

hours, attended with considerable hæmorrhage at each uterine contraction, simulating a case of placental presentation. The abdominal walls appeared natural, and a binder had been carefully applied. A large quantity of blood had been lost, causing considerable prostration of the vital powers; pulse hardly perceptible; the extremities cold; the respiration feeble; os uteri flaccid, and within the abdominal walls, that indurated feeling, the result of genuine uterine contraction, was not well defined. Shortly afterwards a second small hydatid cluster was removed, when the hæmorrhage appeared to cease. A violent rigor followed, which for a time threatened to destroy the patient. Bottles of hot water were applied to the feet; a large sinapism over the cardiac region, the body covered with blankets, and brandy liberally administered. The uterus gradually contracted, and the patient recovered in a most satisfactory manner.

The subject of genuine uterine moles has engaged the attention of the medical profession, and given rise to considerable discussion, as to whether or not they were the result of uterine impregnation. Denman thought they sometimes originated in the uterus as independent formations, also Sir Charles Clarke held that they might exist apart from pregnancy. The tendency of all modern research, however, goes to demonstrate that the genuine mole cannot occur except as the result of impregnation, and moreover as the degeneration of the true ovum. With such authorities as Madame Boivin, Baudeloque, Ryan, Velpeau, Voigtel, and last but not least, Dr. Montgomery, in favour of the latter, the question may be considered as beyond doubt. The various facts in connection with this case, tend to substantiate the correctness of these deductions, which alone stand the test of time.

*Case II.*—Puerperal convulsions; 8th month of pregnancy.

On 12th Jan., 1861, I was sent for to visit Mrs. T., æt. 21 years, of plethoric habit of body, pregnant for the first time, between the 8th and 9th months. She has complained for several days before the attack of slight pain in the head; confusion of ideas and puffy face, neck, hands and feet. Previous to this period she always enjoyed the best of health, and never was the subject of either hysterical or epileptic fits. During the after part of that day, she experienced uneasiness in the epigastric region, terminating in an attack of vomiting, and shortly afterwards was seized with a most violent convulsion. According to the attendants, the fits recurred very frequently, and she remained perfectly insensible during the whole time, her breathing being laborious and stertorous. Shortly after I arrived a violent convulsion set in, during which time the whole body became quite rigid; the tongue was protruded and severely bitten, and saliva escaping from the mouth in large quantity. The face presented a blue, cyanotic aspect, associated with well defined fulness of the cervical region; pupils widely dilated, acting sluggishly to the stimulus of light. During the convulsions, the uterus occasionally became hard as if tending towards the commencement of premature labour. Not being of that decidedly vascular habit in which venesection is the great remedy, (excepting those cases depending upon uræmia) I applied several leeches to the temples, ice water to the head, removed the larger proportion of the hair, and administered a turpentine enema, which latter resulted in the evacuation of a considerable quantity of foetid material. At this stage of the proceed-