

A. "I have had a severe headache."

Q. "And how about your monthly sickness?"

A. "I have not had my periods for six months."

She tells us that she is troubled with backache and occasional rushes of blood to the head. She has also had the whites for a considerable time. Gentlemen, the case is before you; I will not add to the symptoms. Now, let us suppose you were in your office, not in the lecture-room of the College of Physicians and Surgeons, and just beginning practice, say next April or May. It is very important that you do full justice to all your cases, and equally important that you do justice to yourselves. The diagnosis here is very important, of course, and you have to be exceedingly careful to arrive at a correct one for many reasons. In the first place, you may, by not doing so, damage your patient, and in the second place, by not arriving at a correct diagnosis, you would fail to cure the patient now before you. When a patient with a history like this presents, of course certain thoughts pass through your mind. One would perhaps be, is this a case of amenorrhœa occurring in a young woman otherwise healthy—amenorrhœa from some unknown cause, perhaps from some nervous state; and this amenorrhœa would perfectly account for her symptoms—the rush of blood to her head and backache, which is increased in severity at those times when she ought to menstruate, etc.? Well, you may accept this theory, but be careful how you act upon it. I proposed a more thorough investigation in this case, and the patient at once consented to an examination into the condition of the pelvic organs. I discovered an abdominal enlargement extending up to the umbilicus. In some cases of amenorrhœa you will find abdominal enlargements, and these are most commonly in hysterical patients, and hysterical patients almost always have tympanitis; so there is nothing remarkable about the fact that an abdominal enlargement exists. I proceeded to investigate farther, and placed one hand upon the surface of the abdomen, and with the other percussed, expecting to get a drum-like sound, but I did not. The sound elicited was of something solid, and so I said to myself, this is not hysterical tympanitis, for there is no drum-like resonance. At once vaginal touch was practised, and the cervix discovered to be soft, with the os dilated. Now, other diagnoses presented themselves to view, and I began to feel that it was one of those cases in which a mistake would be particularly disadvantageous both to patient and physician. In your office it would be much more so than here at a college clinic. Is there any way by which we can arrive at a certain diagnosis in this case? She has been amenorrhœic for six months, and the best way of arriving at a correct diagnosis under these circumstances is to place your finger upon the

anterior wall of the uterus, just above the os internum, and push upward, and if you feel a round hard mass lifting itself up and dropping upon your finger, then you can be almost absolutely certain of your diagnosis, because there is only one other condition which gives you this, namely, abdominal dropsy, with a small fibroid rolling around in the abdominal cavity, which, when you press it up, rolls about and drops upon your finger. I have had two cases of this kind in my own experience. Cazeaux declares he has seen a case of an anteflexed uterus giving this sign. I have never seen such a case. Examination of the cervix revealed softness and enlargement of the canal, and, in addition, we have the usual mammary and gastric signs, and our diagnosis is complete. (Exit patient, mother, and aunt.)

I have tried to deal as much as possible in technical terms while speaking of this case, so as not to embarrass the patient, or her mother and aunt. The young woman is six months pregnant, and is just as innocent of the knowledge as you were when she came into the room, and she is still the same way, for all that I have said is as Hebrew to her, her mother, and aunt. I am as sure that there is a fetus in the uterus of that young woman as I am that there are a certain number of gentlemen on the benches in this room, and that that fetus is about six months old. Without expecting a confession, at my request, after the girl went out, Dr. Hunter told her that she was pregnant, and asked her if she had been exposed, to which she replied, yes. She is a *rara avis*, she tells the truth! You remember I told you you would have to be very careful how you announced your diagnosis in such a case as this. You are sitting in your office, and you are just about as sure of your diagnosis as I am of mine, and perhaps it is one of the first you have made, and on that account you are all the more anxious to announce it; but be careful how you do, for in all probability your patient will assume to get excessively angry, and denounce you as an unjust accuser; her father, mother, and all her relatives will do the same; they will take it as a matter of personal insult. They will do this when they know you are telling the truth. The girl will be spirited away for two months or so, and when she returns she will come back to you and will tell you that you made a horrible mistake, and nearly ruined the family; that she has been examined by other physicians, perhaps by some in your own town, who will rather be delighted with the opportunity of saying that she is not pregnant. This may be so now, but she was pregnant when you examined her. Beware of it! The case we have seen to-day is a rare exception to the general rule, for you will find ninety-nine women out of every hundred will swear to the very last that they know nothing