

left lateral wall of the vagina towards its posterior portion, none could be found. This laceration was not apparently of a serious nature, but seemed to be merely through the cicatrix, and not to reach the vagina proper. The child was still-born, and had apparently been dead for some time, as the skin was macerated and the cord purplish in colour, and so soft in consistence as to tear on lifting it.

Fifteen minutes after the expulsion of the placenta the woman had an attack of vomiting, but afterwards was very comfortable; her pulse was good; she was free from pain, and had no hæmorrhage. The vomiting was attributed to the chloroform, of which she had taken a considerable quantity.

On calling the next day I found her fairly comfortable, except that she had vomited once or twice. I advised her to suck small lumps of ice, and gave her small doses of bismuth and pepsine. The vagina was washed out with a solution of carbolic acid. The next day the vomiting continuing I ordered a mustard poultice to the pit of the stomach.

On returning the same evening I found the vomiting still going on, about every couple of hours. I then prescribed drop doses of vin. ipecac with bismuth and pepsine, with no better result, and on the following evening (third day) on finding the vomiting still persistent I tried atropine with morphine, which at once quieted the stomach, and the relief continued during the fourth day; but the retching commenced again on the fifth day. During all this time there was scarcely any elevation of temperature; the bowels had acted nicely, and the vagina had been washed out every day with the carbolic solution; above the band that had remained, the accumulation of discharges of blood and debris were removed by the finger, before the nozzle of the syringe was introduced. This accumulation was always exceedingly fœtid and disagreeable, and could not be removed except by using the finger.

On the fifth day a consultation was called and Drs. Barrick and Nevitt met me. There was a good deal of pain in the left inguinal region, tenderness extending down the left thigh, over the femoral vessels, but there was no hardness over these, and no swelling—nothing to indicate phlegmasia beyond the tenderness. Scarcely any change was made in the treatment; she continued to vomit as usual but the appetite became improved and about the seventh day she began to convalesce very well, with occasional vomiting.

On the ninth day, about 7 o'clock in the morning, they sent for me, and when I arrived I found she had lost quite a quantity of blood, per vaginam, of a pure red (arterial.) The flow had ceased when I arrived, and consequently, I left her quiet, giving directions to have her left at perfect rest, and kept cool, no noise or visitors. She felt well all this day, and the next, the tenth day, she sat up awhile, and also felt well all night until she got up; early on the morning of the eleventh day I was sent for. They stated she had got up and fainted. When I came to the house I found her in a state of collapse; quite cold; face pallid and ghastly; rapid breathing; lips blue, and finger-nails blue; pulse not perceptible at the wrist. I diagnosed internal hæmorrhage, or heart clot, and sent for Dr. Barrick; but, notwithstanding the exhibition of stimulants, she expired at 2 p.m. No post-mortem.

This woman could speak no English, and was surrounded by people who could give no information of her previous life or habits. It was not until the fourth or fifth day after delivery that her husband appeared, and gave the following history:—The woman had been delivered of two children previously. On each occasion the labour had been tedious and difficult, and had been terminated with the aid of instruments; the children were still-born. At her second labour she had suffered severely, and her recovery had been slow; for weeks