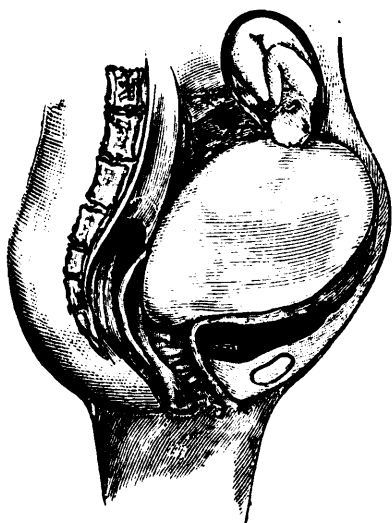


tability of the stomach, in fact, had often great difficulty in retaining food. A vaginal examination revealed the os to be high up, dilated about an inch, edges tense but thin, membranes entire, but no presentation could now be felt. Examination of the abdomen gave dulness on percussion throughout; no movement or outline of the foetus could be made out, and by auscultation could not get either heart sounds or placental bruit. Through the assistance of the friends present I changed the position of the patient to one which I thought more favorable, or which might assist me in detecting a presentation, but all without any effect whatever.

The distress of the patient being so great I felt that some measures would require to be adopted at once for relief, so I gently dilated the os until I succeeded in passing the greater portion of my four fingers within the uterus, taking care at this point not to tear the membranes, still no foetus could be felt. Satisfying myself as to the tough-



ness of the membrane, I passed my whole hand between the latter and the walls of the uterus and endeavored to rupture the membranes with my fingers, but failed. Without withdrawing my hand, I passed, with the left, a knitting-needle, when the rush of water was tremendous.

Continuing my search for the child, my arm acting as a plug in the vagina, I could find nothing in the uterus proper, having passed my hand all around the walls; but, at the fundus, I felt a circular opening about the size of a silver dollar, edges somewhat thick, and unyielding to ordinary force by the fingers. Passed my forefinger through the new opening, touched the mouth, nose and eyes of the child; then gradually succeeded in getting in a second finger when no forehead could be felt, in fact, no head.

With the gradual escape of some portion of the

amniotic fluid, I found that I could use more force with my fingers in dilating, due to this second uterus, if I may so call it, being brought near to my hand. Owing to the alarming condition of the patient at this point, and fearing delay might not serve any good purpose, especially if the escape of the amniotic fluid was permitted, there being a possibility of collapse, I determined at once upon version and set to work to force my hand into the interior. After considerable resistance had been overcome, both feet of the foetus were grasped, completing the delivery of a still-born acephalic male child, weighing about six pounds. Fluid extract was given to ensure uterine contraction, and after delay of a short time the placenta came away by gentle traction with the hand, followed by slight hæmorrhage. The woman was not in a condition to warrant further interference, otherwise I should have liked to have passed my hand and further investigated the interior of the uterus, but feared that possibly such procedure might be attended with bad results.

This is now the 16th day since the patient was confined, and I may state that she is doing well, no bad symptoms having appeared, so far, in the case.

#### HINTS TO MEDICAL EXAMINERS FOR LIFE ASSURANCE.

We have great pleasure in drawing attention to the following very useful suggestions for the guidance of medical examiners of lives for assurance societies. They seem to us to go straight to the root of the matter, and to enforce the consideration of points not usually engaging attention. They are hints thrown out by no less an authority than Mr. Smee, medical adviser and director of the Gresham Society:—

“A great deal of trouble and annoyance is caused by the sending up of proposal forms imperfectly filled. Sometimes they do not state clearly the occupation or the cause of death of near relatives. Now, it is impossible for the medical officers of a society to assess a life if they do not know the cause of relatives' death. With regard to the question of intemperance, too, the agents should see that the paper is strictly and clearly filled up; also in the agents' reports which are sent up, and which are confidential, they should state clearly the object of the assurer, and especially in the case of female lives. Persons who have suffered from epilepsy, paralysis, apoplexy, cancer, stricture, or stone, must not be medically examined without orders from the head office. No person who has had delirium tremens, who has been intemperate, nor even the reformed drunkard, would the Society accept on any terms. Proposals from persons who are ruptured, who have suffered from gout, rheu-