

friends in this City—some seven or eight weeks having elapsed since her last severe flowing—in excellent spirits, and beyond the coloration and fullness of the face, apparently in good health. The day before the seizure she walked without complaint of fatigue, by her reckoning, four miles. On the following morning about five o'clock she was awakened by the striking of the alarm clock that had been set for that early hour in consequence of the gentleman in whose house she was visiting leaving by an early train; at first awakening, frightened by the noise, but quickly realized the occasion, and after listening attentively, as she fancied she heard no one stirring, got out of bed to call one of the servants. A few moments after returning to bed she experienced the sensation of a gush of fluid, saturating not only the night-dress but under-sheet. On lighting the gas, she discovered the nature of the discharge to be sanguinolent serum, shortly afterwards followed by extrusion of clots. This serous discharge, with more or less of coagula continuing, about 9 a. m., a medical man resident in the immediate neighbourhood was sent for. From the history given him and examination of coagula, he pronounced it a case of hydatids, enjoined strict rest, ordered an opiate, and advised that on her return home an examination should be made by one of her two relatives in the profession, with a view of determining the condition of the lining membrane of the uterus. The discharge of serum and coagula continued all that day and night, as also the following. On Wednesday afternoon the husband arrived in the city, and being informed of the opinion given of hydatids as the cause, he brought me at 6 p. m. some coagula recently extruded, for examination. I could make out nothing but clots, pure and simple, but I promised to procure a microscopic search for hooklets, as also a report from Dr. Zimmerman. At the same time I mentioned to him that the general, although not universal, consensus of medical belief in the present day was entirely opposed to the existence of hydatids without either a true or a false conception, and from what I knew of his wife's history, I did not think either probable. That true hydatids or cysts resulting from the acephalocyst were very rare, and that the ordinary hydatids met with were supposed to be due to the degeneration of the chorion of a true or false conception. That the only probable causes I could

at that time call to mind of the large watery discharges he described as attendant on the hæmorrhage would be either from sarcoma, vegetating epithelioma or glandular polypus, proceeding from either the fundus, sides or cervix of uterus, and concurred in the opinion given by the medical gentleman first sent for—that as soon as possible a careful exploration of the interior of the organ would be necessary. At the husband's request, I went with him to visit the patient, having previously an interview with the first medical attendant. I found her pulse very rapid and unequal, countenance blanched and swollen, no pitting on pressure. A porcelain slop vessel two feet in height was filled with napkins that had been saturated with the discharge during the day; on opening them out they contained numerous coagula, varying in size from an almond to a walnut. On making a vaginal examination I found the ostium extremely sensitive, patient shrinking from the touch, vagina filled with coagula, the os high up, barely admitted the point of the finger, the lips soft and and slightly swollen, no appreciable thickening or hardening of cervix. After clearing out coagula, I carefully packed the vagina with cotton wool, removed the pillow from her head, ordered an opiate and a mixture of quinine and iron to be commenced early in the morning. As in making the vaginal examination I found the rectum to be filled with hard scybalous masses, I directed the bowels to be opened by a soap and water enema before my visit the next morning. Following morning, removed tampon, which was slightly offensive, and had a hot douche applied to the vagina and os, by means of a fountain syringe; reapplied tampon, and directed four grains of Quinine and twenty of Tr. Fer. Chl. every three or four hours. Visited her again in the evening; pulse better, diminution of discharge. On removal of tampon, did not consider it necessary to re-apply. On Friday morning was informed she had slept well, and had taken a good breakfast. Pulse down to 98, more regular, fewer coagula, and serous discharge slightly lessened, although a necessity for frequent change of napkins yet existed. Patient was cheerful, and requested that a pillow under the head should be allowed. As the improvement was marked I told the lady she was visiting, I should not return in the evening unless sent for, but left strict injunctions that I should be instantly informed of any aggra-