

42, 4 children living, youngest aged 6. Was about $5\frac{1}{2}$ months pregnant on the 29th of October last, when I was summoned to attend her for what she believed to be a threatened miscarriage. Called about 5 p.m., and was requested to bring Mrs. Clouston with me, as neighbors were afraid of the woman; had not felt any foetal movements since early morning, and early in the afternoon had been seized with a pain in the right iliac fossa, obliging her to lie down. On arrival, found pretty severe pain complained of, with some tenderness, pulse somewhat accelerated, temperature about 100. No uterine contractions or bearing-down pains nor show of blood. No foetal movements detected on manipulations of abdomen, which was large and covered with several inches of fat, nor could foetal heart sounds be detected on auscultation. Cervix uteri quite hard, old lacerations to left, os high up, and with difficulty admitting joint of index finger. The diagnosis was obscure, the site of the pain and the elevation of temperature suggested appendicitis or some inflammatory action in that region, while the absence of signs of foetal life pointed to the probability of the trouble being uterine. Colic, calculus, and ovarian pain were thought of, only to be excluded. I administered about $\frac{1}{8}$ grain of morphia hypodermically, and awaited results; one hour later, the pain being still unsubdued, I gave another small hypodermic of morphia. Shortly afterwards on entering the room, patient informed me that there was a show of blood, which on examination proved to be only very slight, and which I thought might result from the digital examination of the cervix (probably eroded).

A little later, however, she informed me that there was more, and on inspection I found that a couple of ounces had escaped. Patient was becoming very restless, still complaining of some pain. I noticed she was becoming pale, her respirations some-

what labored, and she asked for water. As she was lying on her right side, face to front of bed, I had her turn on her back while I examined the uterus. The cervix was still hard and os closed—not a drop of blood issuing from it.

The suspicion of concealed hemorrhage was strong in my mind, and I tried palpation again, but the thickness of the abdominal walls so obscured things that no information could be gained in that way. Besides, I reasoned; if there be hemorrhage going on inside, why does it not continue to escape? Patient's condition continued to grow worse, pulse becoming shabby, face more blanched, while she constantly asked for water. A moment's reflection will convince you, gentlemen, that my position was a trying one. With a much esteemed patient passing into a state of collapse, her husband lying in another room prostrated after an unusually prolonged attack of typhoid fever, two children, only, in the kitchen, the son, a young man, attending to stock in the outbuildings. My wife alone to assist me as to be a witness to what was done, and all on a drizzling dark October night, $3\frac{1}{2}$ miles from the help of a confrère. Obligated to keep absolutely calm and cool without allowing a word or act to betray a suspicion of danger, which would have thrown the house into consternation with the utmost danger to both my patients, in less time than it has taken to record it, I raised the foot of the bed, removed pillows from under patient's head, forced up a window, and administered sips of water with brandy added, and watched pulse and uterus. The condition did not improve, and I despatched the son for another physician. Patient's condition grew worse, yet not a drop of blood was escaping. At one time the pulse was almost imperceptible, and temporary syncope ensued. Then, to add to the distress, nausea followed, which could not be sup-