

on daily about noon, and lasted for three or four hours leaving her in a state of exhaustion. During these attacks, which partook of the character of labour pains, and those caused by the presence of a stone in the bladder, and the passage of a renal or biliary calculus, it is impossible to give the reader an idea of her tortures. She used to writhe with agony, roll herself on the floor or bed, as if suffering from the passage of a calculus, then hold in her breath, and force down with intense energy as if in a labour pain, and during the existence of this sort of pain, the external genitals were protruded and swollen, and the rectum pressed upon and flatus occasionally expelled. Constant desire to empty the bladder accompanied these attacks, and frequent vomiting was also present. At times all her force seemed employed in expulsive uterine efforts, during which, an alarming degree of congestion of the face and neck, usually came on, attended with foaming at the mouth, the next moment she would give utterance to piercing cries and shouts, so loud that a crowd has been frequently attracted around the house in which she resided. The duration of these attacks seemed but little influenced by narcotics, to which she had been so accustomed, that large amounts were taken without effect. Hot fomentations and hot gin punch, seemed to relieve her more than anything else. She had a decided objection to the use of chloroform, which was administered in large doses internally notwithstanding. So much did these attacks resemble at times the symptoms of stone in the bladder, that I sounded her frequently, under the impression that a stone was present in addition to her other ailments, but never detected one, though I examined the bladder when empty, when distended with urine, and after I had fully distended it by injections of warm water, and I also examined the urine frequently, but discovered only a copious deposit of urate of ammonia.

I proceeded in this case as in the former one. I made a slough with the pencil-shaped piece of wood, dipped in the fluid potassa fusa, and when the slough fell out, I enlarged the opening by tents of gentian root, until a full sized gum-elastic bougie could be introduced. This was done daily without giving exit to any fluid, and without diminishing the frequency or severity of the attacks, and what surprised me very much was, that though a flexible bougie could be introduced to the extent of four or five inches, yet a metallic one was arrested at a distance of one inch and a half from the orifice. This circumstance convinced me that the mouth of the womb had not been yet reached, and accordingly I made the following investigation. I again sounded her, in the empty and distended condition of the bladder, and was satisfied that no stone was there, and being equally satisfied of the empty condition of the rectum, I introduced a bistoury into the opening in the membranous structure already described, and enlarged it to a considerable extent by a crucial incision. I now found that above this strong membrane I could detect the cervix uteri, whose os was closed by a dense structure into which I pushed a bistoury to some distance, and made some crucial incisions—but did not penetrate sufficiently to enter the cavity of the womb. The fundus of the womb was now pushed down steadily by the left hand, whilst the index finger of the right was pushed, in a boring manner, upwards, and after a continuance of these manœuvres for a few minutes the finger entered the cervix, and a gush of dark colored odorless fluid, like treacle flowed out in great