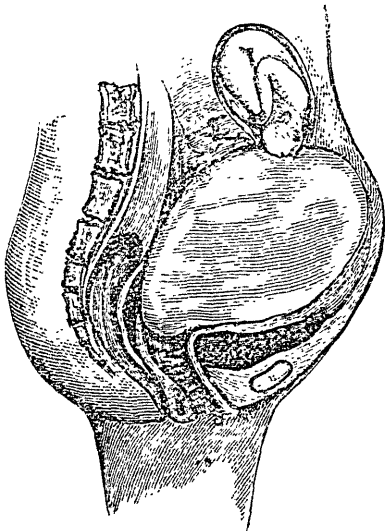


but no presentation could now be felt. Examination of the abdomen gave dullness on percussion throughout; no movement nor outline of the foetus could be made out, and by auscultation could not get either heart sounds or placenta bruit.

Through the assistance of the friends present I changed the position of the patient to one which I thought more favorable, or which might assist me in detecting a presentation, but all without any effect whatever.

The distress of the patient being so great I felt that some measures would require to be adopted at once for relief, so I gently dilated the os until I succeeded in passing the greater portion of my four fingers within the uterus, taking care at this point not to tear the membranes, still no foetus could be felt. Satisfying myself as to the toughness of the membrane, I passed my whole hand between the latter and the walls of the uterus and endeavored to rupture the membranes with my fingers, but failed. Without withdrawing my hand, I passed, with the left, a knitting-needle, when the rush of water was tremendous.

Continuing my search for the child, my arm acting as a plug in the vagina, I could find nothing in the uterus proper, having passed my hand all around the walls; but, at the upper end or fundus, a circular opening about the size of a silver dollar, edges somewhat thick, and unyielding to ordinary force by the fingers.



Passing my forefinger through the new opening, touched the mouth, nose and eyes of the child; then gradually succeeded in getting in a second finger when no forehead could be felt, in fact, no head.

With the gradual escape of some portion of the amniotic fluid I found that I could use more force with my fingers in dilating, due to this second uterus, if I may so call it, being brought near to my hand. Owing to the alarming condition of the patient at this point, and fearing delay might not serve any good purpose, especially if the escape of the amniotic fluid was permitted, there being a possibility of collapse, I determined at once upon version and set to work to force my hand into the interior. After considerable resistance had been overcome, both feet of the foetus were grasped, completing the delivery of a still-born acephalic male child, weighing about six pounds. Fluid Ext. ergot was given to ensure uterine contraction, and after delay of a short time the placenta came away by gentle traction with the hand, followed by slight hæmorrhage.

The woman was not in a condition to warrant further interference, otherwise I should have liked to have passed my hand and further investigated the interior of the uterus, but feared that possibly such procedure might be attended with bad result.

This is now the 16th day since the patient was confined, and I may state that she is doing well, no bad symptoms having appeared, so far, in the case.

I have had sketched upon the blackboard now before you a rough outline showing the relative position of the cavity containing the foetus to that of the uterus so enormously distended with amniotic fluid; and this now appears, engraved to illustrate the article.

#### SOME REMARKS ON DIVISION OF LABOR AND THE ETIOLOGY OF DISEASE.

By HENRY HOWARD, M.R.C.S.L., Eng., Government visiting Physician Longue Point Lunatic Asylum, Province of Quebec.

Read before the Montreal Medico-Chirurgical Society, October 26th, 1883.

MR. PRESIDENT AND GENTLEMEN,—My reasons for not having read a paper before this Society for over two years were: first, I felt that my papers were not sufficiently practical for a Medico-Chirurgical Society; secondly, I preferred to hear the views of others to giving my own, more particularly so, as being a specialist for twenty-three years, I felt the possible danger there was of running into one course of thinking, and becoming dogmatical in my views on some particular subject, to the exclusion of others; indeed