The three following days she was able to perform her household duties. On February 15th the pain suddenly returned with increased severity; a physician was called in and an anodyne prescribed. On the 17th February she was up and about, and on the 18th went down town; while shopping the pain returned, compelling her to leave the store and go home. On the 19th February I was sent for late in the evening. Found patient in bed suffering abdominal pain, which had been constant since the previous day, and at times was very severe. The pain—bearing down in character—was during the exacerbations reflected from the lower zone of the abdomen to the rectum. There was much tympanites, and the parietal muscles were tense and rigid; over the right iliac region the tenderness was most marked, and an indistinct tumor could be made out. The uterus was enlarged, tender to the touch, movable, the os patulous and dilated, admitting the finger; posteriorly and to the right an indefinable mass could be felt which was acutely painful on the slightest pressure. Temperature, 99 degrees Fahrenheit; pulse, 98. There had been no chill and no vomiting. The case was discussed with Dr. J. J. Ross, and a diagnosis of intra-peritoneal haemorrhage made, due in all probability to ectopic gestation, with rupture occurring at about the sixth week. Morphia and rest were prescribed for the night.

On the 20th February the patient passed a bad night, the pain and tenderness continuing, and was made more severe by any movement of the body. The face and lips looked paler than on the previous day; abdominal distention persists, and when the body is inclined to either side a dull percussion note is heard over the dependent flank, and extending forward nearly to the umbilicus. When the patient is turned from one side to the other for a change, a minute or two is required in this position for the dullness to occur. Temperature, 98 1-2 degrees Fahrenheit; pulse, 126.

The low temperature, rapid pulse, anxious expression, increasing pallor and great weakness, made immediate operation imperative. The patient was removed to the Western Hospital, and at 5.30 p.m. an abdominal section was performed, Drs. Perrigo and A. L. Smith assisting at the operation. On opening the abdomen (four-inch median incision), dark-colored fluid blood flowed freely from the peritoneal cavity; to prevent further bleeding, the right ovarian artery