substance of the lungs looked otherwise healthy. The bronchial glands contained large masses of crude tubercle. The glands in the gastro-hepatic omentum were similarly affected. The liver contained a copious deposit of miliary tubercle, as did the spleen. The other viscera seemed healthy.

REMARKS. Of all the varieties of strumous disease which directly threaten life, there is none more insidious than its deposition on the brain, unless, indeed, it be that in the suprarenal capsules. We have often seen its presence proved by *post mortem* examination in cases where it seemed impossible to determine from the symptoms what the brain disease was, or, indeed, whether it were not merely functional disturbance owning some remote cause, and accompanied by no organic lesion; still oftener we have seen its absence demonstrated where it had been pretty confidently predicted. Hence it may not be useless, as a matter bearing on diagnosis, to study the two cases (III and IV) quoted above, even though the disease is beyond our present methods of treatment. In the first, so constant were the symptoms, and so distinct the functions which were interfered with, that Dr. Fuller was enabled, even without the evidence usually furnished by the presence of strumous disease in other organs, to indicate the nature and seat of the disease during life. The persistence of the same symptoms, and the evidence of pressure on one limited portion of the brain, denoted the presence of some solid deposit: the age of the patient, his appearance and constitution, with the history of the case, rendered it highly probable, at any rate, that this was of the nature of strumous tubercle. The well marked symptoms of loss of the power of co-ordinating motion afforded by the persistent tremor, the loss of control over the limbs without loss of motion, and the pain constantly referred to the occipital region, pointed to the cerebellum as, at any rate, one seat of this lesion; while the constant hiccup, and the interference with swallowing, rendered it likely that the deposit would also be found in that part of the encephalon which presides over the functions of respiration and deglutition. In the other, the symptoms were less distinct, probably because, on account of the smaller size of the tumour and its less central situation, it interfered less with the functions of the organ. Still the persistence of bleeding from the nose pointed to some morbid action in the head; and the convulsions were symptomatic of an irritation which might very probably have been referred to tubercle in some part of the brain; and the more so, had the symptoms of tuberculosis of other parts been more marked. In both, it will be seen that extensive phthisical disease was present, but latent: in the first, doubtless more accurate knowledge of the previous course of the complaint would have furnished a motive for the physical examination of the chest which could hardly have failed to elicit clear evidence of the presence of cavities in the lungs. The disease, however, with that mysterious inconstancy so characteristic of phthisis, was for the present quite in abeyance, and entirely subordinated to the still more urgent cerebral mischief. In the second case, the deposit, though copious enough and frequently searched for, did not reveal itself by any sounds audible to experienced ears—a fact by no means singular, and which has recently been the text of a controversy on the question of the alleged possibility of diagnosing phthisis in its early (even pre-tuberculous) stage, which is doubtless fresh in the minds of the readers of this JOURNAL.

CITY DISPENSARY.

PHTHISIS (DOUBLE), FATAL BY MORTIFICATION OF THE PORTION OF OUTER CHEST-WALL CORRESPONDING TO AN EXCAVATION IN THE LEFT LUNG.

Under the care of JOHN COCKLE, M.D.

ELIZABETH BERGMAN, aged 23, unmarried, of sedentary occupation, residing at No. 5, Peter's Hill, Doctor's Commons, was admitted a patient of the City Dispensary in July last. "About eight months ago she caught a severe cold, from exposure to the night air, and has since suffered from cough, dyspnoea, pain in the side, accompanied with emaciation, debility, and night perspiration. On physical examination, the ordinary signs of excavation existed below the left clavicle, and below the right clavicle marked signs of disease in an earlier stage."

During the subsequent progress of the case, considerable but varying effusion of the lower extremities was noted, as also a far greater amount of dysphagia than is usually observed. In the early part of the present month, she suddenly became

restless, and at times delirious, the delirium being of mild form. When visited, a gangrenous spot was observed just below the left clavicle, which gradually spread during the two succeeding days over a surface about equal in extent to the palm of the hand. The fœtor, evidently arising from this surface, and not from the sputa, was intolerable.

Death from collapse occurred on the fourth day from the appearance of the gangrene. No *post mortem* examination was made.

This case is briefly detailed principally to illustrate the mode of its termination, which may, without doubt, be considered one of the very rarest occurring in cases of phthisis.

Original Communications.

ON INTRAUTERINE FRACTURES: WITH AN ILLUSTRATIVE CASE.

By T. HERBERT BARKER, M.D., F.R.C.S., Bedford.

