WITH RUPTURE.

Pain.	Physical examination.	Operation.	Result.	Remarks.
April 15, 1887, severe pains came on. Sent for doctor. Pains ceased and did not return, but instead a soreness of stomach. Previously been ill off and on for two or three weeks. Doctor expected delivery of child.	Discharge of blood from vagina under examination, with clots and débris like placenta or decidua. Constant pain. External palpation gave fetal parts. Found uterus bicornis unicollis.	Preperitoneal fat very abundant. Opened peritoneum and stopped all bleeding points. Firm adhesions toward pubes in front, bled freely. On pressing above, fluid gushed out. Sac wall ruptured. Liquor amnii in abdominal cavity. Fetus full time removed. Fastened sac to abdominal wall. Cord drawn out. Drained cavity. Placenta untouched.	Recovered.	

was not considered advisable to remove the placenta. Whether this bleeding occurs as a consequence of growth of the placenta, or of a single detachment of portions of the placenta, it is difficult to say. A piece of placenta retained *in utero* produces frequently grave hemorrhage for two or three months after miscarriage, and yet the placenta does not increase in size or grow, and when removed it looks organized, but not putrid, and does not give rise to the idea that it is active. I presume the same condition may exist within the abdomen after what corresponds to a partial miscarriage is effected by means of operative interference and the fetus has been removed. One thing is certain, that surgical interference in the fourth and succeeding months, when the fetus is alive, is extremely dangerous, and surgical interference in the fourth, fifth, sixth, and seventh months is more dangerous than it is toward the end of gestation; and that surgical interference at any time before the death of the child is much more dangerous than it is after the death of the child.

Full Time after Death of Child.—There is danger to any woman who carries an encysted fetus. Abscess may form at any time and the fetal parts may be extruded through the vagina, through the rectum, or through the bladder. But such a condition need not be incompatible with a long and useful life, provided that no abscess forms.

I saw a lithopedion removed by Prof. Billroth, when I was a student in Vienna, that had been carried in the abdominal cavity for a number of years. The patient died as a result of the operation. She had not been greatly inconvenienced by her condition