

great deal of bile in stools and urine. She was quite sick for a few days and developed some jaundice. Soon, however, the fever passed away. The kidneys and liver resumed their usual function, and her condition was about the same as before the attack, excepting that the pulse continued weak and rapid in spite of tonic containing strophantus and strychnia.

A few days after recovering from the fever she told me that the fetal movements had ceased, and upon applying the stethoscope found the fetal heart sound had ceased. These on several previous examinations were distinct and strong. I attributed the death of the child to bile poisoning, there having been so much in the mother's blood.

We expected labor to take place between the fifth and eighth of February. On the night of the seventh I was sent for, but on arriving found the pains feeble and far apart, but enough to show that labor was being attempted. The cervix and os, however, showed no signs of approaching labor. In a short time pains ceased and patient in the same condition as before.

The examining finger could distinctly feel breech in front of uterus.

Hoping from day to day labor would set in, I waited until February 22, then asked for a consultation. Dr. P. T. Phillips, of Reno, was called. I told him that on account of the early history of the pregnancy and the ease with which I could feel the upper parts of the child through the abdominal wall, I feared the case to be one of abdominal pregnancy. He made as careful and thorough an examination as was possible without an anesthetic. This was difficult on account of the high, backward position of the os and the long cervix. However, he was able to get tip of examining finger just within the internal os. He gave it as his opinion that although it was impossible to make an absolute diagnosis without going farther into the uterus, it was a case of intra-uterine pregnancy with breech presentation, as he could feel the breech so distinctly, and suggested it might possibly be a case of missed labor, since many cases of gestation went 300 days. He advised that as the child was dead and would not grow larger that we wait until the 8th of March, to see if labor would not set in naturally, and if it did not to give anesthetic and dilate, and deliver if child was intra-uterine, and if extra-uterine to proceed as the case required. To this I agreed, and kept patient on tonics and nourishing but easily digested food, and attended to the functions of kidneys and bowels.

Went on in this way until March 13, but no signs of labor appeared. I then asked for assistance, and Dr. McDonald, of this city, was called in. He administered ether and I proceeded to dilate the os with my fingers; when sufficiently dilated to