[Read before the South Midland Branch, May 21st, 1857.]

AMONGST the various singular phenomena which are ever and anon presenting themselves to the practitioner of medicine, none are more interesting, either in a physiological, practical, or pathological point of view, than those which bring before him the abnormal conditions of the animal body during the period of its intrauterine existence. A shadow of mystery overhangs, and must always overhang, these departures from the normal course of things. If it is impossible to trace out with accuracy the physical and chemical changes which the body of the born animal undergoes, as it is before us, and as it submits itself to our physical and chemical inquiries, how much more difficult is the task when the body is excluded from observation, and while the physiological laws, incident to the intrauterine state, are but dimly seen by those who look most keenly and with the broadest cast of thought on the problem of life in its simplest as well as in its more complicated manifestations.

It would be a hopeless task for me to attempt an elaborate description or speculation on any one of the numerous and debateable, and debated points, connected with the subject of fetal development, either in its normal or abnormal conditions. I am not prepared for such a display of scientific skill, nor does the bent of my studies or pursuits strengthen me for such an effort. But a simple observation of natural facts always admits of being explained to others in a simple and natural manner; and as facts thus portrayed are never without their value, as they form capital on which other minds may draw, and as nothing positive could be made known in science without the evidence of facts, I have thought that the history of a fœtus born with its osseous framework in a very dilapidated condition, may deserve to be placed on permanent record in the literature of medicine.

CASE. In the month of September 1856, I attended Mrs. L., of Bedford, in labour. It was her fourth confinement. Her three previous children had been delivered safely, and had shewn no peculiarities. The woman herself was healthy; had no sign of cancerous or tubercular diathesis; had no sign of osseous softening; had not suffered from syphilis. During pregnancy, her health had been good. Her dietary had been in no respect peculiar. She complained that during this pregnancy she had felt differently than on any other occasion; and that the movements of the child had been exceedingly feeble, although she had been of unusually large size.

Owing to the circumstance that the stairs leading to her bedroom were difficult to ascend and descend, she had fallen several times, and on one occasion fell down the length of the staircase, alighting on the back of a chair with her entire weight on the abdomen.

Such were all the particulars, constitutional and accidental, relating to the mother. The father of the child was healthy; he had not suffered from syphilis; he was not the subject of cancerous nor of tubercular disease. On neither maternal nor paternal side was there any hereditary tendency to congenital malformation.

At the period when the labour came on, Mrs. L. believed

herself to be at least six weeks from the full period of utero-gestation; the evidence of this was, however, doubtful.

The general symptoms of labour came on sufficiently naturally, and the membranes presented in the ordinary way; but, after they had ruptured, I was surprised to feel a large round soft mass presenting. Speedily the head was born, and resolved itself into the soft mass referred to, its softness apparently depending on an entire absence of cranial bones. The body soon followed; and the limbs, as they passed through my hands, were felt to crepitate on the least movement. The child (a female) breathed, and opened its eyes, but never cried. It lived about ten minutes only.

On examining this fetus more closely after death, I noted in its conformation the following appearances. The head was preternaturally large, very round, and soft. No suture-lines could be traced, and no bones could be felt through the scalp. The limbs were very deformed and preternaturally short. The length of the fetus, from the top of the head to the toes, was sixteen inches. The length of the body, from the upper part of the sternum, and level with the shoulders, to the crest of the pubic bone, was seven inches. The length of the arms was four inches; and the length of the lower limbs, along their outer curved surface, four inches. The eyes were widely separated, there being at least one inch and a half from one inner canthus to the other inner canthus. The nose was short and flattened; and the tongue partly protruded from the mouth, as though the latter were too small to contain it.

The right humerus was broken about its middle; and the right radius and ulna, at the junction of the middle and lower thirds, were in the same condition. The extreme phalanx of the right thumb was considerably elongated. The joints between the first and second phalanges of the fingers were enlarged, particularly that of the second finger.

The left humerus was fractured rather above its middle, and also the left radius and ulna about the junction of the middle and lower thirds. The left thumb was elongated; and the distal phalanges of the fore, middle, and ring fingers of the left hand, were wanting. The distal phalanx of the left little finger was considerably curved inwards.

The right femur appeared (from crepitation) to be fractured in its upper third, and the right tibia and fibula about the middle of the leg. The right patella was seen to be very prominent. The toes of the right foot were long, and much longer than those of the left foot.

The left femur was fractured about its upper third, and the left tibia and fibula slightly below the middle of the leg. The left patella was not so prominent as the right.

