

claim the benefit of extenuating circumstances. I always hesitate to examine the vagina of virgins. Besides, nothing in this case had caused me to suspect the existence of a neoplasm in a woman who never had any metrorrhagia, never had any pain previous to the present illness, never noticed any abdominal development, the length of the pedicle allowing the largest of the uterine tumours to treacherously conceal its presence under the promontory.

And again, why this elevation of temperature? I know perfectly well now that it was most likely due to partial peritonitis as shown by the adhesions found between the cyst and the peritoneum, but, adding this fever to the tumefaction in the iliac fossa as well as to the other symptoms, could I think of anything else than peri-appendiceal purulent collection?

Finally, that cyst, instead of remaining at home and simply satisfied with raising the abdominal wall, as ordinarily do honest tumours of that kind, through what whimsical fancy did it deem proper to cunningly crawl along the rectus, hiding its dulness under the distended intestinal coils? Merely to lead me astray and inflict on my pride the most cruel humiliation.

In short: towards the utero-ovarian organs, negative symptoms. Positive and classical symptoms towards the appendix, accompanied with a tumour in the iliac fossa; inevitable result: phenomenal error of diagnosis.

During the month of July, I was called outside of the city to see in consultation a small sized woman, aged 27. She had been married two years and had a living child twelve months old. She had always been in good health with the exception of a coxalgia which occurred during her infancy and left her with the right inferior limb shorter, the foot in adduction.

She was three months pregnant and, three days before, she had had diarrhoea during a whole night. Feeling better the next day, she ate at dinner a gigantic cucumber. Two or three hours after, she was taken with excruciating pains in the right side of the abdomen. She rejected a part of her meal, less the cucumber which persisted in remaining inside.

The pain and vomiting continued until the evening, when a physician called, administered hypodermic injections of morphine. The pains were not relieved, the patient took to bed and had been suffering ever since. Incessant nausea and frequent vomiting prevailed. An obstinate constipation supervened and yielded only to reiterated purgatives.

I asked the family physician to give me his opinion concerning the