

month of August, 1883. She then began to experience a sensation of fullness in the hypogastric and left iliac regions, and at length became conscious of the presence of a hard, round tumor, about the size of a cricket ball, and nearly as hard, just behind and slightly above the *symphysis pubis*. The tumor became gradually more and more prominent, and continued to grow apparently higher up towards the umbilicus. The patient and her husband at length became alarmed, and I was called in to see her. I was much puzzled. The cessation of the menstrual flux, and the subsequent development of the tumor, suggested the idea that the woman was pregnant. The tumor did not feel, however, like the gravid uterus. It was too hard and dense, too prominent and clearly defined; it actually seemed to be just under the skin of the abdomen, and the greater portion of it could be grasped by the hand and fingers. Behind the tumor, and deeper in, towards the supposed locality of the fundus uteri, smaller moveable tumors, or, perhaps I should say, masses of some kind, could be felt, conveying the impression exactly of the extremities of a foetus. These little objects could be almost examined in detail by the fingers, through the attenuated walls of the abdomen. The cervix and os uteri were normal in appearance, and in position, and had undergone no change indicative of existing pregnancy. The left side of the uterus felt harder than the right on pressing the finger high up towards the body of the uterus from the vault of the vagina. But the right side of the uterus seemed to occupy the largest space, and was lower down in the pelvis; it could be easily felt through the vaginal walls in the Douglas' *cul de sac*, and also to the right of the cervix. I did not, at my first examination, use the sound, as I feared the existence of pregnancy. I thought, however, that it could not be a normal pregnancy, but that from the prominence of the tumor, and the ease with which I fancied I could detect the outlines of the foetus, that it must be a case of extra-uterine foetation. On the other hand, the patient had had no pains such as usually accompany extra-uterine pregnancy; and neither I, nor any of my medical friends, including Dr. Trenholme of Montreal, were able to