1. *Tubo-ovarian Pregnancy.*—Patient, aged 31, complained of metrorrhagia, dysmenorrhœa, pain in the lower part of the abdomen and pain in the back. Menses commenced at 13 years, and continued normal till 2½ years ago, when her last child was born. Since then the above symptoms have gradually developed. Examination revealed lacerated cervix, leucorrhœa, anteversion and a mass in the posterior fornix. Cœliotomy recommended and performed. Upon opening the abdomen, a mass about the size of an orange was observed lying in the left half of the pelvis and behind the uterus. The mass was united by strong adhesions to the posterior wall of the pelvis, to the left broad ligament, to the whole extent of the rectum, and to the posterior face of the uterus. The adhesions were separated with difficulty by the finger, but not before the mass had been ruptured and dark colored clotted blood escaped. There was very little bleeding, and none of the neighboring viscera were injured. The pedicle of remains of tube and ovary of left side was tied off in the usual way. The abdomen was washed out with boiled water and wound closed without drainage. It is now the fifth day since the operation, and the patient has been doing perfectly well.

Dr. Alloway, commenting on the specimen, remarked that after removing the mass he noticed it embraced within its limits the ovary and the fimbriæ of the left tube, and the thought occurred to him that its situation suggested a tubo-ovarian pregnancy. The sac, which was really a distended ovary and contiguous portion of the tube, was filled with blood, etc., a condition not unusual in extra-uterine pregnancies. The specimen was submitted to Dr. Wyatt Johnson for microscopical examination, and his report confirms this view. Thickened and altered chorionic villi were found in that portion of the mass which corresponded to the dilated end of the left tube; no signs of a fœtus were detected.

2. *Ovarian Cyst (Marsupialization Method Adopted).*—Patient complained of pain over sacrum, in the left groin and hip, painful micturition, dysmenorrhœa and sterility. Menses commenced at 14 years, married at 19 years; no children, no miscarriages; irregular and painful menstruation, especially marked during the past two years. Examination revealed tenderness in both iliac regions, more marked in the right; tenderness extending down the right leg to knee-joint. Anteversion of uterus, being firmly fixed behind the pubic bone; a large semi-pultaceous mass occupied the left pelvis, projecting into Douglas' pouch of that side and firmly fixed to the uterus in front. Cœliotomy recommended and performed. On opening the abdomen the omentum was found to be adherent to a mass beneath it. The mass proved to be a large cyst containing clear fluid, and grew from the vicinity of the right ovary. It was connected with nearly all the abdominal viscera by adhesions so dense that the attempt to separate them had to be given up. From this large cyst sprang a number of daughter cysts. There was nothing left to do but drain off the cyst contents. Their cavities were converted into one main cyst, then washed out with boiled water and the wall of the cyst sutured to the peritoneum. The cavity of the cyst then opened into the wound, and thus constituted a condition somewhat similar to that found in the marsupialia. After thoroughly drying the cyst walls with sterilized gauze, its cavity was packed with iodoform gauze, which acted as a drain. Every other day the iodoform gauze was changed. On the 20th day this was discontinued and the opening allowed to close.

3. *Uterus Bicornis.*—This condition was met with accidentally in the course of an abdominal section for removal of the appendages. Upon opening the abdomen the uterus was seen to consist of two corpora with only one cervix, the bodies being separated from each other by a well-marked sulcus. The right one was larger than the left.

Dr. Alloway showed a wax model of the condition, which he said resembled very closely the pelvic organs as they appeared *in situ.* His object in operating was only to remove the appendages, and the condition was thus noticed. Bicornate uteri, he thought, though heretofore regarded as very uncommon, would in the future be more often met with, owing to the increased frequency of abdominal sections. This condition was due to the non-fusion of that part of the Mullerian ducts which go to form the body of the uterus.

4. *Double Pyosalpinx.*—Patient complained of menorrhagia, weakness, dyspareunia, pains in the back and lower part of the abdomen and left leg. Menses commenced at 16 years, she was married at 27 years, had one child and one miscarriage. The pain in the back and dyspareunia had existed for the past three (3) years. Examination revealed uterus retroverted and bound down by adhesions, which inclined it somewhat towards the right side. Removal of the appendages was recommended and performed. On opening the abdomen the right fallopian tube resembled a small sausage, the fimbriated extremity had closed in, giving the appearance of an inverted cone; the ovary was embedded in the tube which was attached by strong adhesions to the intestines. The left ovary was united by dense adhesions to the fimbriated extremity of the corresponding tube, which bore a close resemblance in appearance to the right, and was also attached by adhesions to the sigmoid flexure. The left ovary proved to be transformed into a large blood cyst. The uterus was so firmly bound to the sacrum by adhesions, that these had to be liga-