Were there nothing further required to induce this pregnancy there would be no reason for supposing it to occur almost anywhere in the peritoneal cavity, but Webster has shown that there is good reason for believing that some special cellular action must probably occur to induce the process of fecundation. He argues that wherever pregnancy occurs a genetic decidual membrane forms, associated probably in some way with nerve influence, and he further urges that this can take place only along the parts which take their origin from the Mullerian ducts. Hence ovarian and abdominal pregnancies would be impossible, and no one has yet proved a very early ovarian pregnancy to exist.

That some nervous influence is associated with the condition would seem to be true from the discovery made by him in a case of ectopic gestation where the nonparturient tube had likewise a definite decidua upon its inner surface.

Some months ago I had occasion to examine some specimens from a case operated on by Dr. Alloway, in which there had been a double tubal hemorrhage, arousing the suspicion of a bilateral ectopic gestation. In one of the tubes I readily found villi, though in the other there was no evidence of any chorionic tissue. The case, however, is suggestive as possibly being one similar in nature to that described by Dr. Webster.

In one of the recent numbers of the *British Medical Journal* there is a synopsis of an article from Chrobak's clinic in Vienna, referring to a case of ovarian pregnancy, which, however clear, seems to be none other than an ampullar tubal pregnancy if one regards the original site of the placenta. The ovary, as in our own case, forms a portion of the sac wall, and the ligament of the ovary enters directly into the sac, but nevertheless the placenta itself is described as being fixed to the uterus.

Pelvic Hæmatoma Complicating Malignant Disease.—Mrs. J. McC., aged 39 years, entered the Royal Victoria Hospital in July, 1896, complaining of pain in the right inguinal region radiating towards the umbilicus. This pain began in January, 1896, was of a dull aching character and remained constant for seven days, during which time the bowels were rather constipated. For the first three days there was constant vomiting, and the abdomen was somewhat distended; after the pain disappeared there was tenderness in the right inguinal region for a week. Since January, 1896, she has had intermittent attacks of pain in the same region, but no vomiting unti June, when she had an attack similar to that in January, accompanied by vomiting and chilliness with constipation. Since then she has had