"convictions," or the alleged previous removal of organs; nor on the patient's affirmation that it is impossible.

Some women cannot be convinced that they are pregnant until they see the baby, and not always then.

It is unsafe to state, on the ground of the condition of a woman's pelvic organs, that she cannot become pregnant unless you have yourself removed her uterus, ovaries and tubes, and even then it is wiser to say that it is improbable.

There are many symptoms and signs of pregnancy, and all of them can be simulated save one: the one infallible sign is to hear the fœtal heart.

In doubtful cases it is to be remembered that pregnancy may be complicated by the presence of other conditions.

OF TUMORS.

Speaking generally, during the child-bearing period, a tumor with missed monthly periods is pregnancy; a tumor with unaltered menstruation is non-uterine; a tumor with increased menstruation is a fibroid. When a woman has a large tumor, if she is very thin it is probably ovarian; if she is very fat it is probably uterine fibroid. We may vary this observation by saying that cystic tumors are associated with wasting, and solid tumors, except malignant ones, with adiposity.

A fixed tumor in a woman at or past the menopause suggests malignancy; in a young woman it suggests an inflammatory mass or an inflamed tumor.

A supposed ovarian cyst can sometimes be removed by passing a catheter, and a supposed solid tumor by giving an enema.

When a woman in her teens or early twenties has an irregular tumor suggesting fibroids, look out for pus tubes. Fibroids are rare before the age of twenty-five.

A swelling in connection with the uterine appendages may be a small ovarian cyst, tubo-ovarian inflammation or tubal pregnancy. The physical signs of the three conditions may be indistinguishable, and the diagnosis will turn on the history. Speaking generally:

An adnexal tumor without symptoms is ovarian.

An adnexal tumor with or following xanthorrhœa is tubo-ovarian.

An adnexal tumor with scanty hæmorrhage following mixed periods is pregnancy.

If a swelling is unilateral the probabilities are against tubo-ovarian inflammation; if it is bilateral, the probabilities are against tubal pregnancy.

It is well not to assume too readily that there is a tumor only on one side merely because none can be felt on the other.

When a small, firm tumor can be felt on the left side, it is well to