

patient's blood was probably markedly hyperinot, as a consequence of her four pregnancies following so closely one upon the other; she was anæmic from very poor living and constant overwork during the past winter. It seems possible, also, that her fourth pregnancy commenced before she had fully recovered from the septicæmic attack which I have already mentioned as following her third delivery.

That the case was not one of embolism, seems evident from the early invasion of the fatal attack; there was no time for the degenerative changes necessary to detachment of a thrombus in the uterine sinuses, its migration to the heart and growth there by accretion. This seems to have been a case of spontaneous formation of a venous blood-clot in the right ventricle of the heart or pulmonary artery proper, or perhaps more probably at its point of bifurcation.

In reviewing the case, two points seem worthy of attention: first, as a warning symptom, the tendency to faint complained of by the patient when first I saw her, a feeling which she said she had experienced more or less during the whole period of pregnancy. In all my previous attendance upon her, she had not described this feeling. A judicious tonic course of treatment, persisted in throughout her pregnancy, might have greatly lessened the final risk, in spite of her former criminally careless conduct. The second point is not of practical importance, but a thought naturally arising from the circumstances of the case. If the fatal issue was caused by a peculiar blood state, a condition that would be aggravated by each successive month of pregnancy, it is quite possible that—had the uterus been emptied early—the mother instead of the child might now be alive; but there was no indication for any such treatment when the patient applied to me, nor can I conceive of a possible diagnosis of impending thrombosis so certain as to render the production of an abortion justifiable.

HYDROCELE MULIEBRIS.

BY R. A. D. KING, M.D., COMPTON, QUE.

On 20th September, Mrs. R., from a neighboring town, consulted me concerning what she designated as "a peculiar swelling in a peculiar place."

I requested her to describe it; what symptoms she experienced, and where it was situated. She did so, and upon examination I discovered a hydrocele of the left side—hydrocele inguinalis interna. I did not arrive at this diagnosis at once or off-hand, as it was the first case I had seen during a practice of 18 years, and I do not remember ever having read anything, in what gynæcological literature I possess, concerning this rare affection, rare at least to me, and I thought it quite a unique case. At first I thought it was a hernia, and its rapid accession rather warranted this supposition.

Mrs. R. is 38 years of age; has had five children. I attended her at her last accouchement, six years ago. Her husband died a year afterwards. About a year ago her menses ceased after a period of irregularity, and she thought she had reached the menopause. Eighteen months since she walked a good deal while visiting Montreal, climbing the mountain and otherwise taking unusual exercise, and once she fell quite heavily on her right side, but does not remember ever receiving any blow or injury to the parts affected, and soon recovered from the immediate effects of the fall. About a month ago she discovered a small enlargement just below Poupart's ligament, which became sore and painful. This gradually becoming larger, she consulted a physician of her town, who recommended poulticing, and she kept on the flax-seed poultices up to the above date. The tension increased, but the soreness diminished somewhat. She was told by her attendant that it would break; that it was an abscess. I found the tumor very tense upon her standing up, but becoming softer when she was in the recumbent position. I could not employ the light test owing to her being in street costume, but felt quite sure that it was not an abscess from its appearance and history. Neither did I think it to be an ordinary hernia, or an epiplocele, and decided to test the matter with a hypodermic needle. This I did, and drew off four ounces of hydrocele fluid. There was evidently more than one cyst, as I had to partially withdraw the needle and re-insert it before getting all the fluid. The neck of the sac could be traced upwards with the finger, and while standing the bag was broadest at the most dependent part.

The fluid drawn off was of a straw color, the last ounce being thicker, much the same in appearance as that taken from the pleura at a second