

By vaginal examination no presenting part could be made out; the undilated os was high up, almost out of reach; there was no pelvic contraction. The bladder and rectum having been emptied a draught of Liq. Op. Sed. $\mathfrak{m}$ xxv was given. During the afternoon she dozed frequently and retained a moderate quantity of milk and beef-tea. By the evening the os could be reached somewhat more easily and admitted the tip of one finger, but it was still too high for any presenting part to be made out. A draught of Liq. Op. Sed. $\mathfrak{m}$ xv was given every four hours during the night; she rested fairly well and retained a good deal of nourishment. On the 20th, at 10 A.M., the os was a little more dilated, but still high up; a presenting part could be felt but not diagnosed. The uterus was less rigidly contracted, and by external palpation the foetal outline could be indistinctly made out high up on the left side. On the right side, below the level of the umbilicus, indistinct fluctuation was found. A slight sulcus or depression seemed to run obliquely across the anterior surface of the uterus from the right border about the level of the umbilicus to the middle of the symphysis. To the right of this shallow sulcus fluctuation could be felt; but to the left, none. The uterine muscle was still in a state of tonic contraction, making palpation difficult and unsatisfactory. The opium was continued throughout the day and nourishment administered as freely as possible. At 4 P.M. the condition of things was practically unchanged. At 8.15 P.M. the pains suddenly became much more severe, the os quickly dilated, the head, very much flattened and compressed, came rapidly down, and a dead child was born spontaneously at 8.50 P.M., 251 days from the cessation of menstruation, 50 hours from the beginning of violent labor pains. The child was well nourished and weighed six pounds. The cranial bones were very movable and overlapped considerably; a long wedge-shaped caput occupied the vertex in the middle line between the anterior and posterior fontanelles. Notwithstanding the birth of the child, the abdominal tumor did not seem to decrease very much; but the oblique sulcus on the right became more marked and fluctuation more evident. On internal examination the cervix was found to be still very high up; and