In these cases the diagnosis is sometimes difficult. Ballottement is not easy to obtain. In some cases the abdominal walls are so tender that the patients can scarcely bear the weight of the bedclothes. In others, where the filling with fluid has been very acute, the temperature is elevated, and the disease has an inflammatory appearance; the pulse becomes accelerated.

Of McClintock's thirty-three cases four died after labor. Other authors, however, Caseaux, Leischman, and Charpentier, considered that the performance of puncture of the membranes through the vagina was followed by good results to the mother.

I bring this subject before you owing chiefly to a personal experience. I was asked to see a patient who was supposed to be suffering from an ovarian tumor accompanying pregnancy. Operation had been decided on. After carefully examining the patient, I was forced to differ from my confrères, for to me the case appeared to be one of hydramnios. There was something puzzling about it. The cyst was monolocular, and the uterus was apparently absent. A line of demarcation could be made out down the front of the tumor separating two pyriform masses with soft walls, but, notwithstanding this fact, the fluctuation wave could be felt distinctly from side to side and from below upwards. Bringing to mind the previous experience already related above, I strongly advised a preliminary puncture of the membranes from below. This was done, and an immense quantity of fluid escaped from the uterus. The patient was readily delivered next morning of twins, and made an uninterrupted recovery. There was no ovarian tumor present. The twins were, as is frequently the case, stillborn. The depression between the placenta and the fœtus and the presence of a second fœtus produced a peculiar condition of the uterus noted in front.

The main point in the differential diagnosis between ovarian cyst and pregnancy and hydramnios was the universality in the wave of fluctuation demonstrating the fact that the tumor was monolocular. In any such cases in which there is a reasonable doubt puncture of the membranes from below should be carried out before any attempt is made to remove the cyst by cœliotomy.

PELVIC CONTRACTIONS AND PREGNANCY.

The subject of craniotomy versus Cæsarean section has been discussed so much that there is nothing new to add. Neither operation is likely to meet with what should be its full measure of success, because the patient is only attended to when almost in a moribund condition from her prolonged sufferings. To perform craniotomy before this period has been reached is, from the very fact that the fœtus will in all probability be alive as the patient is not exhausted, loathsome in the extreme. As Barnes