

to make an examination until rupture occurred, and in that case there was neither history nor symptoms which enabled me to do more than determine there was *tubal occlusion*. Under these circumstances, I think I may be excused for maintaining a somewhat sceptical attitude towards those gentlemen who speak so confidently of making a certain diagnosis before rupture." And Mr. J. Bland Sutton, in his work on "Surgical Diseases of Ovaries and Fallopian Tubes," 1893, the most recent and valuable work on the subject, states that he is acquainted with but one instance of diagnosis before rupture, which was made by Dr. Herman, senior obstetric physician to the London Hospital.

*History*.—Mrs. T., æt. 37. German, parents living and healthy. Had nine brothers and sisters, of whom five died in infancy from "teething"; those living are healthy. Menstruated first in fourteenth year, and continued regularly thereafter, unless physiologically suppressed.

Married at 21. Has had 11 living children, and one miscarriage at 4½ months. Two children died in infancy, remainder healthy. After second confinement had "inflammation." Attending physician thought an abscess would form on left side in inguinal region, but it passed away, leaving, however, more or less tenderness ever since. Ten years ago cough, expectoration, and hæmoptysis occurred; patient remained poorly a few years, but improvement set in slowly, and she has not been troubled for four years to any serious extent.

May 24, 1894, was delivered of a strong, healthy child; everything normal; made rapid recovery.

June 2, 1895, had a miscarriage at 4½ months. Membranes enveloping child at birth; rapid recovery; had some sanguineous discharge for week or two, but no chill, headache, or fever. It was patient's habit to menstruate soon after delivery, whether nursing child or not. She was, accordingly, unwell on July 12, again on August 11, but had no further show until washing on Sept. 15, when she was taken with a sudden and severe pain in the lower part of abdomen, on left side and back, accompanied by a gush of clear fluid, one to two ounces in quantity, from the vagina. She felt quite weak and faint for an hour or two, but was free from marked pain or discharge until the 20th, when another severe pain was experienced, followed immediately by a hæmorrhage, simulating menstruation, until the 26th, when it gradually lessened so as to disappear by Oct. 3. Patient felt so well that she went away on a trip for twelve days, during which time occasional losses occurred, but no membranous shreds were found at any time.

Was called in on Sept. 15. Found patient fairly well nourished, but somewhat anæmic. An examination of heart, kidneys, and skin showed them to be normal in condition and function. Upper lobe of right lung