

superior iliac spine to the umbilicus. No actual swelling was felt. On examination the vagina was found to admit two fingers, there being a very small crescentic hymen. No discharge was visible. The cervix was nulliparous, the canal being closed. There was considerable tenderness in the right lateral fornix. Bimanual examination was difficult owing to the patient holding herself extremely rigid. The uterus was normal in position and size. In the anterior part of the right poster quadrant was a rounded, indefinite, elastic, tender swelling, which appeared to be about one and a half inches in diameter and was not continuous with the uterus. Per rectum there was tenderness in the region of Douglas's pouch but no actual swelling could be felt. The leucocyte count was 8000 per cubic millimetre and remained constant.

As regards the diagnosis, the patient was thought to be recovering from what was most probably a slight attack of appendicitis. Except for the continuous subnormal temperature the signs and the symptoms would do very well for the acute catarrhal form, occurring in a "south-east" appendix. But bearing in mind the missed period the possibility of an ectopic gestation was discussed, the symptoms fitting in with what would be expected in the case of an unruptured tubal pregnancy into the sac of which a small hemorrhage had occurred. In these circumstances, after a couple of days' observation, it was decided to operate at once and not to risk any further delay. The abdomen was opened by an incision rather lower than the usual appendicectomy one, the muscles being divided in the direction of their fibres. The appendix was found lying in the "south-east" position and appeared to be quite normal, except that at its tip it was attached to a swelling in the pelvis by a recent adhesion. In, and projecting from, the upper and back part of the right broad ligament was a globular purplish swelling about two inches in diameter. It was extremely tense and contained fluid. The tumor was identified as an enlarged right ovary over the apex of which ran the right tube with its fimbria ovarica attached to the swelling. A good pedicle was obtained, transfixed, and the tumor was removed; in so doing, however, the ovary ruptured and about one ounce of dark fluid blood escaped. The left ovary feeling normal the abdomen was closed. The patient made a good recovery.

The ruptured specimen on being hardened quickly contracted down to the shape and size of an ordinary ovary. Continuous sections showed the normal ovarian stroma to be infiltrated with blood and at one edge of the hematoma a mass of lutean tissue was seen. No trace of chorionic villi could be discovered.

During the last two years five somewhat similar cases of ovarian hemorrhage coming on at or about the time of a menstrual period have been admitted into this hospital. In two of these cases the