admit finger into uterus, having hand in vagina, found the uterus empty, with the exception of a thin desidual membrane, resembling cast one would find in membranous dysmenorrhea. The uterus was no larger than one would expect in an unimpregnated multipara. Of course this examination proved the case to be one of abdominal pregnancy. The patient was under the influence of ether only a few minutes, and stood the anesthetic better than we expected, in fact pulse improved. But an hour or so afterwards the pulse was again weak and rapid. Vomiting set in and was a prominent symptom up to the time of her death, three days after. During this time there was great weakness and exhaustion, and was cause of death. Had hoped to get her in a condition favorable for laparotomy, but failed.

She died on the 17th, and on the 18th I performed an autopsy, assisted by Drs. McDonald and Manson, of this city. The body was in a good condition of flesh. Very little emaciation. On opening abdominal wall found a fully developed female child, weighing 8½ pounds, lying in abdominal cavity, with breech lying well down in front of uterus.

After removing child, found a large placenta in right inguinal region, the edge attached to right inguinal abdominal wall, and the main body intimately attached to intestines. It was also attached to fimbriated extremity of right Fallopian tube.

The uterus was about the size of an ordinary empty uterus. Both ovaries normal and both Fallopian tubes normal and intact. There was no sign of the ovum ever having entered the fallopian tube, or to show that the pregnancy had ever been tubal.

My opinion is that when ovum escaped from right graafian follicle it became fecundated and never reached the Fallopian tube, but continued to develop in abdominal cavity and, therefore, a *primary* abdominal pregnancy.

I have thought this case of sufficient interest to the medical profession to report, because of the fact that so many writers on obstetrics and gynecology deny the probability of primary abdominal pregnancy ever existing.

Had I diagnosed the case correctly in the early months, an operation might have saved the patient's life, but from so little data I cannot see how a correct diagnosis could have been made.

Had the case been operated on during the latter months, am sure the result would have been a failure, since the placenta was adhered to so large a surface of intestines.

I invite discussion of the case through the PRACTITIONER.