

gestation. The patient, aged 28 years, had suffered from an attack of inflammatory rheumatism at the age of nine years, which had left her with a mitral lesion. Her health had otherwise been good, though she was of a delicate disposition. In May, 1903, she had been delivered of a dead foetus in the fifth month of her pregnancy. In August of 1903 she again became pregnant. At first she suffered from severe nausea and vomiting, as well as from a severe attack of urticaria. In the sixth month a trace of albumen was noted in the urine, which disappeared under treatment. It reappeared in the seventh month, and the patient complained of abdominal distress and shortness of breath. Constipation was persistent. Early in April the patient fell into labour, and an eight-months still-born child was expelled in a few hours. The placenta came away normally, and a dose of ergot was given the patient. There was no sign of hæmorrhage or of collapse. The after pains were not severe. About 36 hours later patient began to bleed freely from the uterus, but stypticin and ergot produced a good effect. At this time a dark spot was noticed on the right labium majus, which slowly increased in size. There was also severe pain in the right ovarian region, and marked tympanitis rapidly developed. The usual symptoms of hæmorrhage manifested themselves, though the pulse was only 100.

Under treatment she improved, the bowels moved. Within a few hours the dark spot on the labium extended into the vagina and back on the external perineal surface as far as the rectum, which became patulous. The tumour felt tense but was not tender to the touch. Later the same day the patient experienced a sinking spell preceded by a sensation of tingling in the right hand and arm. The power of speech was gradually lost. The mind was clear and there was no facial paralysis. Complete paralysis of the right side then developed, and the patient died seventy-six hours after the birth of the child. At the post-mortem the peritoneal cavity was found free from blood. There was no hæmatomatous formation in either broad ligament, nor was there any involvement of the bladder. The clot was found to extend from the pubic mass was apparently encapsuled and tightly adherent to the walls of the sac. It measured 7 by $3\frac{1}{2}$ by 1 inch. The uterus was found normal in every respect.

The author suggests that it would be interesting to ascertain whether or not in these cases there always pre-exists a chronic valvular lesion or some chronic renal affection, as both of these conditions predispose to a varicose condition of the vessels of the lower portion of the body, which, in association with physiological thinning of the venous walls in gestation would strongly predispose to rupture and hæmatomatous formation.