

morning she discovered that she was passing a slight colored discharge ; being anxious, she sent for me.

On arriving I found the pulse slightly increased, temperature raised, with other accompanying symptoms ; ordered horizontal position and perfect quiet. Also, fluid ext. ergot mxx., sulph. morphia one-tenth grain, each four hours ; also very light diet. After keeping her in bed some days, all the disturbing symptoms passed away, apparently things went on as usual. At or about the sixth month the lady was called away to the United States through illness of a parent ; neither on the way going or returning was she sea-sick or experienced any trouble or uneasiness ; but whilst there she first noticed that she was rather decreasing than increasing in size and at no time had she had any of the motion of quickening, and enjoyed excellent health. At the end of the ninth month, as near as she could say, she was delivered of a large mass, membranes being unruptured. On opening which, I found it contained a full size placenta of a yellow or greenish color resembling fat or suet in appearance instead of a bloody mass filled with veins and arteries and tissues or plexus with regular lining ; also a small fœtus of about three months and half, a wiry cord, blood clot and about 7 or 8 ounces of Liq. Amnii.

This you will perceive was a singular phenomenon of arrested development. On closer examination I found the fœtus exceedingly wasted and the cord not larger than a large size worsted yarn or trout line, very hard and wiry. The blood clot about the size of a walnut. The placenta was as large and as full size as of regular period. Yellowish in color and hard as a mass of suet ; perfectly bloodless except here and there dark lines running through, evidently remains of blood vessels.

In looking over the subject we find that several authorities have been attracted to the subject and came to varied conclusions. Amongst our own writers we have Barnes, writing in

Medico Chirurgical Transactions. Still later we have Bennett, Montgomery and Simpson.

Barnes' words are nearly as follows :

"It is a morbid condition found connected with the death of the fœtus, both in the earlier and latter months of gestation. Its exact pathological nature has not been determined under all conditions in which it is found to occur." Barnes considers the primary cause a fatty condition taking place, or first starting in the placental tissues, or, rather, in the molecular walls of the fetal tufts unpreceded by any other morbid change.

Dr. Bennett came to the conclusion that in most of these the co-existence of coagulable lymph and induration show that the fatty molecules were either thrown out as an inflammatory exudation, or an inflammatory exudation subsequently degenerating into fat particles which would show a pre-existing state of inflammation. Virchow, H. Jones and Dr. Priestly each have carefully examined the subject and incline to the opinion that a low form of Placentitis is first stage ; if so, what produced placentitis but injury, mechanical or otherwise, as in this case a too long walk ; or a fall, or stroke could produce the condition from which these results might follow. Sometimes we find it local, as if the deposits had been thrown out here and there, which changed the structure or tissue.

Other authors affirm that this yellowish white substance in whole or part may not be fat at all. The microscope alone can be the true revealer.

The question may be asked in this peculiar case, was it over fatigue ? Was it the irritation of walking that caused the consequence ? Therefore again might I not ask whether injury to the cord produced inflammation and absorption of the cord, and that produced the hard whip cord appearance causing occlusion of the cord, so that nothing could pass from the fœtus to the placenta and *vice versa* ; an injury would account for the blood clot.