

when her husband left for his work. On his returning at 4.30 he found her seated in the water-closet and inanimate. She was carried to another room and restorative measures were tried without success. The whole of the uterine contents had been ejected into the pan of the closet, the child's head having completely passed through the lower opening and the body and shoulders remaining above. The pan had to be smashed before the body could be liberated. The difficulty of withdrawal was probably due to edema and congestion, the result of the dependent position. The child was a normal female of full size. There had been apparently much hemorrhage, but the amount could not be determined with accuracy. The upper segment of the uterus was intact and fairly well contracted, the lower segment and cervix showed bilateral rupture through the whole thickness of the muscular wall. There were several longitudinal fissures in the vagina involving the mucous membrane and part of the muscle wall. The deeper tissues of the perineum were lacerated, but the superficial were intact. Death presumably was due to shock from the ruptured uterus, the sudden diminution of intra-abdominal pressure, and the hemorrhage.

The majority of books give the causes of precipitate labor as increased propulsive force and diminished resistance. But the auxiliary propulsive force produced by straining at stool is, after all, only physiological, and in this case, the woman being a primipara, the second cause was certainly not present. From a medico-legal point of view this case also is of interest. If it had not been fatal to the mother it might have been argued that the impossibility of withdrawing the child's head indicated that some means (such as interference on the part of the mother) additional to the forces of expulsion and gravity had been used to get it into the extraordinary position in which it was found.—*Med. Review.*