The clitoris and labia interna were preternaturally developed and prominent.

Such were the dimensions and external appearances of the fetus. The breadth of the shoulders and of the hips was natural, and the circumference of the head was equally normal. There was nothing either in the size of the fetus, or in the contraction of the maternal passages, that in any way could have given rise to unusual compression. The labour, in a word, was in every sense easy and ordinary.

Having an opportunity of obtaining the fetus, I removed it, and took a photograph of it while in the fresh state. This has been engraved by Mr. Bagg with great exactness. The peculiarities just detailed are well represented in the accompanying woodcut; and the seat of the several fractures is indicated by the asterisks. (See fig. 1.)

DISSECTION. On dissection, with the exception of the osseous system, to which I shall refer last, the fetus was found well developed in every part. The muscles were properly nourished; the lungs were healthy in structure; the heart was normal; and the vascular system was perfectly correct. The liver and gall-bladder, the intestinal canal, and the kidneys, were equally natural; but the spleen, which was of a size rather above the ordinary standard, was bound firmly by adhesion to the diaphragm at two separate points. The thymus was healthy. The tongue, which protruded from the mouth, at first sight seemed rather large; but, when the mouth was laid open, the enlargement was obviously due to the protrusion only. The brain was of full size, soft, as is common, in structure; but quite natural in conformation. All the cranial nerves were developed fully, and escaped from the base by their natural foramina. The cerebellum, medulla, and cord, presented no peculiarities. In none of the soft parts was there any arrest of development. The lips and palate were in no way cleft; and the nose was a normal pug.

In the osseous system, the peculiarities were very considerable. With the exception of two small osseous points in what

should be the roof of the orbit, the frontal bone was *entirely absent*. Both parietal bones were *entirely absent*. The squamous portion of the ethmoid bone was *entirely absent*. The expanded, or, as it is sometimes called, the squamous portion of the occipital bone, was imperfectly formed. The osseous covering of the brain was thus wanting altogether.

Fig. 1.

Contrasting strongly with this fact was the circumstance that all the bones entering into the composition of the base of the skull were, for the period, well developed, natural, and more than ordinarily firm. The petrous and mastoid processes of the temporal bones were present; and the crista galli of the ethmoid stood up prominently. The condyloid and basilar processes of the occipital were likewise natural. There was no cleft in the basilar process.

The spinal column throughout its entire length was well developed, was free from any unnatural curve, and might be considered as in all respects normal. The scapulae, the clavicles, and the ribs, were moderately developed; but the ribs were so fragile that the merest pinch between the thumb and finger nails snapped them like thin glass.

The left humerus, on being removed and cleared of its coverings, was as follows. The two extremities were cartilaginous; the shaft in its middle bulged out into a round ossified protuberance, of the size and appearance of a small bullet; above and below, the shaft was suddenly contracted to the diameter of a crow's quill. There was ossification at these points, but the bone was so fragile that it would not bear the slightest manipulation. Just above the protuberance, in this constricted portion, there was a distinct fracture, slightly oblique, but complete. The fractured ends were jagged, and could be refitted into each other.

The right humerus presented an appearance identical with the left; there was the same tuberosity in the middle of the shaft. This bone was fractured in a similar manner, but in two places, *i. e.*, above and below the protuberance.

The radius and ulna on each side were each fractured in two points, namely, in the upper part of the lower third, and in the lower part of the upper third. The ulna of the left side had at some time been fractured in the middle of the shaft, and the ends had been partly rejoined by cartilage. The extremities of all the bones were cartilaginous, and the shafts ossified.

The pelvic bones were natural in shape, and were not fractured, but fragile.

The left femur was cartilaginous at its extremities; its shaft was ossified, and was thick in the middle, and rounded into a tuberosity like the humerus. This bone was obliquely fractured in two places in the upper third, and in one place below

the tuberosity. The fractured ends were jagged, and could be refitted together. When thus placed in apposition, the bone was seen to have a twisted character from right to left.

The right femur resembled the left, but was free of distortion. It was fractured also in three places, and had the tuberosity in the middle of the shaft. The fractures and

Fig. 2. Right Femur.

tuberosity of the right femur are well shown in the accompanying sketch.

The tibia and fibula of each side were cartilaginous at their extremities, ossified in the shafts. All were fractured in the shaft in several places. The fibulae were, in fact, so fragile that, in gently stripping off the muscles, it was impossible to avoid snapping them across.

