

spasm of whole uterus, is the most dangerous procedure which can be adopted. Under such circumstances this form of accouchement forc   nearly, if not quite, always causes death.

The remarks as to the placenta, while in a sense correct, may be deleted, as there is no evidence that the treatment of the third step was any factor in the fatal issue.

It is quite correct to say: "The doctor should have remained an hour with the patient, instead of five minutes, after labor." The distinguished McClintock, of Dublin, the editor of "Smellie's Midwifery," thus comments: "The conduct of these gentlemen in one particular, not noticed by Smellie, was open to severe reprehension, viz., their leaving the patient 'about five minutes after delivery.' It has been for many years an invariable rule with me never to leave a patient within an hour after delivery, even when every step of the labor has proceeded most naturally, even I have often had cause to be thankful for so doing." Such conduct is all the more extraordinary when we consider the fact that the patient must have been in a very serious condition when they left.

The directions for the treatment of the shock and collapse may be accepted in a general way without going into details.

*Cause of Death.*—It is true that concealed accidental hemorrhage causes, in many cases, tetanic spasm of the uterus with extreme rigidity of the os producing great pain and profound shock. The students will find, however, before the end of the session that there are other more frequent causes of such shock of which a common one is prolonged labor. We believe the students are correct in thinking that there was tetanic contraction or spasm producing the shock; but we wish to add that the cause of death was probably rupture of the uterus, caused by the violent manipulations of the surgeons in the endeavors to stretch the os and deliver the child. There was probably not time for the development of peritonitis. Possibly the morphine and chloroform, at an earlier step, or even when Mr. A. arrived, might have relieved the spasm. If, however, such treatment failed, it is thought that some form of the so-called vaginal Cæsarian section would have been the proper procedure.