

vix, the presence of uterine contractions, and the history of amenorrhoea, differentiates it from an ovarian cyst.

The condition rarely manifests itself before the fifth month and is generally slow in development. When it exists in a marked degree there will be cardiac embarrassment and dyspnoea from interference with the diaphragm; the hepatic gastric and renal functions suffer from direct pressure; ascites and oedema result from obstructed circulation; locomotion may be rendered difficult or even impossible; severe cases are usually terminated by a premature labor, the foetus being dead and in most cases deformed.

The following cases occurred in my own practice within the past two years:—

Case 1.—Mrs. L., a farmer's wife, aged 35, a tall muscular rugged looking woman, gave following history; married ten years, three healthy children, youngest three years old, labors all normal. Felt well and did her own work during this pregnancy up to seventh month when she had a fall, did not think, at the time, she was injured, but a few days later noticed the abdomen was rapidly increasing in size. At the end of two weeks breathing was difficult and walking about almost impossible, premature labor set in and had been going on for about twelve hours before I saw her. The abdomen was so distended, tense and tender that no information could be gained by palpation. The os was fully dilated and membranes protruding, but it was quite impossible to determine the presentation. As there was no apparent necessity for further delay I ruptured the membranes; about twenty pints of fluid escaped with a rush and both feet presented, the pains increased in force and frequency, and the progress was rapid except in the delivery of the after-coming head, a free hæmorrhage followed, but passing my hand up I swept out the contents of the uterus, then used a douche of sterilized water as hot as could be borne which caused immediate and firm contraction. The child was dead when born. It was hydrocephalic, otherwise well-formed, a female, and weighed about eight pounds.

Case 2.—Mrs. R., age 30, always healthy, previous labors normal. When six months pregnant with this her third child, the abdomen began to increase in size rapidly, labor came on at seven and a half months. When called in I found the uterus enormously distended, palpation and auscultation were negative. The os was quite rigid and only about half dilated; pains regular, frequent and strong. At the end of two hours the os being fully dilated I ruptured the membranes, and allowed some twelve quarts of fluid to escape—passing the hand well up in the uterus, a shapeless mass could be felt pre-