

the abdomen was cleansed from these decomposed shreds.

The uterus and appendages I found it impossible to demonstrate at all satisfactorily, but with one finger in the vagina and a hand in the pelvis I felt the uterus still in the recto-vaginal space, and the bladder occupying its usual position.

The opening into the rectum I did not succeed in finding, and, owing to the advanced state of putrescence in which the organs were, I had to abandon any further efforts to obtain a better demonstration. I have thought it thus desirable to go into detail in giving the symptoms of the above case.

I hope I have now placed before you the leading facts of this case, and those which may best assist us to deduce from it some practical conclusions.

We will find that this case illustrates many of the typical features of this accident. First, it has been frequently stated that, where impregnation occurs outside the uterus, a previous inaptitude for conception has been manifested; this has been remarked by Shroedder and prominently noticed by Parry, who has made the most valuable contribution to the literature of that subject that has been yet written.

Our patient had remained barren eight years succeeding a period of active generation. 2nd. Impregnation attended with attacks of violent cramping pain recurring at intervals, and lasting with less severity to the end of 2nd month.

4th. I found the uterus enlarged, and the os having the characters of pregnancy, although I never observed anything like the expulsion of a decidua, which we know is always formed in the uterus, whatever may be the location of the ovum.

One other symptom, which also is almost an invariable accompaniment of this accident was also absent, the discharge of blood from the vagina. A very free discharge did occur, but it was during the second into the third months.

There was nothing differing from ordinary pregnancy during the three following months, up to the 7th, when, after repeated examinations conducted by myself and with other medical assistance, I came to determine the real state of affairs.

I have also to record the fact, which is somewhat remarkable in this case, although the same

thing has been observed by Keller, that we failed to hear the foetal sounds.

Failing to pass the sound I think was due to the very sharp angle at which the uterus was retroflexed, and its deviation to the right side, and the hesitation that I felt in persevering with that instrument with as yet some doubts as to the correctness of my diagnosis.

An operation was considered by me justifiable, but at the time, one month after term, an attack of inflammation in the sac occurred, and from that time the condition of my patient became so decidedly unfavorable, and the presence up to her death of symptoms of subacute inflammatory action with hectic and profound exhaustion that, in the face of all the difficulties and dangers that presented themselves in contemplating the operation, I decided to give up hope of trying to relieve her of her foetal burden.

The time when, to my mind, the best chances offered for a successful operation was in the 7th month, when as yet no active inflammatory attack had contracted adhesions between the sac and wall of the surrounding viscera. When the presence of the liquid amnii left the foetal body free in the sac, and before the health of the patient had suffered by the exhaustive effects of repeated attacks of peritonitis and hectic,—then I believe had an operation been attempted it would have been with a reasonable hope of success, but at no subsequent time, except immediately after term, or from the 7th month up to term. Now the greatest authorities on this subject condemn operating until suppuration has occurred in the sac, but with this opinion I cannot agree.

The effort at delivery which nature apparently makes at the 9th month seems to increase enormously the mortality at that time. According to Parry one of every four women only lives whose pregnancy terminates at that time.

This operation to be undertaken with the object of adding the chance of saving the child to the equal chance of also saving the mother.

The increased mortality that occurs at the 9th month would thus be avoided, the dangers of adhesions to the viscera would be lessened and the health of the patient be in the best possible condition. I am fully aware that the operation as hitherto performed before term was not such as to offer much encouragement but, for my part, I cannot see why it should be so; and with the conditions just indicated, and the