

menses ceased; during July and August she vomited persistently, after that the vomiting subsided, amenorrhoea continued, the tension and size of the breasts increased, colostrum was present, the nipple areola grew darker, and discoloration of the mucous membrane of the vagina and vulva were marked. October 1st, four months after menstruation ceased, after a heavy day's work, patient complained of feeling chilly and nervous, was nauseated and dizzy. I found the pulse rapid, but no elevation of temperature. Slight pain in the pelvic region, but not intermittent. Abdominal muscles were rigid, there was no bloating and no hemorrhage. I gave her a hypodermic of morphia sulph., and in a day or two she was up and around again. I think the death of the ovum occurred at this time. Thereafter she was not herself. She complained of anorexia and general malaise, while considerable despondency was apparent, and the former signs of pregnancy gradually disappeared. On February 3rd, eight months after the last menstrual period, and four months after the supposed death of the foetus, the patient sent for me, complaining of uterine pains, not severe or regular, however, and accompanied by nausea and ringing in the ears. She said she had a feeling of impending death, which she could not account for. On bimanual examination, I found the uterus only slightly enlarged, and the os neither dilated nor much softened. There was a slight sanious discharge from the uterus, but no hemorrhage. As there was no temperature, and no urgency, I waited for 48 hours, in expectation that the uterus might empty itself, if any foetal remains were retained. As no expulsion took place in the meantime, the patient was prepared, and under an anaesthetic the uterus was relieved of its contents, which consisted of an elongated mass, 3 inches in length and 1 inch in breadth. The decidual membranes were wrapped round a partly mummified foetus. The patient soon regained her usual health, none too rugged at the best, and fortunately has not become pregnant since.

CASE 3.—Mrs. H., aet. 28 years, mother of one child 2 years of age. No history of miscarriages or abortions. Well nourished. Last regular menstruation January 6th, 1907. Following this date she had the early symptoms of pregnancy. I visited her by request on March 13th, about ten weeks after menstruation ceased. She had passed a restless night, with nausea and dizziness, but no hemorrhage, and no uterine pains. At this time, and throughout the entire history of the case, the most persistent symptom complained of was a sensation similar to the aura which so often precede an epileptic attack. I was next called May 4th, owing to a severe uterine hemorrhage, which alarmed the patient, four months