

dollar, and dilatable in character. As she had had no convulsion for three or four hours, and was so thoroughly exhausted, I thought it judicious not to interfere at present.

At ten o'clock she had rallied considerably, so that now, although her pulse was still frequent, it had a much better volume, and was regular in rhythm. By this time she had taken about 4 ounces of brandy and two grains of opium. The os had dilated very slightly since the last examination, but I could now make out what I took to be a head presentation. The examination brought on a slight pain, the first yet noticed, and I took advantage of the opportunity to dilate the os by introducing a pair of ordinary long-bladed lithotomy forceps, and opening them slowly, a knuckle of the membrane with contained fluid coming down at the same time and assisting in the process of dilatation. This expedient, which was continued a couple of minutes, proved of immense advantage.

At twelve o'clock Dr. Chipman and I saw her again together. She had no pain during the past two hours, and on examination I found no marked change in connection with the uterus. We catheterized her with the hope that the condition of the urine might throw some light on the case, but got only a very small quantity which, unfortunately, was spilt through an accident to the vessel that contained it. I left orders with the nurse to be called in three hours, or before if any change should occur. I might here mention that the patient had had no genuine convulsion since her admission, nothing more than an occasional twitching of the muscles of the face, or clonic spasms of some of the muscles of one or more extremities.

3rd January, 3 a.m.—The nurse informed me that the patient had been sleeping soundly for the past two hours, and that there was no appearance of any pain or convulsion. With such a report I thought I could remain where I was for a time.

4.30, a.m.—Was aroused hurriedly by the nurse declaring that after three pains which quickly followed each other,