

patient was taken with great pain in the left leg, which immediately began to swell and turn cold. I saw her at 7 a.m.; she was then in an almost collapsed condition; pulse unsteady, from 140 to 165. Left limb four inches larger around the thigh than the right—cold and hard. Artificial warmth had been applied, and continued. Mustard applications to the region of the heart, hypodermic injections of strychnia one-thirtieth grain every hour, unless symptoms of its special action become manifested; six doses at one, and four doses at two, hour intervals were given, when marked tonic action on the heart became manifest, the pulse became steady and uniform—from 124 to 130—and with the returning circulation, all the other symptoms improved.

I need not enlarge farther than to say that the improvement continued much in the same manner as we find in cases of phlegmasia dolens. She left the hospital on September 3rd, and travelled some fifty miles home. I have frequently heard from her since; her general health is good, but there is considerable difference in the size of the leg.

*Case 3.*—Mrs. C., aged thirty-seven, residing in the county of Elgin. Married four years; no children; no miscarriages; some menstrual irregularity early in life, but after that regular (lasting from four to six days, and abundant), until Sept. 10th, 1892, after which she did not menstruate for six weeks. At this time she noticed a swelling at lower and left part of the abdomen, which she thought was the enlarged womb. During the latter part of October, she was profusely unwell, and after an interval of two weeks again profusely unwell, during which she experienced considerable weakness. She was slightly unwell at the end of November, and just before Christmas, after this, there was no more discharge until the 1st March, 1892, when there was a slight flow, and none since. There was no nausea or vomiting. The abdomen gradually enlarged, and the breasts tender. From this time on she said she felt life, and with the exception of being easily tired and feeling much discomfort, nothing unusual occurred until July 24th, when she had intense pain in the lower part of the abdomen, and, thinking labour was coming on, sent for her family physician, Dr. Clark, who, recognizing the abnormal condition of things, invited in his *confrere*, Dr. Marlatt.

Both these gentlemen, men of excellent parts, diagnosed extra uterine pregnancy, and asked for further advice. They then wired me, and I saw the patient on the next morning, and made note of the following conditions:

Patient fairly well nourished, walls thin, abdomen unevenly distended; and extending up the front, and in the middle line to near the umbilicus, a pear-shaped body—easily felt, easily located and easily moved. To the right of the median line was a much larger swelling, occupying nearly the whole right abdomen, and in a very marked manner altering the general contour of the abdomen of advanced pregnancy. Dulness on percussion all over this latter swelling, and the outline of the lower extremities and part of the body of the child was easily made out. Indeed, the extremities in parts seemed to be almost under the skin. The cervix was in the middle line, and pushed forward against the pubes. The canal was opened sufficiently to admit easily the index finger. Behind the cervix, and occupying Douglas' *cul-de-sac* and filling the pelvis was felt a large, hard swelling or tumour, corresponding in every respect to the foetal head, but in no way could the finger come directly upon the swelling when introduced through the cervical canal.

It appeared as if the posterior cervical and uterine wall intervened between the tumour and finger. The explanation of these phenomena seemed entirely in accord with the diagnosis of Drs. Clark and Marlatt. The placental bruit was heard low down, and to the left, but the foetal heart was not made out on this occasion, and no attempt was made to pass the sound.

The pear-shaped body in front corresponded to the enlarged uterus of abdominal pregnancy; the outline, the position of the body, and the relation of the cervix to the pubes also corresponded to abdominal pregnancy. The easy manner in which the extremities could be traced through the abdominal wall, and the position of the head corresponding to the tumour in the pelvis, seemed to leave but little doubt that our diagnosis was correct.

The possibility of bifid uterus, with intrauterine pregnancy in one horn and growth of the other by continuity, was entertained.

It was agreed, as soon as pains simulating labour came on, that an abdominal section should be