

was promptly secured with clamp forceps; the appendages were isolated; the pedicles transfixed and tied off in the usual way; the firm coagula which filled the cavity of the pelvis were then broken up and washed out by copious irrigation with normal saline solution (na.cl. grs. 45 to 17 ounces); finally the cavity was mopped out with gauze sponges, leaving it as dry as possible, and the incision closed. Her condition after the operation was extremely bad; ten ounces of normal saline solution was introduced into the median basilic vein, and a hypodermic given of morph. gr. 1-4, atrop. 1-120, also 1-20 strychn. The patient was placed in bed and surrounded with blankets and hot water bottles. She came out of the anaesthetic quietly, but vomited a little several times.

February 21. Patient feeling comfortable, though very pale and weak; pulse, 116 degrees; temperature at 8 p.m., 100.1-5 deg. Fahrenheit; bowels moved slightly, and a good deal of flatus passed; no further vomiting.

February 22. Patient has had a fairly good night, sleeping about three hours in all.

February 23. Patient feeling much better and stronger; bowels moved well; taking milk and soda, tea and biscuits.

From this time on nothing worthy of note occurred; convalescence was rapid, and recovery uninterrupted and complete. The patient left the hospital four weeks after admission.

Case 2.—Mrs. S., 39 years, married, the mother of one child; menstruation began at 16 years; as a girl she was always well and regular; she was married at 20 years; twelve months later her child was born; a midwife was in attendance; her recovery was thought to be satisfactory, and she was up and about in ten days. Five years later she suffered from some uterine trouble, and was in Dr. William Gardner's ward in the Montreal General Hospital for four months. After this treatment she remained well until four years ago, when she again suffered from so-called "inflammation of the womb." Her menstrual function was regular until the 1st of March, when she missed a period. April 1st she complained of abdominal pains, and morning sickness. April 5th the pain became very severe, the face pale and great weakness, but not amounting to fainting. Dr. Springle was sent for; he diagnosed the case as one of tubal pregnancy; absolute rest in bed was prescribed. April 9th an operation