The bowed appearance of the limbs observed before the dissection, and which is well shown in the woodcut, was due to the fractures and the action of the flexor muscles.

With regard to the structure of the bones themselves, their chief physical peculiarity was their extreme fragility. This was mainly confined to the shafts of the long bones. These would not bend anywhere, but would break at all points. The shafts were covered with periosteum, which being removed, the bone had a darkish grey carious appearance. At points where ossified matter was most developed, as in the protuberances already noticed, the knife cut through it easily, and found an extreme thinness of bone. The cartilages were natural, and the joints well formed. There was no sign of dislocation in any part.

As, from the twisted character of the bones in this fetus, one would be led to infer that the case was one of rachitis; so, from an analysis that I made of the left femur, is this opinion the more fully confirmed; for, after carefully burning out all the organic matter, I found that the relation of organic and inorganic matters stood thus:—

Organic matter	66.66
Inorganic matter	33.34
	100.00

So that the deficiency of inorganic matter was well marked.

It is true that in the fetal amount of inorganic matter is always less than in the adult bone; and Franz Simon gives several tables from Von Bibra, illustrating the fact. But in none of these tables is there any such an approach to this proportion: the organic matter in all these cases being less than the inorganic, and standing in the relation of from 34 to 40 per cent. of organic to 60 to 66 per cent. of inorganic. Lehmann, however, in his analysis of the bones of three rachitic children, found nearly the same proportionate deficiency of inorganic matter as was observed in my case; while Ragsky found in the scapula and humerus of a rachitic child as small a proportion as 18.88 per cent. of inorganic matter, with 81.12 of cartilage, vessels, and fat.

The cause of the fractures in my case is, however, quite compatible with the unusual amount of organic matter, from the fact that the earthy matter was irregularly deposited.

ANALOGOUS CASES. Such are the details of this case. The society will, I am sure, pardon me for stopping at this point for a moment, to compare the preceding description, with one

or two similar descriptions recorded in pathological history. These cases are very rare; and of those practitioners who may have met with such cases, few have taken the pains to record their observations. My brevity, in this part, will therefore be rather the soul of necessity than of wit.

Dr. Richardson, in his Fothergillian Prize Essay on *Diseases of the Fetus*, has included every recorded and authentic case of the kind, either in detail or in the way of reference. This essay is in the Library of the Medical Society of London, but is unpublished. I take from it one original case, narrated by Dr. Richardson himself, as supplied to him by my friend Dr. Moffat, of Hawarden; and I shall add the facts of one or two other cases related by other authorities.

"On May 10th, 1846," says Dr. Moffat, "I was requested to visit Mrs. E., who was in labour. On the night of the 4th of April previous, on going over the snow she slipped, and fell with all her weight upon her right side, on the upper rail of a stile over which she was climbing. The fall gave her so much pain that she could not move from the spot for a considerable time. The pains were, as I infer from her description, uterine. After she had rallied she walked home, and had to remain in bed for a few days. There was considerable ecchymosis on the right side of the abdomen. Ultimately, she completely recovered, and went on well to the full period of utero-gestation.

"The labour was natural: it was a first pregnancy. When I was satisfied that the mother was doing well, and was safe from immediate danger, the nurse directed my attention to the child, whose right arm was not, as she said, all right. I found a swelling on the lower third of the humerus, and on examination detected crepitus. There was here an ununited fracture; and the enlargement, I concluded, was produced by osseous matter. On examining the forearm, another swelling was detected, but union was complete. In the lower extremities, I found the right much enlarged by osseous tissue, in the same manner as though it had also been fractured.

"I found also on measurement certain remarkable differences. The length of the sound arm from the acromion of the scapula to the external condyle of the humerus was three inches. This space in the fractured arm was two inches and a half. The girth of the sound arm was two inches and three-fourths; that of the fractured arm at the fractured part was five inches. The length of the sound forearm was two inches and one-fourth; of the fractured forearm two inches. The length of the healthy thigh from the trochanter major to the external condyle was three inches and a half; its girth was three inches and three-fourths; the length of the injured thigh was three inches and one-fourth; its girth at the fractured part was five inches and three-fourths."

The next well marked instance of intrauterine fracture is related by Chaussier, in *Bulletin de la Faculté de Médecine*, tome iii. All the long bones of the fetus were fractured in one or more places; some of the fractures were recent, some partly united, and others quite united. There were in all a hundred and twelve fractures.

