formation of the coagulum, and caused death by the abstraction of the blood from the general circulation, which acting on a female of feeble powers, was sufficient to cause death.' A verdict to this effect was returned. I sent a portion of the structure to Dr. Kirkes, who kindly examined it microscopically, and wrote 'that the structure resembled placenta,' and threw out the suggestion of a portion of placenta left in utero. The attachment by pedicle, and the mark of the placenta proper a little to the left of its neck, with the smooth rounded shape of the mass, in my humble opinion negatived such a view. Dr. Kirkes very courteously at the same time directed my attention to an able paper written by Dr. Stadfeldt, of Copenhagen, and published in the November number of the *Dublin Quarterly Journal of Medical Science*, page 492: 'Dr. Stadfeldt states that Dr. Braun entertains the opinion that the fibrinous polyypi are remains and products of pregnancy; he thinks, moreover, that they are not only consequences of abortions, abortive ova, mola carnosae, and retention of the placenta after a non-viable foetus, but that also the remains of the placenta of a foetus born at the full time may give rise to the formation of polyypoid bodies in the uterus,' &c. Dr. Stadfeldt gives a case in illustration, with the *post-mortem* appearances. He says, 'The cavity of the uterus was enlarged, filled with an ovum-like body of the size of a large walnut, which from its porous, fibrous consistence and reddish-gray colour, was evidently composed of placental structure.' The report of such case will, I have no doubt, open a field for medical observation. The presence of such tumours may frequently be the means of causing death by obstruction to the proper closure of the womb."

46. *Double Vagina*.—Dr. CAPPIE communicated to the Edinburgh Obstetrical Society the following case, which he believed to be unique:—

"On the 27th June, 1859, I attended Mrs. T. in her first confinement. She was under the average size, spare in her make, and with sharp, rather irregular features. The first stage of labour was lingering, and after the os uteri was dilated and the membranes ruptured, the head still did not incline to enter the pelvis, although the pains were rapid, and rather strong.

"Having been away from the bedside for a short time, I returned, and on making an examination, I was surprised, and not a little embarrassed to find that apparently the os uteri had again contracted, and it was all I could do to get the point of the finger sufficiently within the os to enable me to feel the child's head. Moreover, there appeared to be no cervix to the uterus. The os was felt at the upper part of what seemed a smooth, regular *cul de sac*. This appeared very mysterious, and I felt quite at a loss what to make of it, or what to do in the circumstances. Previously, although the os could still be felt with the finger, it was completely dilated, and as the patient was in great distress, I had been intending very shortly to apply the forceps: but now the very possibility of giving any assistance seemed to be taken away. I withdrew my hand, and with more feeling of perplexity than I cared to show, I pondered for a while on the extraordinary occurrence. I never had heard of a case of the os contracting after it had been fairly dilated, and no satisfactory explanation presented itself to my bewildered mind. The case, however, was becoming urgent, and something must be done. I again made an examination, when—presto! change!—as if by magic, the original state of matters was restored—the head resting at the brim of the pelvis, and the os uteri dilated. Though now relieved, so far as the possibility of giving assistance to the patient was concerned, the mystery was as great as ever, and I made a careful examination to discover its nature. I then found that the vagina was divided through its whole extent by a fleshy septum—that, indeed, there appeared to be two vaginae, the one a very little larger than the other. At the lower part of the septum there appeared nearly as much room on the one side as on the other; but at the upper part, the neck of the uterus was on the left side. Close to the cervix, there was a communication between the two compartments, and it was through this I had been able to feel the head, when the finger had accidentally entered the compartment on the