Feb. 18th. The patient expressed herself as feeling much better, no severe pains, local tenderness still persisted.

Feb. 19th. Had a restless night, pulse 100, temperature 9 9 F. During the day she was comfortable but about 10.30 that evening I was hurriedly sent for. I found her suffering severe lancinating pains in the right ovarian region, also over the front of the uterus, bowels had not moved that day; I gave her Sulphate of Morphia gr. ¼ hypodermically at once, to be repeated every three hours till relieved; also ordered hot cloths to be kept applied to the abdomen.

I made a vaginal examination which was extremely painful; the posterior vaginal wall was somewhat swollen and tender, the cervix slightly softened and in a state of chronic inflammation, several small cysts presenting on the surface, the uterus was enlarged, slightly movable, very slightly tender and somewhat anteflexed; left broad ligament, tube and ovary apparently normal, the right adnexa were so extremely tender that any attempt at a satisfactory examination was out of the question.

Feb. 20th. Condition remained unchanged; prescribed Acetate of Morphia, gr. ⅛, and dilute Hydrocyanic acid ♏ iii, every three to four hours, as required, to relieve the pain, also hot linseed poultices to be kept applied to abdomen. Ordered a glycerine enema, ℥ss; two were given but with no effect. Gave Calomel, gr. ii, at 10 P.M., which the patient vomited.

Feb. 21st. A Seidlitz powder was given at 8 A.M., but was rejected. The diet was reduced to milk and soda water; the pains were more or less severe all day; the bowels remained obstinately constipated, some tympanites; the tenderness extended from the right side over the front of the uterus and somewhat towards the left side; the most acute point however was over the right ovary.

About 7 P.M., the pains suddenly became very severe and paroxysmal in type and the patient twice seemed to faint. I was sent for and found her somewhat revived. She had vomited her milk and soda water in the morning, retained it during the afternoon, but about 6.30 P.M., commenced vomiting again and this marked the onset of the acute pains. During the afternoon she had been supplied with some orange juice contrary to orders. The pains were most marked in the right iliac region, sharp, sudden and stabbing in character and put the patient into the most intense agony. I gave her Sulphate of Morphia, gr. ½, hypodermically.

The whole history now seemed to point more and more towards an extra-uterine pregnancy. One missing link however was the absence of any sanguineous discharge; thus far there had been absolutely