abdomen was more distended and very tense and tender. I advised operation as the only hope, and that a very poor one, as there was evidently very severe hæmorrhage.

Owing to delay in procuring counsel I did not operate till 9 p.m., thirteen hours after onset. She was removed two blocks to St. Francis Hospital, and when placed on table seemed a very poor subject indeed for operation. She was pulseless and exsanguinated. The abdomen was distended and dull. There was no vaginal discharge.

Operation—Immediately before administering chloroform a hypodermic of strychnine was given and preparations made for the subcutaneous transfusion of normal salt solution, one litre of which was transfused during operation. The abdomen was found filled with clotted and fluid blood. There was a tear (.5 cm. long) in upper anterior aspect of tube about 1.5 cm. from right cornua of uterus. Here the distended tube formed a small, thin-walled sack about 2 cm. in diameter and extending to uterus.

In tying off this sack the ligature cut through the tube at cornua, which we had then to practically sew up in order to secure it. I then tied off broad ligament and removed tube and ovary, which were free from adhesions. Left tube and ovary normal. It was difficult to remove all blood from among folds of abdomen; I therefore used drainage tube and hastily closed wound. After operation I used hypodermics of strychnine, ether and brandy and a second litre of salt solution subcutaneously. She was pulseless and unconscious during the night and for twenty-four hours after operation. While removing fluid from tube next day she collapsed and appeared to be dying. Legs were bandaged tightly and elevated, hypodermics of ether and strychnine given and enemas of hot water and brandy. She slowly rallied. On third day had slight bloody discharge from vagina.

On third day she developed a severe pain in the right side and had quickened respiration, with cough and some elevation of temperature. For next two weeks she suffered