done, and to this end the attending physician and consultants advised her removal to London, where the patient would be immediately under my care.

She entered the hospital on July 27th, and Dr. Balfour, the Medical Superintendent, detected the fœtal heart on the 29th; the same was corroborated by Dr. Meek and myself. Dr. Meek saw her with me several times, and verified the diagnosis.

As it was thought she had passed the full period of utero-gestation, it was deemed advisable, in the interest of the child, not to delay operating, and that the position of the mother would also not be prejudiced thereby; arrangements were then made for August 1st. On the afternoon of July 31st the omission to pass the sound was then discussed; no harm could come from it, and accordingly I did it at once. It went in four or five inches, and was followed by a slight watery discharge, which increased very much during the night. Some chilliness the evening of August 1st. On August 2nd labour pains came on, and the patient delivered of a still-born, seven months' child in the evening.

The swelling in Douglas' *cul-de-sac* was pushed up, in order to let the head come down. The hæmorrhage was not alarming, although the contraction was rather irregular, owing to the presence of the two myomatous growths; and the recovery was tedious, apparently due to some sloughing of one of the tumours, and trouble with one of the breasts, and later on great pain shooting down the legs, with absolute inability to flex the thighs on the abdomen. She finally was sufficiently well to leave the hospital on September 20th, walking then imperfectly and with considerable pain, but eventually got quite well.

The salient points in this case were: (1) The myoma in front, which corresponded to the uterus of abdominal pregnancy; (2) The round, hard myoma of the posterior wall, which occupied the pelvis, and corresponded to the fœtal head; (3) the extreme thinness of the abdominal and uterine walls, allowing the child's extremities to be so easily traced, and thus simulating abdominal pregnancy, and (4) the lateral displacement of the pregnant uterus. Here we seemed to have a fourfold evidence of the supposed condition.

The sound, an instrument condemned by many gynæcologists, saved me the mortification of opening the abdomen and finding the child in the uterine cavity proper. This, however, has happened to more than one good gynæcologist.

In these exceptional cases we have not only a thinning of the abdominal walls, but an absolute want of development of the uterine tissue *pari passu* with the development of the child.

Mr. Tait speaks of eight cases which came under his observation where extra uterine pregnancy was supposed to exist, but in which there only was this extreme thinness of the walls. He said the question generally was: "Is the child in the abdominal cavity?"

Case 4.—M.D., aged 30 (county of Elgin), single, a farmer's daughter; called at my office Oct. 2nd, 1892, accompanied by her father and mother, and the following history obtained: No previous illness, except at fourteen years of age, had what was called a severe attack of inflammation of the lungs, extending over a period of seventeen months, which resulted in abscess, and kept discharging from the right side, and by way of expectoration. She was very ill for many months, but the sinus finally closed, and now there is a large scar between the tenth and eleventh ribs on the right side, a landmark of her former trouble. Now complaining of discomfort from swelling in the lower abdomen, first noticed by her last January. There was a hardness there for some time, and a doctor told her some three years ago that there was a swelling in that region. She said the swelling commenced in the right side and gradually moved over to the middle line; menstruation was scanty before June last, but increased much since; appetite fair, but bowels constipated, only moving with medicine. Physical examination revealed a smooth, globular, semi-elastic swelling, extending from some two inches above the umbilicus to the pubes.

Operation was recommended, and done on Oct. 29th, the tumour proved to be an œdematous myoma. Broad ligaments tied, and a pedicle, small and easily made, brought out at the lower angle of the wound, which was now closed as in the former case, it was a very easy hystero-myomeotomy, presenting no difficulties, either in removal of the tumour, the formation and adjustment of the pedicle, or the closing of the wound.

All went well till the third day, when distension of the abdomen and rapidity of the pulse, together with more or less vomiting, indicated a