

Her labor was perfectly dry and bloodless, and a scant slimy discharge for a couple of days was the sole lochial flow. Two hours after the birth of the child, the blood of both mother and child was examined, with the following result:—

*Mother*—Red corps., per c.mm., 990,000.. W:R=1:4

*Child*— “ “ “ 5,210,000.. W:R=1:175

She made a rapid convalescence, and was discharged from hospital on the twelfth day, when her blood was found to have improved so as to register

Red corps., per c.mm., 1,900 000.. W:R=1:35

The placenta was carefully examined, and showed remarkable and interesting differences in the quality of the blood at different parts:

*Pl. Vein*—Red corps., per c.mm., 4,60,000.. W:R=1:173

*Pl. Artery*— “ “ “ 5,410,000.. W:R=1:270

*Pl. Sinuses*— “ “ “ 950,000.. W:R=1:36

The child, which thrived nicely for a day, was clandestinely put by the patient to her own breast, and in a few hours a purpuric rash appeared and spread over the body, the child began to vomit and purge, and in four days died. Nothing special was found post-mortem. The patient regained her strength so completely that she was able to do heavy housework, wash and scrub, iron, and drive a waggon to market. Early in May, 1887, she became again pregnant, liver and spleen began again to enlarge, her red corpuscles to decrease, and white corpuscles to increase, and the course of pregnancy is running along very similar to the previous one. She is being kept under careful supervision, and a number of interesting observations are being made which will be published in due time. In conclusion, Dr. Cameron summarized the points of interest in the case as follows:

1. *The family history.*—The grandmother, mother and brother of the patient have suffered from symptoms probably pointing to leukæmia. Two of her own children have had well-marked leukæmia; another is now in ill-health with diminished red cells and enlarged spleen. None of her children reach the normal standard of five to six millions of red corpuscles were c.mm. All of them have had jaundice. In this case there seems to be a strong *hereditary* tendency.

2. The enlargement of the spleen was first noticed by the patient at the beginning of her sixth pregnancy, and now both liver and spleen begin to enlarge when she becomes pregnant,

while at the same time her red corpuscles diminish and white corpuscles increase.

3. During labor and the puerperal period, there was absence of hemorrhage or any appearance of blood.

4. After labor, the œdema and dyspnœa rapidly subsided, the red corpuscles increased and white corpuscles decreased, till her usual strength and vigor were regained, though the spleen remains considerably enlarged.

5. The remarkably chronic course of the disease, and the recurrence of pregnancy (now the third time since splenic enlargement was first noticed).

6. The remarkable difference between the blood of mother and child and of the blood in the placenta, showing that the foetal and maternal circulations were not only entirely distinct, but also that the child actually made red-blood in its body and lost it in the placenta.

7. The disastrous effect of nursing upon the child, causing purpura, vomiting, purging and death.

*Discussion.*—Dr. GEO. ROSS said that this unusually interesting case had been for some time under his care at the General Hospital. Her health at the time of her confinement was such that she required the most careful attention; indeed even a very moderate loss of blood at that time would have been most dangerous, if not fatal, to the patient. He could offer no explanation for the absence of blood at the time of delivery. He had a case in private practice where there was a very slight sanguineous loss at the time of delivery. This was a case of profound anæmia accompanying valvular disease of the heart, with œdema of the legs, violent palpitation of the heart, dyspnœa and general cardiac weakness. The loss of blood here was almost imperceptible. He thought that Dr. Cameron's case showed that heredity is not a strongly marked feature of the disease.

Dr. ARMSTRONG suggested that the apparent absence of sanguineous discharge might be due to the small proportion of red corpuscles in the blood; a proportion of one white to four red corpuscles would hardly look like blood. As pregnancy seems to have made the patient much worse, it becomes a question whether it would not be advisable to prevent a future pregnancy.

Dr. ROSS thought the last question a very important one, but though deleterious to her