

8. After cause was removed, stimulants, as strychnia hypodermically, whiskey internally, should be given.

9. Remain with patient till danger is apparently over and treating as case demands.

Cause of Death.

1. Shock caused by concealed hemorrhage, owing probably to retained placenta, or contraction of lower segment.

2. Tetanic contractions of uterus causing rupture of lower segment, thus producing peritonitis and shock.

REMARKS BY LECTURER (PROF. ADAM WRIGHT).

This case was reported to Dr. Smellie by Mr. A. in 1749, who wished to know the cause of death. Smellie in his reply said: "I have been concerned in several cases, where, though the os internum was torn, the patient has recovered without vomiting or any other bad symptoms; and have known other women die, as it were instantaneously, after delivery, though I always imputed such sudden death to their being exhausted by long labor, the sudden emptying of their vessels, and a greater loss of blood than their constitution could bear."

In considering the answers of the students it should be understood that when this case was submitted they had gone through only a small portion of the course in pathological obstetrics.

Criticism of Treatment.

Although not specifically stated by Smellie, it is probable the patient had been under the care of either a doctor or midwife for some time before the arrival of Mr. A. P. We may agree that "the doctor should have been there sooner." "The child being dead" there was no necessity for undue haste. It is probably not correct to say "the woman was not suffering," because in most, if not all, cases of tetanic spasm of the uterus the patient suffers intensely. While the administration of an anesthetic would have been very desirable, this case occurred in 1749.

There appears to be some confusion of ideas as to treatment of the rigid os. In section 3 of "Criticism of Treatment" we find: "After os was dilated it wasn't necessary to introduce the hand into the uterus;" while in section 1 of "Treatment Suggested," we find: "On arrival, give anesthetic, dilate the os, and then remove the child." It may be stated in this connection that forcible dilatation of a rigid os, especially when there is tetanic