

the abdomen alone has been met with. Very severe hemorrhage is one of the main features of this form of extrauterine pregnancy. Taylor met with but one case in his series of 42, Lawson Tait met with but one case in his series of 40, and I met with but one case in a series of 45.

*Intra- and Extrauterine Pregnancy.*—My friend Dr. Strathy, of our city, has met with such a case. He has kindly furnished me with the following notes: The patient's first child was born after an ordinary labor of a few hours. Another child was then felt to be in the abdominal cavity. It could be easily made out and the fetal heart sounds could be heard. The abdomen was not opened until the following day, when the child was removed without trouble. The placenta was found situated posteriorly over the psoas muscle and was not removed. Hemorrhage began at the time of the operation and could not be controlled, and the patient died four or five hours after.

Such an occurrence emphasizes the fact that it is extremely dangerous to operate during the life of the fetus.

*Double Extrauterine Pregnancy.*—I have met with one case of double extrauterine pregnancy, of which the following is a report: Mrs. E. (No. 42 in table). Patient of Dr. Andrew Eadie. Was taken ill one night with sudden, severe fainting spells while lying in bed. Was not seen by Dr. Eadie until the morning, when, on examination, he found a large mass in the pelvis behind and to the left of the uterus. I saw her at once and from her appearance judged that the case was one of ruptured ectopic gestation. She had the peculiar coloring of the skin so frequently noticed and a collapsed appearance. On further inquiry it was found that in August she had menstruated. In September she had seen very, very little; in October again but little was seen. Some pieces of decidua had come away from the uterus, but they were not preserved. The breasts indicated pregnancy. On examination, found blood clot, breaking down under the finger. Was satisfied that the case was one of ruptured extrauterine pregnancy.

On November 1, 1901, in the Toronto General Hospital Pavilion, assisted by Dr. Eadie, I opened the abdomen in the median line and found the abdominal cavity full of blood. On passing the fingers down to the right side, found a small mass; on drawing this up, found it to be omentum with an ectopic-gestation sac under its folds, running up to the surrounded Fallopian tube. On removing this sac the Fallopian tube was torn off; ovary and