while the other ovum gave rise to two foetuses, the latter, as is always the case in twins developed from a single ovum, being of the same sex (female).

5. *Frequency*.—In general it is calculated that triplets occur about once in 7,000 births. At St. Mary's Hospital, however, during the past 10 years, in 29,334 births there have been 9 triplets, that is about 1 in 3,200.

6. *Differential Diagnosis*.—The diagnosis lay between (1) over-distension of the abdomen by an over-distended pregnant uterus alone, that is, hydramnios with or without multiple pregnancy; and (2) over-distension by a normal pregnant uterus associated with ascites or some abdominal tumour, for example, ovarian cyst. Careful palpation and percussion, however, showed that the fluid was all contained within one sac, the walls of which though somewhat tense possessed the soft elasticity and varying consistence of the thin and contractile walls of the pregnant uterus, contrasting markedly with the tense and non-contractile character of the ovarian cyst wall. That the tumour was due to a pregnancy was supported by many of the usual signs and symptoms of pregnancy.

A CASE OF PROLONGED GESTATION WITH COMPLETE OCCLUSION OF THE OS EXTERNUM.

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I VENTURE to record this case as it seems to me to be one of considerable interest, combining in itself, as it does, two rare conditions.

In Austria and France 300 days is the extreme limit of gestation recognised by law; in this country no definite time is fixed, but each case is decided on its own merits. There is no doubt that in a considerable number of cases gestation is prolonged beyond the average of 278 days. Dr. James Reid, in his well-known paper on "The Duration of Human Pregnancy," gives several instances of pregnancy after a single coitus. The five longest periods he records are as follows: One of 291, two of 293, one of 296, and one of 300 days. Professor Leishman gives a case which lasted 295 days after a single act of coitus. The child weighed 12 lbs. 3 ounces. Matthews Duncan considered that the child would necessarily be very large in all cases. It was exceptionally large in the case which I report below. In Sir James Simpson's *Memoirs* four cases are recorded, lasting respectively 336, 332, 319, and 324 days, the latter six months and 6 days from the time of quickening. Playfair mentions a curious case of his own, and also one of Joulin's. In the former labour began on the 273rd day, and the os dilated to the size of a florin, but the pains then ceased and delivery was delayed until the 304th day. There was no obstruction, and delivery was easy and natural. Joulin's case was similar, but the uterus was anteverted, causing an obstruction. Professor Meigs, of Philadelphia, mentions an extraordinary case in which the membranes were said to have ruptured at the ninth month, while the child was not born until the 420th day. It was alive. Dr. Thomson has reported to the London Obstetrical Society a case which lasted 317 days from the last menstruation and 301 days from the last act of coitus.

Mrs. C., a primipara, aged 30, was confined on February 1st, 1888. She had an attack of eclampsia, and was blind during the twelve hours she was in labour. The delivery of a dead child was effected by means of forceps, the cervix being slightly lacerated. She made a good recovery except that her sight remained affected. Menstruation began a month after delivery, and was very profuse and frequent, occurring every fortnight. She did not seek advice for this.

On July 5th, 1889, she menstruated very profusely, and then it ceased. She was quite definite about the date, as the profuse flow had prevented her attending the marriage of a relative on that day. During her first pregnancy she had been troubled very much with sickness, but this time she remained remarkably well. Her urine never showed any trace of albumen, and there was no dropsy. She expected her confinement to take place during the first week of April, 1889, and on the 3rd of that month sent to tell me the pains were beginning. I saw her in the evening, but as she shrank from examination I did not insist upon it, but directed that I should be summoned as soon as the pains became at all severe. They, however, ceased during the night, and for the next four weeks she remained tolerably free from them. On May 5th, one month and two days from the first time, I was again called in, and found her in labour. The pains had begun in the afternoon, and when I saw her, late

at night, they were recurring at intervals of from ten to twelve minutes, but were not very strong. The head was presenting 1. o. a., but very high up, and no external os could be felt. The cervix was obliterated, and the vaginal vault felt very like distended membranes, but the continuity with the walls was easily made out. Near the centre of the vault a depression between two small elevations I took to indicate the position of the occluded os. I tried to scrape through the obstruction with my finger nail, but failed.

