he was all right. Four hours afterwards he went to sleep and never woke again, dying within twenty-four hours after the injury. The autopsy showed the same sort of fracture of the skull as seen in Dr. Austin's case.

## The Brain and Skull of a Criminal.

Dr. Wyatt Johnston showed the skull and brain of a criminal from Longue Pointe Asylum, and Dr. Georges Villeneuve gave the clinical history of the case, a report of which will be published later.

## Tubal Pregnancy.

Dr. A. LAPTHORN SMITH read the following report:

The following notes of the case are taken from the records of the Samaritan Hospital for women, as reported by Dr. Fiske, the Registrar. Mrs. R., age 38, was admitted on the 3rd of March, 1896, complaining of pain over the abdomen and in the back and of metrorrhagia, both of which had lasted five weeks.

Previous history, never been very strong; has been married nine years; had no children, but has had five abortions at about seven weeks of pregnancy, the last one in January, 1895, from which she made a good recovery. Nearly nine years ago, Dr. William Gardner removed a polypus from her womb. Three years ago she was curetted by Dr. Lapthorn Smith who wished to perform abdominal section for disease of the ovaries and tubes and retroversion with fixation. This latter she declined and was treated locally for a year, at the end of which time the condition of the pelvic organs had considerably improved, the uterus becoming fairly movable and the ovaries ceasing to cause much pain. She was then treated for a year with pessaries which kept her comfortable.

History of present illness—Had her period in last week of December, after which she saw nothing until the last week of January, when she began to flow and has continued doing so on and off for five weeks. About a week before admission she was taken with inflammation of the bowels and Dr. Aylen was called in. As she was losing a good deal and suffering a great deal of pain and was moreover seriously ill with pelvic peritonitis, he advised her to enter the hospital for prompt operative treatment.

Present condition—Patient very emaciated, anxious expression, abdomen tender and distended; nausea and vomiting; pulse, 130; tongue clean, appetite poor. Heart, lungs, liver and spleen normal. A vaginal examination shows the uterus to be retroverted and fixed, with a tumour the size of an orange in the left ovarian region. Right tube enlarged to the size of a sausage and tender.