

three days after period, incised the canal with a metrotome. Inserted a glass intra-uterine stem, which was left in situ two weeks till forced out by flow at next period, Sept. 19th. Next period due Oct. 19th, missed. Morning vomiting Oct. 15th, pain in the breasts and certain dislikes with abdominal pain caused her to call me in again. Pregnancy was suspected and orders given to remain very quiet. As the abdominal pains radiating down the legs persisted, with the other signs of pregnancy, I made a vaginal examination. I found the uterus enlarged and I thought I detected some fullness in the right fornix extending down by the side of the uterus. But I referred this mostly to inflammatory thickening. The pelvic pain continued and gave me no small anxiety in the light of her previous sterility; and from the thickening to the right of the uterus, I feared ectopic gestation.

She went on in this way till December 4th, some seven weeks after missing her period. She was then taken with severe pain in the pit of the stomach, which moved down to the right inguinal region, with urinary tenesmus and slight hæmorrhage from the vagina. The pain was accompanied by tenderness, and next day with a temperature of one hundred, and some abdominal distension. This yielded in four days, after which the patient kept her bed mostly.

On December 15th, eleven days after her first attack of pain, she was seized with another attack, with a constant desire to pass water. On getting up to relieve this distress she fainted and was carried into bed, and there fainted thrice, each time on attempting to raise her head. In a short time she passed a clot from the vagina, and immediately after got perfect relief from the violent pain. I arrived there shortly after she was relieved. I anxiously looked for signs of hæmorrhage, but there were none. The pulse was fairly strong and the lips quite florid. Still I attributed the trouble to a small internal hæmorrhage, into the broad ligament from a gravid tube. This would account for the pain and fainting. On examination no tumor could be detected, but notwithstanding I adhered to this supposition, I watched closely two days longer. Symptoms of peritonitis developed, pain, tenderness and distension. I made known my fears and asked for a consultation. Dr. Black was the patient's choice, and I met him the next day in consultation. The symptoms of peritonitis were now so marked that an examination was deemed inadvisable and it was decided to wait a few days till the tenderness subsided. She did fairly well for two days longer and then she was seized with excruciating pain as before.