tender, pulsating mass. The patient was admitted to the gynæcological ward of the Royal Victoria Hospital.

OPERATION, August 19th, 1896.—*Dilatation and Curetting.*.—Result moderate in quantity, endometrium roughish to the curette. Gauze packing.

Abdominal Section.—Intestines adherent to a mass in the true pelvis. After separation of some adhesions a cavity containing eight to ten ounces of black blood clot was opened and evacuated. In the floor of the pelvis lay the right ovary as large as a medium sized orange, adherent and containing a straw-coloured transparent liquid. The corresponding tube was dilated and contained a blood clot partly decolorised. Chain ligature of cat-gut and removal. The left ovary was also expanded into a cyst at least two inches in diameter. It was removed. The left tube was not removed, it was adherent but not enlarged to any extent. No drainage. Recovery speedy and satisfactory. Discharged September 8th, 1896, apparently in perfect [illegible]th.

[illegible]is specimen which was sent by Prof. Wm. Gardner on August [illegible], 1896, consisted of a large hæmatoma—two ovaries and two tubes.

The one ovary (Rt.) was enlarged to more than twice its normal size, was mainly transformed into a bilocular cyst with generally thin walls and containing clear gelatinous fluid.

Attached to this ovary was an enormously distended and thickened tube evidently closed at both extremities. Its contents were hæmorrhagic in nature, its wall for the most part much thickened and distorted, the inner lining dotted over with fairly large tubercles and very few ragged portions of tissue. About midway, the wall was much thinned, shreddy, and showed a large irregular perforation evidently the original source of the hæmatoma of the broad ligament. The other ovary was enlarged to twice its normal size, firm, and with an apparently normal tube.

The existence of a hæmatoma associated with tuberculosis of the Fallopian tube seems to be an event of considerable infrequency inasmuch as the literature on the subject seems not to consider its occurrence at all, and yet in the very nature of tuberculous processes the occurrence of hemorrhage is to be looked for rather than otherwise. Just as the exudates of tuberculous peritonis and pleurisy are for the most part hæmorrhagic, so, too, one might expect a similar occurrence in the chronic diffuse miliary tuberculosis of the Fallopian tubes.