Dr. Beaton kindly saw her with me, and under chloroform we made a thorough examination, which confirmed my opinion as to the position of the occluded os. He also tried to scrape through with his finger nail, but was unsuccessful, so we decided to incise it. A small incision was made by means of a guarded knife, and a pair of narrow bladed forceps used to dilate it sufficiently to admit one finger. A dense ring could be felt all round. It was necessary to incise this in several places, and then dilatation was easily effected by means of the fingers. There was practically no hæmorrhage. As the head did not advance, I applied forceps, and delivered it without much trouble. External rotation occurred at once, but there was no advance of the shoulders. Firm pressure from above, combined with traction, failed to effect delivery. With very great difficulty I managed to free the posterior arm and deliver. The child, a girl, could not be resuscitated, although various methods of artificial respiration were tried for over an hour. It was very large, the shoulders especially being remarkably broad. This great breadth of shoulders had been the cause of obstruction. Unfortunately I did not take any measurements or ascertain the weight, but it was undoubtedly the largest child I have ever seen delivered. The mother is a large woman with a very roomy pelvis. The placenta was quickly expelled and there was very little hæmorrhage. The cervix was rather ragged, but there was no deep laceration. The perineum was intact. She made a good recovery, and was up on the tenth day. Three months afterwards the cervix felt quite normal, and she was menstruating regularly.

The date of the cessation of menstruation was so definitely fixed in her memory by the circumstance before mentioned, that she is hardly likely to have been mistaken. From July 5th, 1888, to April 3rd, 1889, gives 272 days. This was the date of her first pains, and it seems quite probable that labour would have gone on to completion if the os had been patent. If we count up to May 6th, when she was delivered, it gives 304 days, exclusive of the sixth, from the cessation of menstruation.

With some women prolonged gestation seems the rule. A case of this kind was reported by Dr. Armstrong, of Liverpool, in the *Liverpool Medico-Chirurgical Journal*. Her second pregnancy lasted 303 days, and her fourth 319 days, delivery being very difficult. In her fifth she dreaded a similar prolongation, so he induced labour on the 276th day, and delivered her of a strong healthy child. Mrs. C. in her first pregnancy thought she had gone full three weeks over her time, but she could not be sure of her dates.

Why pregnancy should be prolonged in some cases is a very difficult question to answer. In cows and mares it is not uncommon, and in these cases the period can be definitely calculated. In Mrs. C.'s case, I think, occlusion of the os was very probably the cause. Dr. Anvard, of Paris, gives obstruction of the cervix as a cause of prolonged gestation, and mentions a case of Cohnstein's where this was caused by cancer. A living child was born after ten months and a-half.

Complete occlusion of the os externum is a very rare complication of parturition. The adhesions must necessarily form during gestation, otherwise conception would be prevented. Vaginitis or cervical endometritis is usually looked upon as the cause. Tyler Smith, however, remarks that "in some of the most perfect cases of occluded os it is found, moreover, that no signs of inflammation have existed during pregnancy." My case seems to bear this out. Anteversion of the uterus sometimes tilts the os out of reach, and simulates occlusion. This should be borne in mind, or a serious mistake may be made if incision is attempted. As regards treatment, if the occlusion cannot be scraped through with the finger nail, it is best to incise with a guarded knife, and afterwards either dilate and deliver, or leave the case to Nature. In cancerous cases, Cæsarean section may be necessary in the interest of the child. In suitable cases the entire uterus should be removed; Cæsarean section has been done in America on simple cases, but it seems to me to be an unjustifiable proceeding unless the pelvis is contracted.

HYDROPHOBIA IN BOMBAY.—Something like a panic is said to prevail in the native town of Bombay on account of numerous cases of dog bite which have recently occurred. There were eight deaths from hydrophobia in 1891, and one has taken place since the beginning of the present year. A war of extermination is being waged against ownerless dogs, no fewer than 6,796 having been poisoned in the course of the twelve months ending October, 1891, and 3,342 having since shared the same fate. In this work, however, considerable difficulty is met with the Jains, Hindus, and other castes putting collars on pariah dogs, and placing all other possible obstacles in the way.