

toms continuing eight hours, and gradually passing off. During the following week, she was again subjected to a very careful examination; this time, the uterine probe passed an inch and a half through the os, but only after being bent sharply back towards the rectum and right side. While conducting this examination, a very free discharge of pus flowed away from the uterus; and at this time we noticed that the tumor had shrunk in size.

About this date, being in correspondence with Dr. T. Gaillard Thomas, I requested his advice, laying the case before him. He was of opinion that operative interference then was not indicated, but he advised that we should wait for further development.

On March 19th, she was seized with symptoms of peritonitis, followed by increased distension. The vomiting returned, and she complained of continual pain, described as of a "bursting" character. These symptoms continuing, and sedative remedies being ill borne and failing to give relief, I introduced into the abdomen a trocar, and drew off fourteen ounces of a brownish, thick fluid; this was followed by almost instantaneous relief, and her improvement was very marked for some time. The feeling of distension occurring again, I again drew off ten ounces of the same fluid—this time using the aspirator. From this time to the end of May, matters assumed a new unfavorable aspect. She had several attacks of sub-acute inflammation in the sac, and hectic symptoms gradually coming on, with inability to take food from the vomiting and distress which it occasioned, and the constipation, which had always been a troublesome complication, now almost amounting to obstruction; it was only by using a long rectal tube, and a very stimulating enemata, that we were able at all to obtain any alvine action.

On June 5th, there occurred, during an unusually violent effort at defecation, a sudden discharge of pus, blood, and shreds of apparently decomposed membrane from the rectum, which I took to be the result of a communication established between the sac and the bowel. This gave temporary relief for a few days, but the diminution in size that had resulted from this discharge became again augmented by an inflation of the tumor with gas, its whole surface becoming tympanitic.

This discharge continued freely for more than a week.

I next observed at this time about 1½ in. above the umbilicus a circular elevation on the surface of the tumor, about the size of a 50c. piece, which, at the end of week from the time I first observed it, resulted in an opening communicating with sac, and discharging pus and very fetid gas.

This second opening, by allowing the gas to escape, was followed by a diminution in the tumor, and its irregular outline could be still more distinctly noticed. The body of the tumor got hard and firm, and the bony prominence before observed at its upper extremity I now thought I could define as the foetal head. The temporary amelioration of her suffering that had occurred after the communication between the sac and rectum had been established was soon replaced by symptoms of septicæmia, the patient becoming drowsy and occasionally delirious, unable to take food, and the bowels finally ceasing to act altogether, death closing the sad scene June 23rd, nearly a year from her first attack of pain.

*Post-mortem ten hours after death:—*

Opened cavity of abdomen by an incision commencing at the fistulous opening and carried down to the pubes.

Lying immediately underneath the skin apparently was found a large fully developed male child which easily turned out. The breach occupying the epigastrium and the head filling up the brim of the pelvis; following the cord from the umbilicus I found a mass of putrid and decomposed material attached to its outer end, which no doubt was the placenta, and which seemed attached to the iliac fossa and to the wall of the abdomen along the iliac cast. The abdominal wall was much attenuated, the muscles greatly shrunk, and nothing that could be defined as peritoneum could be seen on the under surface.

After the child was removed, a large apparently empty space, extending from beneath the ribs to the pelvic brim, was exposed. The brim of the pelvis seemed covered over with layers of decomposed lymph.

The organs were everywhere covered with masses of this decomposed and putrid lymph. Intestines were not readily recognized until