

a line of treatment. Any attempt to deliver artificially by forceps or version, or to reduce the child's bulk by embryotomy, was clearly out of the question, the os being undilated and out of reach. The choice lay between Cæsarian section, and an expectant treatment with full doses of opium and liberal feeding. The mortality of section in cases of myoma is very great, and, moreover, in the present instance, the child was probably dead and the mother was very much exhausted. It seemed wiser, therefore, to try opium, rest and feeding, at any rate until the patient's condition was somewhat better. And it is worthy of notice how admirably the opium acted. The patient soon became fairly comfortable, the tonic uterine action moderated, cough and vomiting ceased, sleep was obtained, and a large quantity of nourishment taken and retained. Labor progressed slowly, and finally terminated spontaneously and safely. No operative measures would have produced such satisfactory results. Though subsequent events proved that the child was already dead and that the mother's life could not have been saved, yet, nevertheless, it is a satisfaction to know that the expectant plan was the right one, that it succeeded as far as was possible, and that the mother's chances were not impaired by any undue or untimely operative interference. Had the case been under observation in hospital before labor began, Cæsarian section would have probably saved the child and perhaps even the mother; but as it was, the time for operating had long since passed before she entered the Maternity. In view of a case such as this, where at least one life (perhaps two) might have been saved, let me again emphasize the advisability—nay, rather the necessity—of making a careful external examination of all cases about the seventh or eighth month of pregnancy. Thereby much valuable information may be gained, and if operative measures, such as Cæsarian section, seem likely to be indicated, sufficient time is given to arrange for such place, time and conditions as will afford the operation the greatest chance of success.

*Dr. Johnston's pathological report.*—The amputated fundus of the uterus, together with the uterine appendages and a large fragment of the tumor, received about twenty hours after the