soft, and was dilated with ease. I then directed it to one side and over the projecting placenta, and without the slightest difficulty was able to seize both feet and bring them down, and complete the labour, the whole operation not occupying over a minute and a half. The child, a male, was still-born, and as it did not show the slightest cardiac action, I presume it had been dead several hours. Dr. Abbott took charge of the after-birth which was removed in a few minutes after the child. Dr. Cotu had seized the uterus through the abdomina walls, with a view of ensuring its contraction. The bleeding after the removal of the placenta was not extreme, indeed that it was not profuse I can only attribute to the action of the ergot, for on introducing my hand I found that the uterus had not made the slightest attempt at contraction; indeed its condition was unlike anything I had previously met with in my midwifery experience, and I can only compare my sensation on introducing my hand into it, as if I had introduced it into a good-sized hat. I at once withdrew my hand, and taking a good-sized piece of ice, I introduced it into the uterus, which quickly contracted and expelled my hand.

As might have been anticipated my patient showed considerable signs of exhaustion, but the pulse was perceptible, and she was, in about a minute after the birth of the child, thoroughly rational. I accordingly commenced the administration of brandy, with drachm doses of fluid extract of ergot every five minutes, with the intention of continuing it till re-action set in, which period unfortunately never arrived. About twenty-five minutes after the operation, I noticed she swallowed with difficulty, and that her features were pinched with profuse cold perspiration, and, fearing that hæmorrhage had recurred, I made an examination only to find that there had been complete relaxation of the uterus, into which my hand entered with ease. There was no external sign of bleeding, and no sensation of hæmorrhage was communicated to my hand; but with a view of again producing uterine contraction I introduced ice into it, but in spite of all my efforts it remained relaxed, not making the slightest attempt at contraction, till death closed the scene, which it did in about thirty-five minutes after the birth of the child.

The issue, though of course not unexpected, has caused me much concern, as to whether, in the weak condition in which my patient was the decision which I made to turn was the correct one or whether it would not have been better for me to have adopted the plan suggested by Dr. Radford, and warmly espoused by the late Sir James Simpson, viz.,—to introduce one or two fingers through the os, and into the uterus, as far as possible, sweep them rapidly around, separating all the placenta within reach, then rupture the membranes, through the placenta if necessary, bring on labour by ergot, and leave the conclusion of the case to nature. If I could have brought myself to believe that the cause of the flooding was due to an excessive growth of the placenta I might have suggested it; but, having been taught my midwifery principally from Churchill I have always believed it due to that dilatation of the os uteri which takes place during the last months of gestation, severing the connection between the uterus and the placenta. I felt, therefore, that, all things considered, my duty was to act in the usual method, and to turn.

SURGICAL CASES, *Reports of, by* JOHN BELL, A.M., M.D.

Case I.—*Fracture of Sternum.*

On the 13th of August, 1875, Mrs. McG., a very stout lady, over 20 stone in weight, slipped from the top of an outside stair which had no railing, and fell about five feet to the ground, turning a complete somerset in her descent. Her left hip struck the hub of a cart, and the force of the fall was thrown on the right shoulder. She wore a broad and strong abdominal supporter. Dr. Bessey had seen her a few minutes after she fell, and had discovered a fracture of the sternum. I saw her shortly afterwards, and found the fracture to have taken place between the insertions of the second and third ribs, the lower part projecting forward beyond the upper fragment. Distinct crepitus was obtained. The patient was suffering severely from the shock and pain produced by the fall. There was considerable dyspnœa and her countenance presented an anxious and congested or cyanosed appearance. Crepitus was also felt about the middle of the sixth rib on the left side, but from the difficulty of making a careful examination, and from the pain caused in attempting it, the exact situation of the fracture was not determined. A hypodermic injection of one-third grain morphia mur., in solution, greatly relieved the extreme general uneasiness, and pain in the chest hip and thigh. She lay most comfortably on her back, but it became necessary to turn her on her sides, on account of a tendency to congestion of the back of the lungs. When lying on her side the