

were quite distinct. About the 15th of April the abdominal pains increased in severity and she got very little sleep. On the 18th, about six p. m., the pain became very severe and almost continuous. On the 19th, about six a. m., a quantity of liquor amnii came away and the continuous abdominal pain became almost unbearable. For four nights she had scarcely slept and for seventeen hours the uterus had been in a state of almost constant contraction, and she was consequently very weak and exhausted. The abdominal tumor was prominent and somewhat irregular in outline, the uterus was in a state of tonic contraction and very sensitive to touch. Palpation under such circumstances was not only inexpedient but useless. The foetal heart sounds could not be heard. By vaginal examination no presenting part could be made out. The undilated os was high up, almost out of reach, although there was no contraction of pelvis. The bladder and rectum having been emptied, a draught of liquor opii sedativus, 25 minims, was administered. During the afternoon she dosed frequently and retained a quantity of milk and beef tea. By evening the os could be reached somewhat more easily and admitted the tip of one finger, but was still too high for any presenting part to be made out. A draught of liquor opii sedativus, 15 minims, was given every four hours during the night, and she rested fairly well and retained a good deal of nourishment. On the 20th, at 10 a. m., the os was a little more dilated, but still high up; a presenting part could be felt but not diagnosed. The uterus was less rigidly contracted and a foetal outline could be indistinctly made out high up on the left side. On the right side below the level of the umbilicus indistinct fluctuation was found. A slight sulcus or depression seemed to run obliquely across the anterior surface of the uterus from the right border to about the level of the umbilicus to the middle of the symphysis. To the right of this shallow sulcus fluctuation could be felt; but to the left none. The uterine muscle was still in a state of chronic contraction making palpation difficult and unsatisfactory. The opium was continued and administered as freely as possible. At four p. m. the condition of things was practically unchanged. At 3.15 p. m. the pains became much more severe, the os suddenly dilated, and the head, very much blackened and compressed, came rapidly down and the child was born spontaneously at 8.50 p. m., 251 days from the cessation of menstruation, fifty hours from beginning of violent labor pains. The child was a female, well nourished, weighing six pounds. The bones of the head were very movable and overlapped considerably. A long wedge-shaped caput succedaneum occupied the vertex between the anterior and posterior fontanelles. Notwithstanding the birth of the child the abdominal tumor did not seem

to be much reduced in size. But the oblique sulcus on the right was more weakened and fluctuation more evident. The cervix still remained very high up; on passing in two fingers a fluctuating mass extending almost as low as the external os was felt bulging from the right side, the left side of the cervix seemed normal. Distinct fluctuation could be made out between the fingers inside the cervix and the external hand at the level of the umbilicus at the right. By careful palpation the tumor was found to occupy the whole of the right iliac fossa and more than half the brim. It extended as high as the umbilicus and as far as the middle line to the left, pushing the uterus upwards and to the left. The placenta which was attached to the fundus was expelled by the Crede method without difficulty. A hot intra-uterine douche was given, and then the well contracted fundus could be felt on the left a little above the upper border of the tumor from which it was separated by a deep sulcus. There was no hemorrhage and the patient passed a comfortable night, taking nourishment freely at intervals. On the 21st, at 3 a. m., temp. 100; p. 120, she complained a great deal of flatus and her hacking cough. A turpentine enema gave some relief, but during the day the flatus increased, the cough became more distressing, epigastric pain and vomiting set in. At 1 p. m. temp. 101; p. 160. Dr. Gardner saw her in consultation during the afternoon.

The chief points of interest in the case are:—

1. The rapid growth of the tumor. The patient's health was good till the end of January. Then she began to feel out of sorts, and towards the end of February after a railway journey, which distressed her very much, she first noticed a swelling in the right iliac region, painful and tender to the touch. In seven weeks it had grown so as to block up the right side of the pelvis, fill up the right iliac fossa and extend on the right side of the abdomen as high as the umbilicus.

2. Rapid degeneration. Originally solid it began to break down in the centre, probably at or shortly before the onset of labor, fluid formed so rapidly that it bulged into the crevix and fluctuation could be made out externally, and by combined external and internal palpation.

It is not clear whether degeneration began before labor and whether the hacking cough, vomiting and sleeplessness during the last few weeks are in any way attributable to systematic poisoning by the absorption of the products of degeneration.

3. Effects of the tumor on pregnancy and labor. It did not affect the development of the foetus, which was large and well nourished, it probably helped to excite uterine action prematurely and bring on labor four or five weeks before time. When labor set in, irritation of the tumor made uterine contractions tetanic in