

The child was born at one, with the cord round its neck and one arm. In this case the use of a crochet hook to produce abortion was admitted and she told me that it was followed by a flooding which frightened her, and she gave up further efforts. There was a considerable hemorrhage, which stopped in an hour.

The nurse in this case had been at a case of diphtheria, and two of the children contracted it from her, but the mother and babe escaped, while the eldest child died.

Jardine, of Glasgow, mentions having seen five cases, and gives the following histories of two:—

The first case was in a second pregnancy. It was also, undoubtedly, a case of prolonged gestation, as 305 days had elapsed from the cessation of menstruation until the patient was delivered. Some three weeks before delivery pains had occurred for several hours, and the patient thought that labor had commenced, but the pains had ceased. She was not examined then. When I saw her she was having strong pains, and, on examination, I found the os was completely occluded. The cervix was stretched over the presenting head. A small depression indicated where the os ought to have been. A careful examination under chloroform confirmed this. A crucial incision was made at the depression, and dilatation was easily accomplished. Forceps were applied and the head delivered without very much difficulty, but the shoulders and chest of the child were so large that great difficulty was experienced in delivering the body. The child was one of the largest I have ever seen delivered. Unfortunately it was dead. The patient made a good recovery, and subsequently the cervix presented the normal appearance of an ordinary multiparous one.

Case two.—The patient, a primipara, aged 30, had been in labor three days when first seen by me. A midwife, who was in attendance, thought that the os was partially dilated. The patient was a stout, healthy woman, and had been married for 13 years. She was not aware of there having been a vaginal discharge during pregnancy, nor had she suffered any pain. I found she was having very strong expulsive pains. Bandl's ring could not be palpated. Per vaginam the head was felt in the pelvis with the cervix stretched over it. The os was completely closed, but a small depression revealed its position. Inspection under chloroform confirmed this. The surroundings of the patient were very insanitary, but, as she refused to go to the hospital, I had to do the best I could for her where she was. I managed to tear through the adhesions with my finger nail. Dilatation was easy, and there was no difficulty in delivering a living child with the forceps. As in the other case there was no bleeding. The patient made an excellent recovery. I examined her some months later and found the cervix showed very little indication that she had ever had a child.