have the specimen here. You will observe that the fetus is outside of the sac, but is still attached by the cord to the placenta which remains in the distended tube. The fifth case I saw a year ago last August in consultation with Dr. Sharpe, of Tilbury Centre. She gave a history of tubal pregnancy of about two months' duration, and had nearly died from pain and shock on two occasions during that time. On opening the abdomen the tumor was seen at the right side of the uterus and firmly adherent to everything in that neighborhood. I found it impossible to separate the sac from the bowel without tearing the latter, but by carefully incising the peritoneal covering, and peeling it back I succeeded in enucleating the mass and leaving the outer covering of the tumor behind. Then by ligating the part adjacent to the uterus the whole was easily removed. This woman made a good recovery, and I here show you the specimen.

In connection with this subject the following case is of interest: Mrs. G——— was married last March, and menstruated regularly until June 26th, when it came on for the last time. In August she consulted Dr. Hanks, of Blenheim, who told her she was pregnant. On the 29th of September she was seized with a pain in the right iliac region while walking about, became very pale and faint, and was assisted to a couch by those about her. These symptoms soon passed off but returned in fifteen or twenty minutes. In a few hours she was able to return in a carriage to her home, a distance of ten miles. On October 1st a similar attack of a slighter character occurred and she then discovered a swelling in the locality of the pain. Alarmed at this she again saw Dr. Hanks, who, after a careful examination, thought it a tubal pregnancy and sent her to me. The swelling was where that of tubal pregnancy should be at about thirteen weeks and seemed about as large but harder than other cases of that kind that I had seen. The vagina and cervix were bluish in color, and the latter was pushed forwards and slightly to the left, and felt like the cervix of a pregnant uterus. Douglas' sac was filled with a mass that seemed about as hard as a sac containing clotted blood. There had been no flow since June 26th, nor had any decidual membranes passed. The probability of tubal pregnancy seemed pretty strong, and under the circumstances I advised an operation. This was last Thursday, and on Saturday morning, assisted by Drs. Hanks and McKeough, I did so. On opening the abdomen the tumor presented and proved to be a fibroid on the anterior lateral aspect of the uterus. It had crowded the fundus back into the hollow of the sacrum so as to fill Douglas' sac, and this had caused the cervix to be pushed forward and slightly to the left. The tumor was sesile, but apparently not involving the uterine wall to any depth. I therefore split the capsule and enucleated the tumor, closed the site of the growth by a continuous catgut suture and sewed the abdominal wound in the usual way, uniting peritonæum, fascia muscles and skin separately. There was almost no loss of blood, and no shock whatever. To avoid the danger of abortion I kept all pain under control by the use of opiates. At noon to-day her temperature was 99°F., her pulse 86, and her general appearance favorable.

The subject of gallstones is so fully dealt with in medical and surgical books that reference to the subject generally in this short clinical report would be undesirable. I believe, however, that many cases are not recognized as such because the most characteristic symptoms are often absent. Hepatic colic, jaundice, abnormal stools, chills and fever and hæmorrhages are generally looked for, and when not found in any given case it is usually treated as some form of dyspepsia. The symptoms of gallstones depend almost entirely on the place they occupy in the biliary passages and on the size and