

R. F., aged 26; primipara, first seen by Dr. Gordon, May 24th; examination then revealed slight uterine enlargement and discharge, no pains, nausea, browned skin, tympany, and abdominal tenderness over whole area, which eased off and on for two weeks, with temperature running from normal to $100\frac{1}{2}^{\circ}$, remaining normal for a few days, then followed by a severe attack of vomiting. On June 11th, 12th and 13th patient felt much relieved. On June 14th a sudden collapse occurred, when patient became pulseless for three or four hours, apparent death impending, followed by swelling in Douglas' cul-de-sac, and dulness over lower and left side of abdomen. Patient began to rally, and twelve hours afterwards temperature was 96° , pulse 180. Temperature raised to normal second day, following with varying temperature for 100° to $101\frac{1}{2}^{\circ}$ for next eight days; pulse, 100 to 140 for four days, dropping to 110 to 124; next three days, temperature became erratic, running from 101° to $102\frac{1}{2}^{\circ}$; suspicious of septic condition.

Upon examination, I found patient with a temperature of 102° ; pulse, 120. A large mass, which was clearly to be seen in the left inguinal region, with tenderness over the whole of the lower abdomen, particularly on the right side.

After the usual preliminary preparations, assisted by Drs. Gordon and Spence, of Lucknow, I opened the abdomen in the middle line, when the first thing to attract our attention was an enlarged, elongated gangrenous appendix adherent across the lower bowel, about six or seven inches in length, the tip reaching over to the bladder and uterus on the right side. The appendix was so rotten that it broke twice before I succeeded in freeing it from adhesions and removing it. I then packed right side of abdomen around end of the stump of appendix with some dry gauze pads, and proceeded to examination of the mass on the left side. This I found adherent to the intestines surrounding it, and also to the peritoneum of the abdominal wall. With some difficulty, by aid of the fingers and gauze pads I was able to separate these adhesions and free the mass down to the broad ligament. This I then transfixed with a pedicle needle, and tied with a Staffordshire knot. The mass, which I here present to you, was then cut away, and contained, as you will see, a well-developed fetus of probably two and one-half months. Below the mass, in the pelvis, was a large quantity of old blood clots, which I scooped out with my hand, sufficient to fill a small granite wash-basin. I then washed out the abdomen with gallons of plain sterile water, removed gauze pads from around