

tube. The mass consisting of fallopian tube, broad ligament and ovary was removed. In the removal the mass was torn and a considerable amount of dark blood escaped. The inner half of the fallopian tube was greatly dilated and a large partially disintegrated blood clot was removed from it. The tube was thickened and its uterine extremity very patent.

The patient took the anæsthetic badly, artificial respiration having to be resorted to during the operation. The after history was uneventful, and she was able to leave the hospital three (3) weeks after the operation. When questioned recently she says that she is very well and has menstruated regularly since leaving the hospital.

This case reveals some very interesting clinical features. There are few conditions which give rise to greater difficulty in diagnosis than extra uterine gestation. With the classical signs of acute abdominal pain and hæmorrhage following a period of amenorrhæa, some cases are so characteristic that their nature is easily recognised. In this case menorrhagia was substituted for amenorrhæa; and the early symptoms of pregnancy, namely, breast changes and morning sickness were entirely absent. When questioned minutely the patient admitted that she had been lifting heavy things when the first severe attack of pain came on, and that it was more for the pain than the loss that she sent for the doctor. Amenorrhæa does not occur in more than 50% of the cases of extra uterine pregnancy. While it is useful as a positive sign, the absence of it is unimportant for diagnostic purposes. As tubal pregnancy is usually disturbed about the second month, there is no time, as a rule, for the early symptoms of pregnancy to appear.

That the pain was not more severe in this case was due, I think, to the fact that the rupture of the tube was *extra* peritoneal, that is to say between the layers of the broad ligament; and also because the very patent fallopian tube allowed the escape of blood into the uterus and thus lessened the tension and tended to prevent *intra* peritoneal rupture. While each case of extra uterine gestation has to be considered on its merits, and no absolutely infallible guides are constantly present, I