

about a month she was able to go around. Nothing unusual occurred during the time of her in-lying. She, however, was for many months subsequently a victim of the most intense menorrhagia, which, in consultation with Dr. Reddy, was decided to be due to sub-involution of the uterus. For this complaint she was under my care for a length of time, various internal remedies and local applications being used unsuccessfully. I eventually employed Dr. Athill's treatment, viz., the direct application of fuming nitre acid to the interior of the uterus, which was perfectly successful. A report of this portion of the case may be given at a subsequent period.

*The Second Case is as follows :*

About half-past six o'clock on the morning of the 25th September last, I was requested to meet in consultation Dr. Abbott and Dr. Cotu of Hochelaga, at the house of a Mrs. B—. The distance from my residence was between two and three miles, so that it was between 7 and 8 o'clock before I reached the patient. Dr. Abbott told me it was a case of placenta prævia, and the history of the case confirmed his diagnosis. He had been called several days previously to attend upon her, owing to a very considerable discharge of blood, and had enjoined absolute rest. This advice was only partially acted upon, for on the second or third day after, she undertook to whitewash a ceiling when she was again seized with hemorrhage, and compelled to take to bed. The bleeding soon ceasing, medical aid was not called in, but towards morning (of the 25th of September) the hæmorrhage again recurring, Dr. Abbott was summoned, and this time took Dr. Cotu with him. Both these gentlemen told me that on arrival they made an examination, and were enabled to detect the placenta covering the greater part of the os uteri, which was hard and undilatable. They remained all the night with the patient, and upon two or three occasions there were moderate discharges; but the os uteri still continuing hard, and the patient showing great prostration, I was sent for, as already mentioned, to meet both the gentlemen in consultation. On my arrival I found the patient pale, and almost bloodless, the lips and gums being destitute of the slightest color, skin of the entire body cold, and the pulse about 120 in the minute, and of very small volume. There had not been any hæmorrhage for about two hours. A vaginal examination revealed an os dilated just sufficiently to allow of the introduction of the index finger, by which I was able to detect the placenta covering almost entirely the margin of the

os uteri. I was enabled to get my finger to one side of the placenta, and to make out a vertex presentation. On this point I was positive; but neither of my confreres were able to corroborate me. From the unyielding character of the os I felt perfectly convinced that it was impossible to get a hand introduced into the uterus, with a view of performing the operation of turning, and this condition of the os was perplexing, when I considered the very large amount of blood which the patient had lost. Indeed I confess that the situation was most perplexing to me; but, after a few moments' consideration, I advised as follows:—Turning at the moment being in my opinion impracticable, I advised first the administration of drachm doses of Tilden's fluid extract of ergot every half-hour, with a view not of increasing or commencing uterine action, for the patient was entirely destitute of the first sign of uterine contraction, but, if possible, of acting on the muscular coat of exposed arteries, and causing their contraction. I also advised that the vagina should be plugged, and that the patient should have stimulants to promote a certain amount of re-action. It being nine o'clock I was compelled to leave to fulfil an engagement, and I advised Dr. Abbott, who is a practitioner of great experience, to turn at once if the bleeding returned, and the condition of the os allowed. At eleven I returned, to find that, just as I drove up to the gate, the patient had vomited copiously, and at the time of vomiting had ejected from the vagina the tampon, together with several large clots. There, however, had not been any profuse hæmorrhage during my absence. As she showed signs of having rallied somewhat, the skin being slightly warmer, and the pulse having a little more volume, I advised turning at once if the os permitted. Examination now found the os quite soft, and readily dilatable, and I prepared, at the request of my friends, to perform the operation. The family were duly informed of the gravity of the situation. The question now arose in my mind as to whether I should give chloroform, and I confess I again was sorely puzzled, but I decided to give it in the smallest possible quantity, so as to lessen the shock, as far as was possible. In the weak condition of the patient's heart I did not consider it wise to push it to full dose. Previous to its administration a wine-glass of brandy was given in water. Having in mind my difficulty in seizing the feet in my first case, caused by my using my right hand I passed my left hand into the vagina, and then into the os, which was extremely