After many strong pains the head slipped down and was expelled; *hæmorrhage* rendered it necessary to remove the placenta. The flooding continuing, the vagina was plugged; the uterus appeared contracted. These, with the application of heat to the cardia, the low position of the head, and a dose of opium with brandy and ammonia, were promptly given; but notwithstanding all the means that were devised, the pulse at the wrist did not return, the respiration became hurried, insensibility and slight convulsions took place, which shortly ended in death." From the histories of these cases it would appear that the presence of these tumours tend of themselves to produce complications, by causing the malposition of the fœtus or its deformity. 2ndly, That the placenta would seem to be not unfrequently planted over the os uteri. 3rd, That the pressure of the tumour on the uterus causes irregular contractions; and 4th, That hæmorrhage appears to be a frequent accompaniment. As far as I have been able to learn, the occurrence of rupture of the uterus as a consequence of thinning of its walls from pressure of a tumour is of very rare occurrence, and the only case that I have yet been able to find, at all bearing on the question, is that reported by Dr. Beatty, in the 12th vol. of the Dublin Journal. In this case the laceration was found at the neck of the uterus, immediately in the neighbourhood of the promontary of the sacrum, which was unusually prominent and sharp, and on passing the hand through the rent a large quantity of blood was found in the abdomen, among the intestines. In this case, observes Dr. Beatty, "death was the consequence of hæmorrhage into the cavity of peritoneum." He concludes—"The unusual prominence and sharpness of the promontory of the sacrum furnish an example of the readiness with which rupture took place in the case before us. It is easy to conceive how the neck of the uterus must have been compressed against this sharp ridge, whereby an amount of inflammation, capable of altering its texture, would have been excited, which would render *the part thus diseased* unable to bear the distention attendant upon a subsequent labour. It is to be remarked, he also adds, that *two symptoms* mentioned in books, and often present in ruptured uterus, did not accompany this case, viz., a sudden pain and sensation of something giving way within the patient, and a receding of the presenting parts." And Mr. Power, in a paper in the Dublin Journal, on "Detachment of the os uteri," remarks, "That rupture may occur in any order of presentation caused either by violent uterine action in difficult labours, or in cases of pelvic malformation, or from abnormal softening or thinning of the parieties of the womb, predisposing them to laceration; or it may be produced by the hands of unskilful operators." Madame Boivin mentions the case of a labour complicated by fibrous tumour attached to the cervix, in which *rupture of the uterus* and death were occasioned, as recorded briefly by Fabricius Hildanus. Dr. Murphy has published a paper illustrative of cases of rupture where the uterus was atrophied, thinned or softened in texture, but I regret that I have not been able to refer to the article. Duparque quotes a case (as related by Dr. Churchill) of thinning of the uterine walls, softening scirrhus and gangrene. Dr. Browne in his contributions to the pathology of the uterus gives a case of ruptured uterus, in which "the distance between the pubis and sacral promontary was less than usual, so that the passage of the hand was prevented." She had been fully 36 hours in labour, when she complained of soreness near the pubis, with vomiting and slight hæmorrhage." Dr. Churchill says—"some of the tissues of the uterus may give way previous to or during labour, perhaps from previous disease, or some peculiarity of structure," &c. The edges of the rent exhibit marks of disease, the tissue is thinned, softened and pulpy, breaking down *easily under the finger*. Dr. Collins observes, that in these cases the pains are frequently weak. In the case of Mrs. Proudlow, now more immediately the object of our remarks, neither my excellent friend Dr. Hodder, nor myself, anticipated, from the condition of the patient in the first part of her labour, any serious results; there was no sudden accession of pain, and although the pains were very short and tedious, yet from the great capacity of the pelvis, advance of the head was very perceptible. In consequence of the pressure of the tumour on the body of the child, the necessary or usual turn of the shoulders into the antero-posterior diameter was not effected, and as there had been no pain since the birth of the head of the child for at least forty minutes, I passed my finger into the axilla nearest the perinœum, and dropped the shoulder, when the uterus seemed to contract, and the fœtus and placenta came together, followed by frightful hæmorrhage.

My reasons for interfering at the time I did, was in consequence of an observation of Mrs. Buchanan, Matron—that the patient's forehead and face was breaking out in a cold sweat. On examining the pulse, it was found to have become small and quick; there being, however, no external hæmorrhage; and the patient, who was repeatedly asked how she felt, making no complaint either of faintness or suffering, we did not wish, previously to Mrs. Buchanan's remark, to interrupt the natural efforts, lest we should, by meddlesome midwifery, cause mischief. It may be urged by some, that delivery in this case ought to have been effected at an earlier period, and that we should not have suffered the head of the child to have remained so long encircled by the vulva. In answer I would ask you to recollect the position of the child; instead of the largest measurement of the fœtus occupying the longest of the pelvic outlet, we had the reverse, rendering a delay in extraction unavoidable; that the weight of a large tumour pressing on the body of the child hindered free evolution; recollect the fact, also, that our patient laboured under a disease highly susceptible of inflammatory action, and one too likely to interfere with the due contraction of the uterus. From these considerations we were induced to leave the delivery, as long time as possible, to natural efforts, which in so short a space of time had done so much, for our patient had not been in labour more than three hours altogether, and there were no indications of danger anterior to the time at which we brought down the arm. Knowing also that the fœtus was dead, and that there *had been no return of the uterine contractions* since the birth of the head, we considered it a safer practice not to