

made an examination, he found a substance protruding through the os, and with some difficulty he removed it. It proved to be a macerated ovum of about three months, much condensed. She was some months in recovering from the loss of blood.

CASE V.—In March, 1872, Dr. Frazer, 40th Regiment, asked me to visit a patient with him who was suffering from some enlargement of the womb. She was a young woman, about twenty-two years of age, had previously enjoyed good health, was the mother of several children, the last of whom she had weaned in January.

From the previous December (1871) she had been troubled with uterine discharge of a pale red colour, stopping at intervals, and recurring, but irregularly. She refused to believe that she could be pregnant, as the discharge commenced in December, and she did not wean her baby until February, and the milk had not failed. In March she discovered a tumour above the pubis. I found her free from pain, but weakened by the repeated discharges. At the moment she was free from discharge. There were no symptoms of pregnancy, nor could I make out any ground for believing her so. I found the uterus reaching midway between the pubis and umbilicus, without tenderness or great hardness. Internally, I found the vagina relaxed, the uterus bellying out above the cervix, the os wide open, as in endo-metritis.

As she had had several children, and was familiar with the symptoms of pregnancy, yet declared herself not pregnant, and as I could detect no such evidences, I felt myself at liberty to use the uterine sound. It passed five inches into the uterine cavity, gave no pain, and was followed by no discharge of any kind. So far I was inclined to consider the case one of polypus, or fibroid or interstitial enlargement, and I proposed a further examination in two days, and, if necessary, the use of tangle tents.

Two days afterwards I received a note from Dr. F., commencing: "Our patient has sold us somewhat. She had violent pains last night, and expelled a macerated foetus" of about four months. There was a good deal of hæmorrhage, and some difficulty in removing the placenta. She had a slight feverish attack, but recovered well.

CASE VI.—In 1872 a lady, aged forty-eight, came up from the country to consult me about a tumour she had detected in the lower part of the abdomen between the pubis and umbilicus.

It was firm though not hard, and had the shape of the uterus, but was very moveable. With the stethoscope I could detect neither foetal heart nor placental souffle. A bi-manual examination showed it to be the uterus. There was no change in the breasts or nipples. She had had fourteen children, and did not believe that she was pregnant. Some six months before, menstruation had stopped for two or three months, which she supposed was preparatory to its ceasing altogether. It did, however, return slightly and irregularly.

Not being quite satisfied, I postponed for a day or two making an examination with the sound, but that very evening I was sent for in a hurry, and found a macerated foetus of four months, with its placenta, lying in the bed. In this case only, of all the six cases, the membranes had not been ruptured until the foetus was expelled.

I have related these six cases as examples of cases not very unfrequently met with. They are not all I have seen, but of others I have no notes. I have no means of computing the comparative frequency of such instances.

I quite agree with Dr. McClinton in the difficulty of the diagnosis, not merely because, as in all my cases, there is an absence of the ordinary symptoms of pregnancy, but because of circumstances which are decidedly misleading—*e.g.*, the lady telling us that she has miscarried some time before, or that she is "regular," or certain that she is not pregnant. Although the latter assertion only carries weight in the case of separation of husband and wife, yet in the case of a woman who has had many children it cannot be quite overlooked, and most certainly tends to confuse our diagnosis. In one or two cases I was either thus misled or off my guard, and was quite taken aback when the foetus was expelled; but in others, where I was quite prepared for the possibility of a retained ovum, I could find no symptom on which to ground such a conclusion.

I am very much inclined to think that we are justified, on the ground of diagnosis, in