

out. At the same time the kidney of the other side was searched for, but could not be found; it had probably been affected by a similar disease and had undergone atrophy. On cutting through the greatly enlarged kidney numerous pockets of pus were found and some large cysts distended with serum. The cortical substance was studded with small suppurating points, and was much thickened. Dr. Wyatt Johnston examined the case, and came to the conclusion that it was a tuberculous kidney; tubercle bacilli were found in large numbers.

OBSTETRICAL NOTE—FŒTAL HEART-SOUNDS PROPAGATED THROUGH THE BREECH.

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A few days ago a large, strong primipara was confined in the Maternity Hospital, whose case presents some unusual and interesting points. By external examination it was ascertained that the vertex was presenting in the second position. The foetal heart was heard midway between the right anterior superior spinous process and the umbilicus at the rate of 136 to 144 per minute. A foetal heart-sound was heard also at the fundus, well over to the left, somewhat weaker and about eight beats less in frequency. Per vaginam, the diagnosis of second position of vertex was confirmed. The observations were verified by several independent observers, but a differential stethoscope not being available, it was impossible to determine positively whether the two foetal heart-sounds were really synchronous or not. Notwithstanding the double heart-sounds, there was but one foetus present, and that very large. The causation of this double foetal heart-sound is interesting and worthy of note. Owing to the position of the child in utero the left side was uppermost, bringing the heart close to the abdominal wall. The foetal heart-sounds heard were of maximum intensity in the usual situation, and in addition were propagated through the breech to the fundus, high up on the left side. Had the foetus presented in the first or any other position than the second, this peculiar transmission of the foetal heart-sounds would not have taken place. The difference in rate was probably due to the uterine contractions, which were frequent and violent.