

lump in the left iliac region, rapidly growing very painful to the touch, making her scream out at times. Suffered occasional discharges of blood in small quantities; frequent desire to micturate. Towards the middle of July, when in her physician's office, sharp pain, accompanied by a uterine hæmorrhage, occurred, followed by great faintness and vomiting. She was removed to her home in a carriage, where she was seen by two physicians, who suspected miscarriage. Two weeks later, when seen by me, though weak and suffering some pain, she was able to walk about without much difficulty. On digital examination a mass could be made out, extending from the uterine attachment of the broad ligament well up into the left iliac region. It was sensitive to the touch, and large, distinct pulsating vessels could be felt. The uterus was enlarged and high up to



Left Tubal Pregnancy, rear view, sac opened, foetus about 2½ mos. seen at extreme right, about size of a large bean. Aug. 1, '96.

the right. I again suspected extra-uterine gestation, and, after consultation with Dr. McPherson, recommended immediate removal to the hospital and operation. This was consented to.

On August 1st, assisted by Dr. McPherson, I opened the abdomen, which disclosed a mass occupying the left side of the pelvis, involving the left broad ligament, and adherent to the mesentery and some coils of the small intestine. A considerable quantity of dark clot was removed, evidently a hæmatocoele, the result of rupture of the Fallopian tube, which, I infer, occurred at the time when she was suddenly taken ill in her physician's office. After separating the adherent intestine and other adhesions, the tumor was removed without difficulty, though considerable hæmorrhage and oozing occurred. The pelvis was well washed out with hot boracic solution and closed. During the first 48 hours following