W. W. CHIPMAN, M.D.—These cases are certainly interesting, and as has been said the condition is very much more frequently met with than one would at first suppose. The first case is especially interesting in that there were present at the same time both the tubal pregnancy and the uterine pregnancy. Some time ago I had a case in the country which I operated upon where I had this condition present, and where I thought the condition was a simultaneous one in the two positions. I removed the tube and the uterine pregnancy went on to term. I looked up the question and found it to be very rare where the two conditions were contemporaneous. In this case of Dr. Smith's I think that the uterine pregnancy was subsequent to the tubal one.

The other case is more commonly met with. As to the question of diagnosis the cases which present the most difficulty are those termed the "leaking" cases. The classic case is that of a sudden rupture and the escape of blood into the peritoneal cavity,—this we are all familiar with and such a case is comparatively easy to diagnose. The class of cases where there are repeated small hæmorrhages is the one which presents the most difficulties in diagnosis. Two months ago I had a case where a year previously the woman had a stone pass down the left ureter. It took three months to pass this stone, during which there were the usual attacks of pain.

After the stone was passed she remained well, free entirely of pain, for some six months. But suddenly one day she was seized with severe pain in the left side, of a few hours' duration only, and followed the next day by a second attack. The conclusion at first, and very naturally, was the ureteral passage of a second stone. I saw her and went very carefully over the history. She repeatedly assured me that these last attacks of pain were identical in character with those suffered previously on the passage of the stone. And yet this woman had developed a left-sided ectopic pregnancy. The attacks of pain indicated small repeated ruptures of the gestation sac with slight escape of blood. At the time of the operation I examined carefully the whole length of the left urinary conduit and could find no stone.

Here was a case extremely difficult to diagnose. The physical examination was not very satisfactory as the abdominal walls were thick and at no time had any considerable tumour developed.

As to the distension spoken of by Dr. Smith I have been struck with the sort of uniformity with which this distension occurs in cases where blood has been extravasated in any considerable quantity into the peritoneal cavity. I have no doubt even after most careful methods some blood still remains after closure of abdomen and acts as a foreign body preventing normal contraction of the intestinal wall, irritating the