

One case of laceration of the perineum occurred, and in a rather singular manner. The presentation was normal, but complicated by severe, occasional spasmodic rigidity of the lower extremities. These having been considered as not involuntary, the patient was cautioned very emphatically not to permit them. Notwithstanding this caution, she closed her thighs on the head of the fœtus when it was pressing on the perineum, and the occiput beginning to emerge. This forced the face violently against the perineum, and notwithstanding every exertion on the part of the gentleman in attendance to prevent it, the perineum yielded, and a considerable laceration took place, which was afterwards treated in the usual manner.

Cases of Placenta Prævia occurred three times: in two of these instances the placenta was only partially implanted over the os uteri, and in the other case, completely. I will notice this latter case on a future page.

Rigidity of the os externum uteri was frequently observed, but very seldom as offering any serious impediment to the progress of the labour. Eight cases are on record however, in which this condition of that part very materially protracted the labour, and became in fact the real obstacle, demanding the employment of energetic means to subdue it. In one case I find that Belladonna inunctions had been resorted to without the slightest apparent effect; and after several hours had elapsed, it was finally subdued by the exhibition of twenty minims of Vin. Ipecac. every hour. The ordinary method pursued now in these annoying cases, which, while it rapidly subdues the rigidity, at the same time saves the time and anxiety of the attendant, is the administration of one grain doses of Tartar Emetic given every half hour. I have rarely been compelled to administer more than two such doses, while in the large majority of cases, I have usually found it to yield in the course of twenty or twenty-five minutes after the exhibition of the first dose.

In one case the child was dead born at full term, covered thickly with the copper coloured rash of tertiary Syphilis. The infant had not been long dead, as the skin evinced few of the signs of maceration. It occurred in the case of a married woman, who does not appear to have ever suffered from any of the primary symptoms of that affection, although occasionally herself covered with a rash for which she could not account, but which had yielded to the medical treatment adopted from time to time as it appeared.

Nineteen cases of Puerperal fever occurred in the Hospital at different periods since its establishment, and in every instance necessitating its temporary closure. One of these cases, although I place it under this head, was an unmistakable, and well marked case of Uterine Phlebitis, in which the formation of secondary abscesses took place in the joints of the elbow and wrist. This woman recovered. Of these cases seven terminated fatally, and the fortunate issue in the remaining is chiefly attributable to the very prompt treatment to which the patients were submitted after the existence of the disease in the Hospital had been too emphatically realized.

Seven severe cases of Uterine Hæmorrhage occurred, five before the delivery of the placenta, and two after. The Hæmorrhage in all these cases was controlled by the usual means, no ulterior bad consequences having resulted.