

August she began to run down in health, got remarkably thin and debilitated, and had the appearance of a person suffering from the *absorption of septic matter*; chills and feverishness. I had considered the advisability of inducing labour; this she was averse to, and so were her friends, so that I placed her on iron and quinine, with a good diet.

About the beginning of *September* she complained of great pain in the right *inguinal region*. It was extremely tender to the touch, and there was an enlarged and distinct bulging; my opinion at the time was that the foetus was dead and had *changed its position*, the body getting into a transverse direction with the head in the right side; this was apparently confirmed by the altered shape of the uterine tumour. At this time I did not consider it advisable, even if allowed, to induce labour, and by making her lie on this side with a pillow under the swelling (which could be pushed downwards), it disappeared, leading me to believe that the body had again assumed its usual position. I wanted again to induce labour, but she preferred to wait, as she thought the child might be alive and labour would come on in due time.

She suffered severely from pain and diarrhoea with *fetid dejections*, and had a *bad cough*; morphine was given for the relief of pain, also a cough mixture, and the quinine continued. By the *end of September* she commenced to improve, got stronger, but she was also getting smaller, and on percussion there was evidence of gas or air in the tumour where it was before quite dull as in pregnancy.

At her own request I did not interfere as she considered her time to be up in the middle of October. The opinion that I now formed was that the child being dead had decomposed with the formation of gases and absorption of putrefactive matter which had been going on for some time. During the second week of October she sent for me, believing herself to be in labour. She was suffering from pain just as in the commencement of labour. A vaginal examination showed that there was a rounded tumour pushing downwards, the os uteri in the usual position but not at all dilated or dilatable, and the cervix entirely absorbed or obliterated. I then did not doubt but what the enlargement was in the uterus, and that the condition was such as I have stated. Finding in a few days that there was no advance in labour, no attempt at dilatation of the os, I began to suspect that I might be wrong in my opinion. I asked Dr. Finnie to see her. We tried to introduce the uterine sound, but could not, so it was decided that the os had better be dilated and an exploration made. I

could not enter the sound more than half an inch, but on trying to put in a laminaria tent, this latter took a course to the right side and went in easily to full extent. This was in the evening, next morning I put in a sponge tent to further dilate it. This went in the same way, and when dilated examined with my finger (under chloroform), but only could insert it about an inch and a half; thinking I could feel the membranes, it was a question whether an opening should be made in them or not. This I hesitated to do, as, if there was escape of contents, no uterine contraction might take place, so it was considered best to give ergot to induce them, and on their action to puncture the sac. This failed, however; its only effect was to again close the os more firmly. I again dilated with tents, being determined to explore more thoroughly and to puncture at the same time. On examination this time got my finger into the whole cavity of the uterus, which was directed to the right and shortened, and now found that there was nothing in it, the tumour apparently lying upon it and closely applied as percussion on the abdomen could be plainly felt. Of course no attempt was made at puncturing through the uterus.

This condition was verified by Dr. Finnie, and we considered as she was now better than in September, and the tumour was getting smaller, to leave it alone and continue the supporting treatment.

The opinion I have now formed from these examinations, the past history, &c., is this:—That the impregnated ovum had been arrested in its downward descent to the uterus, in the tube close to the uterus on the left side. There grown, its distension gave rise to the condition for which I was first called, probably rupture, that a new sac had grown around it, and in the entire growth had compressed the uterus and caused it to atrophy, and thus, as it occupied the median line, assumed the outline and position of the uterus. That there was a child I had no doubt, for I felt the foetal movements. From a growth in such a cavity slight causes would induce its death, and not being in the uterine cavity no effort at labour would follow. The subsequent septic condition, the evidence of gas in the tumour, are what would follow if the child was dead, and possibly ulceration may have occurred into the intestinal canal, which would account for the foetid condition of the discharge and the lessening size of the tumour which has been going on. I did not suspect it to be ovarian, until I made the examination in October, as it was not first observed at the side, but in the median line, besides, would it be possible for an