A diagnosis of tubal pregnancy was made, being based upon the following symptoms: First she believed herself pregnant since her December period, because she has morning sickness, pain in the breasts and fulness of the abdomen. Second, I was aware from my previous knowlege of her case that she had diseased tubes and that it would be difficult for the ovum to reach the uterus. Third, that a mass could be felt in the vaginal lateral cul-de-sac, which was causing pelvic peritonitis, and which could hardly be anything else than a pus tube or a ruptured tubal pregnancy. Fourth, the continuous haemorrhage, coupled with the previous symptoms.

Abdominal section was performed on March 10. On entering the peritoneal cavity, the pelvis was found pretty full of black clotted blood, of which about a cupful was removed, after which the left tube and ovary forming a mass the size of an orange was detached with some difficulty from its adhesions. While bringing it out of the incision the sac ruptured and a perfectly formed fœtus, about three inches long, escaped with the gush of fluid and hung by the cord. After removing this tube the other tube and ovary were detached with some difficulty and removed. The latter tube was found to be closed at both ends and full of clear fluid. About twenty minutes were spent in cleaning out the clots which were firmly attached to the omentum and intestines, and after sewing the uterus to the abdominal wall, the latter was closed with silk worm gut. The patient made a smooth recovery and left the Samaritan at the end of four weeks.