gnosed a fibrous tumour of the uterus; reassured the patient and friends; told them she might live twenty years; and on return home, unfortunately made the same statement to the family in town. Forty-eight hours after my visit, this patient was seized with peritonitis, and died on the second day. A *post mortem* examination was made, and a large encephaloid cancerous tumour was found in the uterine cavity. I need scarcely add that I ceased to be a prophet in the town in question. My glory departed, and I have never been sent for since. This fact teaches us the advisability of caution in the simplest of cases. I do not even now see how the error I made could have been avoided; but had I given a more guarded opinion, the results might not have been so serious to me in a professional sense. Again, was the peritonitis the result of the passage of the sound, or a mere coincidence?

THREE OBSTETRIC COMPLICATIONS.

By W. DRAPER, M.R.C.S., etc., York.

OF the three following cases, each of which seems to present some points of interest, the first represents a class much dreaded by private obstetricians, and justly so from the frequent untoward issue. The second case affords a good example of a condition not very common in pregnancy—"d Dropsy of the amnion". The third case is an illustration of "early rupture of the membranes", respecting which much has been said of late in this JOURNAL. I am inclined to think that the accident is by no means so uncommon as some recent writers in these pages seem to suppose: certainly the number of cases recorded during the last few months would favour the notion.

CASE I. *Entire Placenta Prævia.*—In October 1871, I was called to see Mrs. S., aged 25, who was in the ninth month of her second pregnancy. I found that she had sustained a sudden and violent loss of blood, but the hæmorrhage had ceased on my arrival. A digital examination of the uterus discovered the cervix in the ordinary condition at the ninth month of gestation. The os was slightly dilated, but not sufficiently so to admit the finger-end; the lower portion of the body of the uterus, as far as it could be reached, felt soft and pulpy; no foetal presentation could be ascertained.

The patient was ordered to bed, and a firm abdominal bandage was applied; the flooding having ceased, further interference was deemed unnecessary. There was no uterine action. For the next four days there was no recurrence of hæmorrhage; but on the fifth day, at 6 P.M., I was sent for in haste, for the patient had suffered another very serious loss: the hæmorrhage, however, had again stopped on my arrival. There were no pains or other signs of labour. The os uteri now just admitted the finger. The vagina was plugged and the bandage reapplied. In spite of this treatment, the flooding recurred after a time. On removing the plug, four hours later, the os was dilated to the size of a florin, and blood was pouring freely from it. The placenta could now be distinctly felt presenting, and closely attached all round the lower segment of the uterus. There was still but very slight uterine action.

Feeling that there was no time to be lost, I dilated the os as quickly as possible with my fingers, until large enough to admit my left hand; and, having detached the placenta posteriorly, both feet were reached, and the child turned by the bimanual method of Dr. Braxton Hicks. Alarming gushes of blood followed the extraction of the breech and body; and on delivery of the head, which was quickly accomplished by means of the vectis, the hæmorrhage recurred with renewed violence. During the whole process of delivery there were but very slight pains; but tolerably good contractions followed the birth of the child. The placenta, which was firmly adherent, was detached and removed without delay, its extraction being accompanied by a further loss. This, however, was happily the last, for the uterus now contracted well under pressure.

The patient was of course much exhausted; but at my first visit a plentiful supply of beef-tea had been ordered to be in readiness, which, with brandy, was given unremittingly during the operation, and to this in a great measure do I attribute the patient's preservation. The child was still-born. The mother made a slow but good recovery.