Chaussier's case is thus detailed. The mother, aged 33, healthy, had already borne four children. Pains came on at 6 P.M., but were apparently slight. She went to the Maternité at 9 P.M.; but on arrival, was at once confined in the porter's lodge. It was a breech presentation. She had received no injury during pregnancy; but had a white discharge, to which she was not subject. The child lived twenty-four hours. The long bones were unusually short and thick. Crepitation was distinctly perceptible. The periosteum was white, and especially thick at points of flexibility and crepitation. On removing the periosteum, fractured surfaces of bones were seen; each was red, unequal, grating, formed of small granules scattered with little laminar filaments, which extended from one surface to the other.

The fractures were as follows:—

Spine, pelvis, and jaws—not fractured.

Ribs—numerous fractures, seventy in all; some consolidated and presenting a large callus; others still crepitant. Each rib was broken in several points, in at least two places, and at most in five.

Right scapula—one consolidated fracture.

„ clavicle—two fractures, one of which consolidated.

„ humerus—three fractures, two consolidated.

„ radius—three fractures, two consolidated.

„ ulna—two fractures, one consolidated.

„ fifth metatarsal bone—one fracture.

„ femur—four consolidated fractures. The bone was thick, curved inwards, and short.

- „ tibia—four fractures, three consolidated.
- „ fibula—two fractures.
- „ second metatarsal bone—one fracture.
- Left scapula—one fracture.
- „ clavicle—one fracture.
- „ humerus—three fractures, two consolidated.
- „ ulna—two fractures, one consolidated.
- „ fifth metatarsal bone—one fracture.
- „ femur—four consolidated fractures.
- „ tibia—five fractures, four consolidated.
- „ fibula—two fractures.

The union of the fractures is mentioned where it was found.

A fourth example, related with less attention to detail, is given by Baudeloque. In the year 1803, he observed forty-three fractures in a new born infant in the Maternité (See *Dict. des Sc. Méd.*, tome xvi, p. 64). All the bones of the limbs were broken nearly in the middle. Mother had had no accident during pregnancy. Delivery had been rapid and easy. No violence had been exercised on the fœtus. On dissection, all the large bones of the limbs were found broken, some in the middle, others in two places; most of the ribs and most of the cranial bones were also broken. Some of the fractures were consolidated, others in process of reunion.

Arnaud (*Nouv. Observ. sur la Pratique des Accoucheurs*, p. 92, obs. viii) has briefly described a fœtus of four or five months, in whom the bones were separate and movable in the middle of the forearms, thighs, and legs, as if they had been intentionally broken; they seemed only joined by the skin. (*Dictionnaire des Dictionnaires de Médecine Française et Étrangère*. Par une Société de Médecine, sous la direction du Dr. Fabre. Tome 3me, p. 219. Paris: 1840.)

A case, in which the tibia of a new born child was fractured, is recorded from Carus in the *Lancet* for 1827-8, vol. ii, p. 14; and, with the succeeding case, is quoted by Dr. Richardson in his Fothergillian Essay. The labour took place at the natural period. The mother, who was twenty-five years old, stated that, during the sixth month of pregnancy, she fell on her abdomen, and felt internal movements immediately afterwards, as if the child were in motion. The child was born alive, but was emaciated and feeble. A transverse wound in the right leg passed from the one malleolus to the other. At this point, the tibia was fractured completely through and necrosed. The edges of the wound were in a state of sphacelus. The child died on the thirteenth day.

Billard, in his work on *Diseases of Infancy*, p. 404, narrates, from Devergie, an example of fracture of the clavicle in a babe newly born. The labour took place naturally, and at the proper period. The mother, in the last month of utero-gestation, had fallen with her abdomen heavily against a table. The child was born with a large tumour on the left clavicle. It died on the eighth day after birth. On dissection, it turned out that the clavicle had been fractured, and that the fractured ends had been rejoin'd by a large callus, the projection of which had caused the tumour.

Dr. Montgomery, in his elaborate and philosophical essay on *Spontaneous Amputation of the Fœtal Limbs in Utero*, refers to a few cases of intrauterine fractures. He relates the case of a woman eight months pregnant, who fell from a window, twenty-five feet, into the stony street, on her face; her hip-joint was dislocated, and her face and hands cut; but the uterus was not ruptured. She was delivered that night of a dead child, which had some of its bones broken, and had sustained several other injuries. She recovered perfectly.

Dr. Montgomery remarks: "Grætzner, after relating cases of intrauterine fractures recorded by several authors, observes that, on reviewing these cases, it appears that in some the cause was purely mechanical, and had less effect on the mother than on the fœtus."

