

The child was still born, and small, weighing only 6 lbs. 8 oz.; and although attempts at resuscitation were made, and continued perseveringly for nearly an hour, they proved fruitless, the heart's action ceasing in the course of three quarters of an hour.

The mother progressed favourably until the fourth day, when symptoms of pelvic cellulitis began to manifest themselves. In consequence of this she was removed to the Montreal General Hospital. An extensive abscess formed within the cavity of the pelvis on the left side, which was opened through the vaginal wall, permitting the escape of an immense amount of intensely foetid pus. She died, however, on the 23rd of April. The pelvis forms a specimen in the pathological museum of the Faculty of Medicine of McGill College. It presents some slight obliquity; the internal plane of the Ischium on the left side shews evident traces of caries. There is a considerable exostosis on the left Sacro-Iliac Synchondrosis, and a thorough ankylosis of this articulation on both sides. The antero-posterior or conjugate diameter of the brim measures  $3\frac{3}{8}$  inches and the transverse  $4\frac{1}{8}$  inches.

There can be no doubt that this unfortunate creature would have survived her accouchement had a more timely assistance been afforded.

Cases 7—14.—*Vertex presentations complicated with rigidity of the Os Uteri.*

These selected cases are of no further moment than as tending to establish the value of a practice suggested by myself in the December number, 1850, of the old series of the *British American Journal*, in which there appeared a paper confirmatory of the utility of Tartar Emetic, exhibited in such cases in one grain doses, given every half hour. This practice was at the time supported by the effects witnessed in four cases of parturition, complicated with excessive rigidity of some part of the uterine orifice, and these selected. I deem it unnecessary to enter into the peculiarities of these cases, as their phenomena were nearly all alike. Rigidity of the Os Uteri presents nearly the same phenomena in all cases; except that the rigidity may be partial or complete, involving one portion or another of the uterine orifice. The above, however, are cases in which the labour was prolonged by rigidity of the whole external orifice, which acted as a tight band upon the vertex, prohibiting its advance. All these cases were managed in accordance with the principles contained in the paper to which I have adverted, viz: the exhibition of grain doses of the Tartar emetic, exhibited every half hour. In no instance was it necessary to repeat the Tartar emetic more than twice; one dose most commonly sufficing. It is my opinion that the value of exhibiting the remedy in the way indicated over bleeding, Belladonna, or the same medicine given every four hours in smaller doses as commonly advised, is unquestionable, and I adduce these cases as additional ones confirmatory of the fact.

Case 13.—*Placenta prævia. Rapid expulsion of the whole uterine contents.*

Mrs. Catharine T., aged 37, applied to me to be admitted into the U. L. Hospital, about the beginning of December, 1846. In consequence of puerperal fever having declared itself in the Institution at this period, admittance was denied, but, at the same time, the promise of assistance was extended to her in her own house, when the appointed time arrived. From the