

suffered, the pelvic pain that had tormented her for years, and my own want of familiarity with ectopic pregnancy, all combined to delay a correct diagnosis, and when I had made up my mind as certainly as I could regarding the true condition, I allowed the patient's assurances to unbalance my decision until rupture occurred, and after that I believe any plan of treatment must have failed in her case. Adhesions were so extensive and so firm that complete removal of the sac was impossible, and the placental tissue was carefully separated and removed, and a drainage tube put in after the whole cavity had been thoroughly irrigated.

I think the rupture occurred into the broad ligament, for the sac still contained the amniotic fluid, which would not have been the case if rupture had taken place into the peritoneal cavity. There was complete adhesion between the visceral and parietal peritoneum at the point of incision, and the foetus escaped with the first gush of amniotic fluid. It was, I think, about fourteen weeks old.

*Case 2.* Mrs. J. N., æt. 39 years, good family history, married, and has had two children, the younger born twenty years ago, and her confinement then was followed by a long and severe attack of fever. In 1887 there was a history of ectopic gestation, from which she gradually recovered without treatment directed to that condition. The uterus remained fixed and Douglas' sac full and hard, but her general health improved, and she remained pretty well until September, 1889, when she had what her physician considered acute gastritis, and from which, under his care, she recovered. Pain and swelling in the iliac fossæ next set in, and it was on this account that her attending physician placed her under my care about three months before she died. There was a hard mass on each side of the uterus easily felt externally; the uterus was immovable, the cervix being pushed far up behind the pubic bones, and the whole pelvis was filled with some solid substance.

The history of the illness in 1887, and the present condition of the pelvic organs, led me to the belief that ectopic gestation had existed then, and that the presence of the dead foetus had set up the condition described. Two days after she came under my care, there passed from her while urinating the substance here exhibited,

and which will be seen to resemble foetal bones that have undergone change into adipocere. The discharge was attended with great pain, but although I questioned her closely, she could not tell whether it came from the vagina, the rectum, or the bladder. It was covered with mucus and some blood, and the nurse said she broke some of the larger pieces in attempting to examine them. After this she suffered almost constant pain about the lower part of the abdomen, the hard masses increased in size, the abdomen became greatly distended with gas, which could not be evacuated naturally, her strength gradually failed, and she died on the 15th of January, 1890.

The autopsy showed the whole of the greater omentum adherent to the anterior abdominal wall. It was about an inch in thickness, and could with difficulty be separated from the viscera it covered. The uterus and appendages, and indeed all the pelvic organs, were so matted together that it was impossible to discover with certainty evidences of the supposed ectopic gestation, but as the adipocere was discharged more than three months before the patient died, the locality it came from may have become obliterated. The uterus is somewhat enlarged, the left side much thicker than the right, and there is a cavity in the muscular tissue of the fundus near the uterine end of the tube. This may have contained the adipocere.

The left Fallopian tube contained half an ounce of pus.

I sent a specimen of the adipocere to Dr. A. B. McCallum, University of Toronto, for examination, and received the following reply:

Biological Dept., University Toronto,  
April 3rd, 1890.

DEAR DR. HOLMES,—In regard to that specimen of adipocere, I can only say that, on examination, it revealed no definite evidence of having been derived from bone, although fine sections of the mass showed regularly here and there cavities which might be interpreted as the transverse sections of the original Haversian canals. Outside of and between these cavities the substance was homogenous. Yours sincerely,

A. B. MCCALLUM.

#### *Case 3.*—

ECTOPIC PREGNANCY—OPERATION AT 14 WEEKS  
—RECOVERY.

Mrs. H. J., æt. 39 years; married, and has had six children, the last 6 years ago. Came