at the Montreal Dispensary for the first time by Mrs. S., aged 32, mother of three children, last child three years old. My clinical assistant, Mr. Harry, obtained the following history: Her family history was good and free from any trace of consumption, as far as she knew. She had always had fairly good health until two years ago when she was troubled with a soreness in her larynx or windpipe, which also prevented her from swallowing any solids, and for which she consulted Dr. Birkett. He treated her for several weeks with great benefit, since which she remained what she considered well until a few months before coming to the Dispensary, when she noticed that she was rapidly getting thin and her complexion was getting very dark, which she attributed to her liver being out of order. Occasionally the abdomen was sore and distended, and coitus and locomotion generally caused her pain. Menstruation had been scanty last two periods, and had not come on this time. During the last few weeks she had diarrhœa, and frequently felt hot and cold. She had no cough nor soreness of the throat. and her voice was very clear and strong. Her tongue was very coated, and her pulse 120, weak and almost dicrotic.

It is one of the rules at my clinic to take the temperature of every new patient, by which means acute febrile diseases are frequently recognized, which in the hurry of out-patient work might often escape detection. On this being done in this case, the thermometer registered 103 under the tongue.

The patient presented a very emaciated appearance. On vaginal examination, the cervix uteri was found to be lacerated on the left side and low down in the pelvis, while the left vaginal vault was fuller than normal and somewhat hard.

At the time she looked so like a typhoid case, that I ordered her to go home and go to bed, to take a hot water vaginal douche once a day, and to take no other food but milk. On calling at her home the next day, the temperature was the same. A careful examination of the abdomen revealed the presence of three rose-colored spots which disappeared on pressure. She still had diarrhœa, which was so profuse and painful that I was obliged to give her opium and camphor, and even that hardly stopped it. She was troubled with frequent micturition. There was also some abdominal distension, but there was no tumor to be felt, percussion giving, however, only a tympanitic note everywhere, for which I ordered turpentine stupes with considerable benefit. There was no dullness of the lungs on percussion, and auscultation showed that breathing was rather shallow and respiration a little prolonged.

During the next two weeks there was very little change in her condition, and I contented myself with treating the symptoms as they arose. If she had had pain in the right inguinal region instead of on the left, I would have had no hesitation in coming to the conclusion that I was dealing with a case of typhoid fever, which at that time was rather prevalent in the city. Her temperature in the morning was nearly always a degree lower than at night.

After about two weeks, on making a morning visit, I found the temperature normal, and the skin, which had been hot and dry, was now bathed in perspiration. Although weak, she felt better in every way, and continued to improve for several days, so that I allowed her light farinaceous food in addition to the milk. As her temperature remained normal, I yielded to her request that I should allow her to sit up. I did not see her for several days, owing to absence from the city. On my return I found her back in bed with a high temperature and rapid pulse, and her abdomen distended and very painful on the left side. She also had a dry cough. She still had diarrhœa, for which I gave her bismuth, pepsine and a little morphine. There was only slight pain but no gurgling on the right side, but on making a little deeper pressure on the left side, I found the abdomen very painful and hard, and on making a bimanual vaginal examination, to my surprise I discovered the left vaginal fornix as hard as a board, into which hardness the uterus and left tube and ovary were firmly imbedded.

Notwithstanding the presence of so many of the symptoms of typhoid, I now felt convinced that the case was one of tubercular salpingitis, which indeed it probably had been all along, and I therefore urged immediate operation for its removal. To this, however, the patient would not consent. She was now placed on quinine and cod liver oil, alcohol and a generous diet, but her appetite remained poor until the oil was replaced with cream, after which she ate well. As she was under the impression that she would choke if she were to attempt to swallow any solid food, everything was cut very fine and, as far as possible, was first passed through a ricing machine.

Owing to her emaciated condition it was difficult to prevent bed-sores from forming in spite of every precaution. At last she found herself failing so much that she consented to the operation, which was performed on 24th October at her home, in which I was assisted by Dr. Ritchie and Mr. Smiley. The usual aseptic precautions were taken as far as her condition and the surroundings would permit, and she was easily anæsthetized with the A. C. E. mixture. Her abdominal wall was so thin that I cut through it layer by layer on the director, and it was fortunate that I did so, for the perietes and the omentum and intestines were all so intimately glued together, that had I made an