CASE II. *Dropsy of the Amnion.*—Early in December of last year, I was requested by Mrs. P., aged 28, to attend at her third confinement, expected at the end of the ensuing February. At the time of the patient's visit, I remarked that her abdominal appearance indicated more advanced pregnancy, but she assured me that her calculation was correct. The following evening, however, I was called to see her, and found that there had been slight labour pains all the day. The os uteri was about two-thirds dilated, but so high in the pelvis as to be

only just within reach of my finger. Through the os protruded the distended membranes, but no foetal presentation could be discovered. After waiting for some time, and finding that only very slight progress was being made, I ruptured the membrane, and for what occurred I was not at all prepared. An enormous gush of clear fluid followed; so large was the quantity that the bed and floor were deluged. How much fluid escaped it was impossible to estimate accurately, but I should think from seven to eight quarts at least. After this extraordinary evacuation the uterus contracted well, and a foot presented at the os; the other foot was reached, and both were brought down. The funis was so short that its division was necessary before delivery could be accomplished. Shortly a female foetus of most remarkable appearance was born. Its size was that of a small six months' child; the cervical vertebræ appeared to be entirely absent, the head being fixed on the shoulders without any signs of a neck. The face occupied the position of the vertex, and the parietal bones were apparently deficient. All the features were flattened and stunted; from the posterior part of the head protruded a large sac, evidently the membranes of the brain. The bag, when opened, was found to contain the brain and a large quantity of blood. The rest of the body was normal, though ill-developed. The placenta, being adherent, was peeled off the uterine wall, very little hæmorrhage occurring. The patient was extremely exhausted for some hours after recovery, but she made a favourable recovery.

CASE III. *Premature Rupture of the Membranes.*—In September last I was requested to see Mrs. B., who was in the sixth month of gestation of her third pregnancy. She had experienced some slight uterine pains for a few hours, when suddenly the membranes gave way, and the liquor amnii escaped. There was ample proof of this from the saturated condition of the bed-clothes. The os uteri was but very slightly dilated. An abdominal bandage was applied, and the patient kept quiet in bed. A small opiate was prescribed every four hours. The next day I found that there had been occasional slight uterine contractions during the night; but the patient was free from pain, and feeling quite well at my visit: there was, however, a little dribbling of water from the uterus, which continued for a few days. Uterine action did not recur until nearly a month later, when labour properly set in. When I was called, the os was sufficiently dilated to admit the finger easily, and the foetal head could be distinctly felt, *uncovered* by membrane. There had been no escape of fluid before my arrival, nor was there any to the end of the labour. This fact confirmed the belief that the water had escaped previously. A fine healthy seven-months' child was born in due time. The mother did well.

ON THE OCCURRENCE OF AN UNUSUAL FORM OF PRURITUS DURING PREGNANCY.

By DAVID PAGE, M.B. Edin., Kirkby Lonsdale, Westmorland.

WOMEN frequently suffer, towards the end of pregnancy, from the annoyance of local pruritus affecting the perineal region; but I am not aware that such a complication as that of a general pruritus, involving the whole cutaneous surface and the mucous surfaces of the upper outlets of the body, has been noticed, at least with any degree of special interest. For this reason, I have thought it worth the while to give the details of a case that came under my observation, with particular reference to the treatment which eventually proved successful as a palliative measure.

The patient, a lady aged 34, the mother of six children, of nervous temperament and fair health, was in the seventh month of utero-gestation, when I attended her for gastric disorder, indicated by heartburn and acidity. There was nothing in the nature of this attack to distinguish it from the ordinary dyspeptic symptoms common enough among puerperæ; and it apparently yielded to the action of bismuth and quinine. The gastralgia, however, was followed by a severe attack of facial neuralgia; and, as no relief attended the exhibition of strychnia, either alone in one-twenty-fourth grain doses three times a day, or combined with quinine, including the application of local sedatives, I judged it to be prudent to advise change of air. An excursion to the west coast of Scotland was fixed upon; and, within twenty-four hours after her arrival in Glasgow, the neuralgia, which had been most intense during the journey, ceased, and was superseded by the pruritus about which I now write, the invasion of which began with discomfort and restlessness during the night, owing to the itching of the skin. This was in the month of July last, and within eight weeks of her expected confinement.

On her return home, I found that the whole cutaneous surface was