

consolidated (arrested phthisis). Temperature and respiration normal. Pulse, 90.

A bimanual examination of the pelvic organs revealed a uterus only slightly enlarged, with a cervix but little softened, and a fulness rather than a distinct mass on left side of uterus ; no special tenderness ; no collapse or signs of hæmorrhage internally. Patient could not say whether she was pregnant or not, as she was not usually troubled with morning sickness, etc. Was ordered to rest in bed, and to send for me if any further unpleasant symptoms happened before my next visit. Two examinations between the 20th and 30th enabled me to make out a distinct tumor occupying the left Fallopian tube ; felt circumscribed to the touch, but had no inflammatory tenderness in it. Some pulsation could be felt in the vault of the vagina immediately beneath ; no fluctuation could be elicited. A distinct sulcus between it and the uterus could be made out, both above and beneath. The ovary was also detected external and posterior to it. At the first examination a strong suspicion of the condition arose ; at the next two I was satisfied with the diagnosis, and was about making a final examination before announcing it, when the patient, feeling so well, and wishing to avail herself of an interdicted excursion, suddenly took French leave as the surest way of attaining it. On her return on the 17th an examination was again made, which only confirmed my previous opinion.

To account for the first severe pain, and its accompanying loss of clear fluid (which was not blood), it was necessary to consider the following as probable sources, viz. : Rupture of amnion in uterus (abortion) ; rupture of amnion in Fallopian tube (tubal pregnancy) ; hydrosalpinx, hydrops, metrorrhœa intermittens, and hydatiform mole. In regard to the tumor it had to be differentiated from hydrosalpinx, hæmatocele, hæmatoma, pyosalpinx, ovarian tubal and broad ligament cysts and tumors, dermoid tumor, malignant disease and fibroid, the difficulty being relatively greatest in the first enumerated. In arriving at a diagnosis the above conditions were satisfactorily excluded, and due regard was paid to the following points : The tube had been crippled before, leaving it in a favorable condition, as Tait says, to arrest the ovule ; it was not patient's habit to have menstruation delayed—it meant impregnation ; the tumor had enlarged to an appreciable extent during observation in a limited time.

The diagnosis having been communicated, and the treatment and risks pointed out, I asked the family to satisfy themselves in the opinion by calling in whomsoever they desired. Dr. Bingham, of Waterloo, was accordingly called, and concurred fully in the opinion expressed.

As nine small children were in the home of limited room, I had the patient at once carefully removed to St Joseph's Hospital, Guelph, that