

Speech was hardly audible. She had frequent hiccough and complained of slight pain over right iliac region, where some fullness was to be felt on palpation and dullness on percussion. Some slight fullness was also felt here bimanually. However, but little attempt at thorough examination was made, and the patient was disturbed as little as possible. Her condition improved slightly that night, but next morning she again collapsed and was even in a more serious condition than at first and felt more pain.

Dr. Perrigo saw her with me on the second day and concurred in the necessity for immediate operation. This was declined, and she again gained strength and again had a fit of collapse on the third day. After this she slowly and surely gained, and on the fourth day had slight intermittent pain, followed by a discharge of blood and decidua. There had been no flow of any kind for the preceding eleven weeks. A large mass occupied the pelvis, fixing the uterus, and it was thought that the ovary and part of the tube could be felt on the right side.

She made a tedious but complete recovery, and nothing more than an induration and slight enlargement is now to be felt about the broad ligament.

*Comment.*—In the first case is an example of the most dangerous form of extra-uterine pregnancy that could exist. It has been said by many a writer that the rupture of a gravid tube is one of the most dreadful calamities to which women can be subjected, and anyone who saw the loss of blood in this case will agree with the saying.

Women have been known to collapse and die so suddenly that poisoning has been suspected and the case only cleared up on autopsy.

Could this case have gone to full term, this would have been impossible; rupture was impending at the time of operation. In any case in which a diagnosis can be made, or even if the condition be suspected, the only logical and humane treatment is operative, and that as soon as possible.

If another case of like nature be encountered by the writer the sac would be opened by the cautery knife, with the hope of less hæmorrhage.

The compression of the aorta was most effectual here, and it is to be regretted that this means has not been more employed, especially in controlling post-partum hæmorrhage. It was recommended by Bishop in the *Lancet*, 1893, and for the past three years the writer has used it with invariable results.

The removal of the placenta is advised when attached above. In this case it would have taken with it the roof of the sac.

In the second case it is to be regretted that

an early operation had not been resorted to. The present condition of the sac communicating with the bowel would complicate the usual state of affairs greatly, and it is hardly to be expected that the patient in her present condition can enjoy perfect health and be free from further danger. However, the result might have been worse.

Whether this case had a primary rupture into the layers of the broad ligament or into the peritoneal cavity is mere conjecture, but the history would incline me to favor the former situation.

In the third case the history of cessation of menstruation is wanting, but this might occur in any case, and would perhaps be misleading to the attending physician. Another feature of this case is the absence of the marked state of collapse usually seen in this accident.

The interesting points in Case IV. lie in the extreme collapse observed, the occurrence of further hæmorrhages with eventual recovery, and the absorption of the greater amount of clot.

Dr. HINGSTON said that some years ago Dr. D'Orsonnens, a very distinguished accoucheur in Montreal, mentioned a number of cases in which no operation was performed, and where the patients ultimately made good recoveries. He (Dr. H.) saw two of the cases to which Dr. D'Orsonnens alluded, where the foetus came away, piecemeal, through the abdominal wall in one case, and through the rectum in the other. Dr. D'Orsonnens' experience in the Maternity and in private practice went to prove that in extra-uterine pregnancy rupture did not necessarily follow, and that when rupture occurred, death did not necessarily take place. Sometimes nature was sufficient to bring the child into the world. He (Dr. H.) had an instance of this four years ago. He was asked by a medical gentleman of this city to see a lady for the purpose of removing what was considered an ovarian tumor. He saw the lady, examined her carefully, found the uterus perfectly free; depth of cavity normal, yet there was a large swelling, more to the right side than to the left, and on close examination he came to the conclusion it was not a tumor, but partly interstitial, partly tubal pregnancy. He advised the operation to be put off till the seventh month. The lady was again seen at the seventh month, and being in excellent health, the operation was deferred till the eighth month. About the time when the operation was to take place, being in the neighborhood, he called on the lady, and while talking to her something like labor pains came on. On examination he found the os uteri dilated, and the membranes projecting from the side of and into the uterus. He suggested that an accoucheur be sent for and left. He learned afterwards that the child was born without