

which I now diagnosed to be in the walls of the uterus. As Mrs. McD. had suffered so much and so long from dysmenorrhœa, I continued the dilatation of the os uteri until I satisfied myself that the canal of the cervix was sufficiently enlarged to allow of the free flow of the menstrual discharge which had always been painful and prolonged, and a time by her much dreaded. I pursued the method laid down by the late Dr. Sir J. Y. Simpson, of Edinburgh, and the sequel proved the correctness of the course adopted, as she menstruated on the 18th to 20th of same month, September, 1882, and under the influence of a pill or two of henbane and belladonna, with the bromides she passed through the period with unwonted ease and comfort—still kept her quiet and in recumbent position, on general supporting treatment, never being able to suspend the bromides or morphia. She became fairly comfortable. Although I had diagnosed fibroid tumors of the walls of the uterus yet, fearing from the rapid growth of the mass and the unceasing character of the pains in the tumors, that they might be malignant, I determined on a consultation, and on the 7th of October Dr. Trenholme, of Montreal, who has made a specialty of diseases of women, saw Mrs. McD. with me. To our intense surprise we found it impossible to introduce the sound, and had to be satisfied with what knowledge we could gain without this valuable aid to diagnosis. Dr. Trenholme agreed with me that the tumors were not ovarian, but fibroid, and counselled non-interference and the expectant treatment. The relief which our patient experienced when informed that no operation would be required, was very marked. With great care, good nursing and attending to symptoms as they arose, she passed along fairly well until the middle of February, 1883, but on the 26th of that month I found her in great pain, much swollen, feverish, with severe nausea, vomiting and considerable prostration; she had not menstruated but once after I dilated the os uteri, and thought she felt something moving within her, but as she was forty-two years old, and never had been pregnant, I supposed her sensation was due to flatus, and never for a moment suspected that she was pregnant. I satisfied myself, and relieved my patient with appropriate treatment; bismuth and ingluvin were freely used to check the vomiting, and acted like a charm. On 18th March my

attention having been called by my patient to the fact of her having milk in her breasts, the enlargement of the glands, the dark areola around the nipples, the general embonpoint of the woman, the suppression of the menses and her assurance that she felt something moving in her, led to a suspicion that she might be enciente, and a careful examination with the stethoscope detected the sounds of the foetal heart distinctly though feebly, to the right and just below the umbilicus—the double sounds or the “tic tacs” of the foetal heart beating one hundred and thirty while the pulse of the mother was only eighty per minute, was the conclusive and absolutely sure ground on which my diagnosis of pregnancy was made—and the intelligence of the fact, which seemed so impossible a few months before, pleased my patient wonderfully. From this time until the middle of June following, she passed most of her time in bed, fairly comfortable. Some dyspnœa, when she sat up in a chair, considerable swelling of the feet and legs, and the fact that the tumor no longer increased in size, were the only noteworthy features until the 19th June, 1883, when I was called to see her and learned that she had had regular bearing down pains from four o'clock that morning. On examination I found the os dilating and labor fully established, the pains being slow, and her strength equal to the tax upon it. I did not hasten labor further than dilating the rigid os from time to time with my fingers, and at two a.m. on the morning of the 20th of June, I delivered her of a living child, girl, feet presentation, and not one ounce of liquor amnii or blood either before or after delivery; child weighed three and a-half pounds, fully developed and at full term. On attempting to remove the placenta the cord separated from its connection therewith, came away in my hand on the slightest traction, and left the entire after-birth in utero. That which under ordinary circumstances I would not have dared, I was obliged to do as the uterus was inert and quite unable to expel its contents; oiling my arm, I carefully introduced my hand into the womb, seized the placenta which was small but very high up above the umbilicus, and not without some difficulty removed it, at same time taking advantage of the chance, with one hand in the uterus the other on the outside of the abdomen, I ascertained the size, character and position of the tumor. The cavity of the