

Society. He had been struck by the frequency with which, as his experience of ectopic gestation increased, he had met with cases of unruptured tubal gestation; even when much hæmorrhage had occurred, it was often found that the pregnancy itself was still within the tube, the blood having "dripped" out from the open fimbriated end. Some surgeons had doubted even the possibility of an intraperitoneal hæmatocele forming a definite tumor, and had supposed that all such local hæmorrhages must be extraperitoneal, and between the layers of the broad ligament. Such teaching was not altogether true, in proof of which he related a case where, after operation on a parovarian cyst, there was secondary hæmorrhage from the stump. Some peritonitis followed, and the blood became localized, its upper limit being defined by an abrupt line stretching across the abdomen. The hæmatocele was tapped *per vaginam*; later the remainder of the clot decomposed, and he evacuated it by free incision from below. The finger was passed into the abdomen through Douglas' pouch, and he satisfied himself that the hæmatocele was strictly intraperitoneal. Analogous cases sometimes resulted from the rupture of a tubal pregnancy, with a moderate degree of hæmorrhage; but this was exceptional. The most common cause of a defined hæmatocele was the slower hæmorrhage or blood drip, which took place from an open Fallopian tube when the pregnancy or mole lay within it. Such hæmatocèles were found at operation under various conditions: (a) A mass of coagulum without definite form or consistence, easily scooped or washed out. (b) A definite and consistent clot adherent to the peritoneum, the surface of which it leaves rough on removal. (c) By adhesions to neighboring parts a tubo-ovarian blood cyst was formed, distinguished anatomically from the true tubo-ovarian cyst due to pyosalpinx by the fact that in the former a new formation of tissue helped to make the cyst and enclose the blood, whereas in the latter the walls were formed entirely by distended tube and adhesions. (d) Lastly, there was a condition hitherto, so far as he knew, unrecognized, in which a complete cyst wall was formed by organization of the blood clot. Within the neck of this globose pitcher lay the fimbriated end of the Fallopian tube, which could be lightly drawn out from its enclosing sheath, showing its fimbriated end uninjured. Illustrative cases of these conditions were related. Referring to Mr. Lawson Tait's view, that tubal gestation before gestation was never diagnosed, except by mere accident, because it produced no symptoms, Mr. Taylor said that he and others could point to specimens of unruptured gestation correctly diagnosed before operation. But as regarded the diagnosis between ruptured tubal gestation and so-called tubal abortion, the only distinguishing feature that he could find was that in the latter the period of amenorrhœa preceding the irregular hæmorrhage was commonly wanting. On the subject on