He also describes another case in which fracture of an arm and wound on the head were produced by an accident happening to the mother. Madame K., when thirty-six weeks pregnant for the third time, fell backwards off a ladder, on the 21st of September. She was stunned, and had pains in the loins and lower belly until her accouchement, which took place on the 6th of October, fifteen days after the accident to the mother. The labour was tedious and painful, but terminated without any interference. The child was thin and puny, and had on its head three wounds or sores, two on the frontal, and one over the occipital bone: they were granulated, and suppurating healthily. In addition to these injuries, the forearm was fractured; but all did well under simple management.

With regard to fracture of the fœtal cranial bones, Dr. Mont-

gomery observes: "Instances of injury to the cranial bones before birth have been recorded by Oslander, W. J. Schmitt, Schnuhr, D'Outrepont, and Grætzner; and, still more recently, three well marked cases, in which several fractures were found under bloody tumours, were published by Drs. Flugel and Schelling. When these injuries of the fœtal head were first observed, they were attributed to violence by Haller, Rosa, and others, the error of which opinion was first perceived by Roederer and Baudeloque; and it is needless to say how important is the distinction, especially in a medico-legal point of view."

I have thus adduced various illustrations of cases analogous in many respects to the one which occurred under my own care, and entirely analogous as to the fact of the existence of fracture of bone. These cases are all so many texts for philosophical discourse; but it will be advisable now to take up such points only as are most interesting in a practical sense.

[To be continued.]

SINGULAR CASE OF PLACENTA PRÆVIA: IMMENSE ACCUMULATION OF HYDATIDS IN THE UTERUS: ABSENCE OF FÆTUS.

By R. WYNNE JONES, Esq., Beaumaris.

Mrs. B., aged 25, a healthy subject, and mother of two children, the youngest being four years old, consulted me about the middle of May, under the following circumstances. Having menstruated (?) regularly up to this time, after weaning her last baby, she was surprised to find herself pregnant, having, as she alleged, decidedly "quickened", which she knew "from feeling a movement in the womb, a slight enlargement of the abdomen, a swelling of the legs, and a sense of general debility," etc. Having on the previous two occasions suffered nothing from the ailments and inconveniences usually experienced by pregnant women, she was not much astonished to find herself so far gone with child without being sooner aware of it; but she was quite at a loss to account for "being regular as usual every month". As there was a tendency to constipation of the bowels, I prescribed an aperient to be taken occasionally, and told her that a little time would prove whether she was really pregnant or not.

On the 1st of June, she was attacked with considerable "flooding", which was suppressed by rest and ordinary treatment. The hæmorrhage, however, appears never entirely to have ceased; for she says she continued more or less "unwell" from that time till July 17th. I was then summoned to her in haste, she having had labour pains some hours, and being represented as "flooding to death". On my arrival, I found the account not much exaggerated. Her cheeks were blanched; her pulse was small and feeble; and very alarming hæmorrhage had taken place, and was still going on. I immediately made an examination, and found, as I had previously suspected, that it was a case of placenta prævia; and I lost not a moment in taking the necessary steps. Fortunately, the os uteri was considerably dilated, and the placenta was so lacerable that I had no difficulty in passing my hand through its substance into the cavity of the uterus, which was fully as large as usual at the seventh or eighth month of pregnancy; but, to my astonishment, I could find no fœtus nor vestige of one. The womb was distended with hydatids, some of which were forced along my arm through the vagina. Having seen these, and being agreeably surprised to find that the discharge was not blood or coagula, I proceeded to detach the placenta, which was attached to the whole circumference of the os uteri. This I succeeded in doing piecemeal, for it was so easily torn that I could not do otherwise; and, on withdrawing my hand, the placenta, and about two-thirds of an ordinary sized chamber-potful of hydatids were expelled through the vagina. There was no further hæmorrhage, though there appeared little uterine contraction. I administered a drachm of ethereal tincture of ergot, and bound the abdomen, as I am in the habit of doing after natural confinements. In about two hours, my friend Dr. Llewelyn Jones came to see my patient, and examined the expelled matters. We found them to consist—1st, of an infinity of transparent hydatids, varying from the size of a marble to that of the smallest pea, united together by a white fibrous or membranous substance; 2nd, the torn placenta, which was apparently about the usual size and thickness, but its substance thickly studded with small hydatids, similar to those contained in the uterus. There was no funis.