

some foreign body into the genitals, which had resulted in the formation of these firm bands, and the occlusion of the uterine os by the adhesive inflammation that had ensued. No clue whatever to the history of the case could be obtained from the patient.

After being seventeen hours in labour, and febrile symptoms beginning to be developed, it was decided that the outer band should be divided, and an artificial os formed.

Having brought the patient under the influence of chloroform, I divided the external band two thirds of its extent, and then introduced a speculum, so that the students might have an opportunity of seeing the condition of the parts.

Having withdrawn the speculum, I introduced the fore and middle fingers of the left hand into the vagina, as a guide to a guarded bistourie, and made an incision about an inch in extent, in the direction where I supposed the os should have been. Into this I insinuated first one, then two, and ultimately three fingers, and thus gently enlarged the opening.

As the patient was now returning to consciousness, an opiate was administered, and she was left in charge of the students, with instructions to send for the medical attendants at once, should hæmorrhage or any alarming symptoms ensue.

At 8 o'clock in the evening Professors Stewart, Yates, Fowler, and myself were summoned to attend.

As the woman was now 27 hours in labour and much exhausted, it was determined to expedite the delivery. Although the pains had been strong, yet, as there was some contraction at the brim of the pelvis, which, with the occluded os, prevented the head advancing, it was resolved to deliver by version, as the fœtus, presenting feet foremost, would act as a good wedge to gradually dilate the os. As the fœtus however, was found to be dead, and the contracted brim offered a good deal of obstruction to the delivery, the fœtal head was diminished in size by craniotomy, after which the body was delivered.

The case progressed favourably, and the woman was discharged from Hospital on the 17th of June, having completely recovered from the effects of the labour and the operation.

KINGSTON, C. W., Feb'y 22nd, 1861.

ART. XVII.—*Will a Child born after the mother has had Small Pox, and contracted after she has conceived, be liable to contract the disease?* by A. H. DAVID, M.D., L.R.C.S.E., &c.

As an addition to the conclusion you arrive at in your paper in the last No. of the B. A. J. on the question "Will a child born after the mother has had small pox and contracted after she has conceived, be liable to contract the disease?" I will mention a case somewhat similar to the one you relate, and which corroborates the opinion you express relative to the protective influence the infant derives from the mother going through small pox, without however the child showing any evidence of having had the disease.

Mrs. K., a young English lady only a few months in Montreal, contracted small