

covered, but on dividing the stricture the parts were readily returned.

The case is very interesting as regards diagnosis. The previous history—the absence of continuous vomiting; the presence of pyrexia; tenderness and pain in the hernia, together with the free evacuation of the bowel—might reasonably have led me to diagnose a bilious attack, followed by acute inflammation of the hernia. On the other hand the acute inflammation, coming on suddenly, only two or three hours after the vomiting commenced; the continuous tenderness and pain in the hernia itself, were symptoms which would lead one to suspect strangulation. The cessation of the vomiting and evacuation of the bowel, below the stricture, had a tendency to cloak the real state of the case, and make the diagnosis one of extreme difficulty. Of course, if the diagnosis had been clear, and an early operation performed, the case, probably, would have turned out differently.

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*A Case of Spontaneous Expulsion in Shoulder Presentation.* Reported by Z. HEBERT, M.D., C.M., Whitehall, N. Y.

A woman, 28 years of age, having had four children, became pregnant a fifth time. On the 4th of April last, when about six months advanced in gestation, some drunken men entered the house and began beating her husband. She went to his assistance and strained herself very much trying to save him. After this time she never felt the motions of her child but once, the same night, and that very slightly. She lost her appetite and felt feverish for several weeks afterwards; her breasts became flabby, and she had the feeling of a dead weight in her belly on changing position; she also noticed a gradual diminution of the abdomen, and recession of the umbilicus, until she thought everything had passed off. She went on nearly two months after when she was taken with labour pains in the night time, but waited until morning before calling a physician. This was on the 29th of May last. When I got there I made a *per vaginam* examination, and found the *os uteri* fully dilated, and a tumour—as large as the bottom of a tea-cup—protruding at each uterine pain, but receding completely when the contractions ceased, but which presented no sign of being the head of a child, and as this protusion did not seem very soft and fluctuant, but spongy and more or less consistent, I sought for another explanation than that of such a protrusion of the bag of water. I pressed the tumour and could feel a prominence on its upper part, which I was sure did not belong to any part of the head on account of the fold of a joint I could feel on