

On 26th of October, when called to see her, found her delirious, continuously tossing herself about in her bed, marked opisthotonus, dilated pupils, continually crying out, and at times spasms of flexor muscles of forearms. Pulse and skin normal. This condition of matters continued without cessation up to 12 p.m., when she quietly died. No treatment was adopted, as I was unable to see how it could be done with advantage.

POST MORTEM.

Fourteen and a-half hours after death, assisted by Dr. Kennedy, examined the head. Rigor mortis well marked. Face tranquil.

On removing calvaria, find the meninges congested. The lobes of brain slightly adherent, also adhesions to the meninges at the medulla oblongata. On section of the brain find it very anæmic, the puncta vasculosa being hardly seen. Found all the ventricles of the brain enormously distended, and containing together about eight ounces of extremely clear and crystalline-looking fluid. The corpora quadrigemina and pineal gland considerably inflamed. The brain substance itself seemed to be quite normal.

DOUBLE PLACENTA.

By Irvine D. Bogart, M.D., Campbellford, Ont.

On the 21st day of October, 1873, I was called to attend Mrs. E. in her seventh labour. My patient was a very delicate woman, suffering from phthisis. In her two last confinements she had twins, and in each case very severe flooding followed from retained placenta. When I reached her bedside I found her very weak. Notwithstanding this her pains were strong and regular, and in about two hours she was delivered of a fine healthy male child. The birth of the child was followed very quickly by severe flooding, with fainting from loss of blood. Although cold and compression, with ergot and brandy were used, the flow continued. Warned by previous labours I proceeded to deliver the placenta. Upon passing my hand into the womb I found the placenta low down and firmly adherent. I soon detached it, and while in the act of bringing it away I felt something pulling against me. I supposed then that the uterus had contracted upon some portion of the membrane. I passed my hand back and detected a chord. I followed this through a strong hour glass contraction, and in the superior portion of the uterus I found another placenta which was also adherent over three fourths of its surface. Af-

ter much hard work I brought them both away. After getting my patient rallied, which I can assure you was no easy matter, I proceeded to make the following notes:

Child large and well developed; two great toes on right foot and two thumbs on right hand, otherwise perfectly normal. The main placental chord was about twenty-four inches long, running direct to the first placenta which I had removed. This placenta was rather larger than the usual size. This chord, about six inches from the placenta, threw off a branch which was eight inches long and communicated with the second or superior placenta, which placenta was about two thirds the size of the first or inferior one. Each chord had vessels and nerves independent of each other, and there was no union after the branch entered the large or main chord, and this separation continued until they entered the child. I thought after I had washed my hands I would take another look at it, but when I returned I found the women in attendance had put a stop to my investigation by throwing the whole affair into the stove.

I cannot find anything in any work on midwifery in my library relating to such a case. It may not be very rare, but I have had a very large midwifery practice for the last twelve years or more, and I never met with such a case before.

There is little doubt in my own mind that if I had drawn my hand away without detecting the second one my patient would have died. As it was I had great difficulty in saving her life.

Campbellford, Ontario, Jan., 1874.

Progress of Medical Science.

JAUNDICE, PNEUMONIA, AND PLEURISY.

A Clinical Lecture delivered at Bellevue Hospital by Prof. A. L. LOOMIS, M.D. (Phonographically reported for THE N. Y. MEDICAL RECORD.)

GENTLEMEN:—The first patient I bring before you this afternoon is a young man, nineteen years of age, a drug clerk. Two weeks ago he began to suffer from loss of appetite, every article of food became offensive to him, and about a week afterwards he began to get yellow. The yellow color first made its appearance in the conjunctiva, but he had no yellow vision. His habits have been good.

His skin, as you see, is at the present time of a bright golden yellow, his urine red, looks like port-wine, his stools are clay-colored, and he feels weak.

He never has had chills and fever; has had no pain or vomiting.

We have before us then a case of *jaundice*, and in the first place let us notice some of the causes which