the uterus; it was very tender on bimanual examination and it seemed to move with the uterus. The pulse and temperature were normal.

Feb. 26th. Patient feeling well. Bowels moved after compound Jalap powder, gr. xx. She was moved to the 'Convalescent Home' for operation.

Feb. 27th. Patient etherised. Before the operation Dr. Prévôst made a vaginal examination and discovered a hæmatocele in Douglas' pouche. No evidence of this was apparent when I examined the patient on Feb. 25th, since which time she showed no signs of hæmorrhage.

Dr. Prévôst, performing the laparotomy, made a median incision which revealed the fœtal sac on the right side, adherent to adjacent parts. The tube had ruptured and several handfuls of coagulated blood were removed. The sac was partly adherent to the posterior surface of the uterus. A ligature was applied and the sac, ovary and tube removed entire. The ovary was perfectly healthy. When the sac was opened the amniotic fluid spurted up and a beautiful small fœtus, about an inch in length, was found floating inside attached by its little cord. The placental attachment was just over the site of the rupture in the tube.

All blood clots were carefully removed, the oozing controlled and the abdominal wound closed by three rows of sutures. The patient made an uninterrupted recovery, the stitches being removed on the ninth day, and on March 14th, she left the hospital to complete her convalescence at home.

The most interesting points in this case naturally centre in the diagnosis. Regarding the etiology of the condition, in general terms an extra-uterine fœtation is due to any condition which interferes with the free passage of the ovum into the uterine cavity, *i. e.*, an interference with the ciliary action of the mucosa of the tube and deficient peristalsis. Conditions which are responsible for this are: chronic salpingitis, constrictions, flexions and adhesions due to inflammatory changes within the tube as well as without, mucous polypi obstructing the passage and diverticula in the tube in which the ovum may become lodged.

In the present case we have a history of two miscarriages, a period of sterility of three years, and finally a profuse leucorrhœal discharge during the latter part of 1896, all pointing to a diseased condition of the endometrium which probably extended to the right tube as well.