

the absence of convulsions during labor. M. T., aged 27 years, confined January 13, 1876, has suffered from epilepsy for the last six years. Has had four seizures since she became pregnant: one occurring in June last and three since her admission into the hospital in November. The last attack occurred eight days before labor. There were no convulsions during labor, nor had she a return of her epileptic seizures up to the time of her discharge from the hospital. This patient had a sanguineous discharge, resembling in every respect her usual menstrual discharge, for three consecutive months after having become pregnant.

A very interesting case of complete occlusion of the os uteri, giving rise to difficulty in diagnosis, has also been reported:

E. D., 37 years of age, a strong, healthy-looking woman, was admitted into the hospital on the 6th April pregnant with her first child. She has been married, and has lived continuously with her husband, for a period of twenty years, but has never before conceived; and there are no appearances to indicate that she has ever passed through a previous labor. On the 12th April, six days after admission, she complained of pains resembling those of commencing labor, and a vaginal examination having been made, no dilatation of the os uteri could be detected. These pains passed off in a few hours, and she was quite free from them until the morning of the 23rd of April. At this time they returned with considerable severity, and an examination *per vaginam* revealed what was supposed to be a nearly fully dilated os uteri, very high up, with the bag of membranes protruding into the vagina; and in the intervals between the pains a hard, resisting substance could be felt. After the pains had continued for a period of twenty hours, recurring at long intervals, the os was supposed to be fully dilated, and the child's head could be distinctly felt above what was considered to be the anterior lip of the os uteri. Attempts were made to rupture the bag of membranes with the finger, but these not being successful, a puncture was made with a stylet and a considerable quantity of liquor amnii escaped. The head after this descended lower and the pains increased in frequency and severity. The