Fallopian tubes. By most authors and operators pelvic hæmatocele is in the enormous majority of all cases held to be due to ruptured ectopic gestation. The evidence on which this opinion is based does not always bear close scrutiny. The necessary evidence of the presence of a fœtus or chorionic villi or other decidual elements is not always to be had even when carefully sought for.

Extra-uterine Pregnancy.—Mrs. S., aged 35, was seen in consultation with her ordinary medical attendant, Dr. W. F. Hamilton. She has been married twelve years and is the mother of six children to full term. She had a miscarriage in January, 1896, for which an anæsthetic was given to remove some portion of the products of conception. In May she had regained her health and continued well till August. The last normal menstrual period occurred about the 5th of August, there was no return till the 10th of September. The discharge was then scanty and of short duration. From this time on till the time of operation on the 11th of November, there were discharges of blood at irregular short intervals, there were also paroxysms of pelvic pain, but no syncope or collapse. During the last two weeks previous to operation vomiting occurred several times, but at no time was there any elevation of temperature. When I first saw her about the middle of October, the uterus was somewhat enlarged and soft, and to its left and adherent to it there lay an elastic fixed mass; this rather rapidly increased in size during the three weeks I occasionally saw her before operation. At the time of operation there was a distinct abdominal tumour. The patient was admitted to my private hospital on the 11th of November.

Operation.—The uterus was dilated sufficiently to admit the finger to the fundus and the cavity found to be empty except for a general lining with decidual membrane; it measured five inches in depth.

Abdominal Section.—No free blood or fluid of any kind in the cavity; a livid tumour-like swelling adherent to the whole of the pelvic walls and floor, the adhesions not very dense. During the process of separation a large quantity of almost black fluid and clotted blood escaped. At the bottom of the pelvis lay the fœtus and placenta, apparently detached, but lying in the sac described; part of the wall of the sac was formed by the posterior wall of the uterus. After the removal of the fœtus and placenta the rest of the sac was easily separated and brought through the abdominal incision, when it could be as easily ligated as an ordinary empty ovarian cyst. No bleeding of any consequence followed the separation of the sac, so that the abdomen could be closed without drainage. Recovery has been absolutely uneventful.