

in the country, was in town and called on me, saying that he was pleased to be able to report that Mrs. B.'s health was excellent, and better than it had been for years before; that she expected to be confined about the middle of Oct., and he had called to engage me to attend her. I heard no more from my patient until Oct. 10th, when I received a note reminding me of her case and saying my services might be required at any time. Eight days later I received a telegram asking me to leave by the first train.

I arrived at 6.30 p.m., found my patient had been suffering pains from 11 a.m., which had steadily increased in frequency and severity until they were almost constant and expulsive in character, causing her to seize hold of some support, and force down, as is usually done in the second stage of labor. Losing as little time as possible I got the patient into bed and made an examination, finding, to my astonishment, an empty vagina; a small, firm, retroverted uterus, bound down by old inflammatory adhesions, which was very sensitive to the slightest pressure. The cervix was sufficiently open to admit a number 10 gum elastic catheter to the extent of four inches. No abdominal tumor or change in the breasts could be made out. The pains continued, or even increased, in severity in spite of large doses of morphia frequently repeated throughout the night. During the night the cervix dilated somewhat, and in the morning I was able to feel some soft body in the uterine cavity. Being obliged to return home, I left my patient under the care of Dr. Brown, of Acton, P.Q., and from him I learn that the pains continued until 4 p.m., when he drew from the cervix the specimen with a pair of forceps, giving complete and immediate relief of pain. While the pains lasted there was a little bloody discharge, but nothing of any account. The specimen is triangular in shape, about two inches in its greatest length, showing a complete cast of the uterine cavity.

Dr. Johnston said the specimen showed distinct traces of amnion and chorionic villi at an advanced stage. This would probably be recognized by microscopic examination. No foetus was present. The intense pain might be accounted for by the supposition that if the case were one of missed abortion the condition of the uterine mucosa might be similar to that in menorrhoea.

Dr. Alloway said that the case was most probably one of missed abortion; that pregnancy ceased about the third month, and that the uterus did not expel its contents for several months afterwards. The retroplaced uterus incarcerated in the pelvis might have accounted for the delay in expulsion. This would also account for the very severe pain experienced. He (Dr. Alloway) had reported a similar case to the society some three years ago, and he thought,

under the circumstances, that Dr. England had adopted the proper treatment, but would advise in another similar case that every effort be made to replace the uterus before the induction was resorted to. As a rule, the uterus in such cases is not absolutely fixed by adhesions at the fundus; it is simply impacted in the pelvic cavity, otherwise sterility would more than likely have been absolute.

Dr. McConnell related a case of a somewhat similar nature. Mrs. S., aged 42, has large family; six months previous to my seeing her the menstrual flow had not come on, nor did it the following; but a week or so after she had pains and a profuse flow, and she supposed she had had an abortion. She was regular at the next four periods, when I was again called to see her; pains and flowing had continued for some days and she became alarmed. I found, on examination, a membranous sac projecting from os, which was easily removed; it was about the size of an egg; a bladder-like sac filled with fluid, and a small foetus floating in it. The foetus had perished at the time of supposed complete abortion, and although menstrual periods had come on regularly after (there had been more lost than usual) it had remained four months after.

Dr. Roddick exhibited a mass of tuberculous glands removed from the neck of a young girl. Both sides of the neck were engaged in the disease, and were operated upon simultaneously. Upwards of eighty glands being removed through the two incisions. The patient was discharged well on the eleventh day after the operation. There was no evidence of tubercular disease elsewhere. Her maternal uncle died of phthisis.

Dr. Mills exhibited a dozen small calculi, of the size of very small peas, several like duck shot, taken from the urethra of a dog, after death. They had been diagnosed during life by the catheter. Operation not being permitted, the dog died comatose. Bladder greatly distended.

Dr. Rutten here mentioned that the examination of Dr. Roddick's specimen of vesical calculus exhibited at the last meeting proved that it was purely cystine.

Progress of Science.
