red nodular growth which readily bleeds is often detected. This is a secondary growth. In a certain number of cases both ovaries are converted into multiple corpus luteum cysts which completely block the pelvis. The uterine growth is peculiarly prone to give rise to lung metastases. These soon lead to pulmonary haemorrhages. If chorioepithelioma be suspected, microscopical examination of the uterine mucosa should usually indicate clearly whether the disease is present or not. If it exists, immediate and complete hysterectomy is the only chance. The delay of a day may prove fatal as metastases occur so rapidly.

Tubal pregnancy. To Lawson Tait we owe so much for our knowledge of this subject. A few years ago the history and course of the disease was little known. Now it is upon as firm and scientific a basis as appendicitis—indeed, so proficient have some practitioners become that the diagnosis is frequently made before the tube has ruptured. Although the disease is supposed to be comparatively rare, I have seen and operated upon six cases within one month. Given a patient who has always been regular, with sudden suppression of the period, followed in a few days or weeks by a faint bloody discharge, and possibly, a little pain on one or the other side of the uterus, we must at once suspect a tubal pregnancy and will not often be mistaken. Sometimes the period has come on at the regular time and yet as it were, dragged along for weeks only to be followed by sudden rupture of the tube with the usual signs of collapse due to internal haemorrhage. Whenever the menstrual period is suggestive of tubal pregnancy and a satisfactory pelvic examination is impossible on account of abdominal rigidity, then an ether examination should at once be made, as little force as possible being used as the tube may rupture. In every case where the diagnosis of tubal pregnancy seems definite the abdomen should be opened at once and the tube removed. Before rupture its removal is easy and fraught with little danger. After rupture the loss of blood may be so alarming that operation is out of the question or if the pelvis be filled with old clots there is considerable danger of intestinal obstruction or of a faecal fistula developing. Uterine haemorrhages accompanying tubal pregnancy are most suggestive and the entire picture is as a rule, not more difficult. A certain number of cases of pelvic peritonitis, however, present symptoms that closely mimic tubal pregnancy.