

usually 101° , then suddenly darting up to 106° ; constant vomiting of dark, greenish fluid; was restless and apprehensive; abdomen distended and tympanitic. May 10th, drowsy and weak; mind wandering; sleepy; pulse 170; temperature $102\frac{3}{4}^{\circ}$, when death ensued. Post-mortem examination made in the presence of several physicians revealed pus in large quantities in the peritoneal cavity; the pelvic organs had undergone almost complete disorganization, and could only with difficulty be separated or recognized. Some thickened, disintegrating masses of decidual tissue were found, corresponding to the left broad ligament. No disease of other organs was found. All present concurred in the opinion that a correct diagnosis had been made, and that rupture of a tubal pregnancy into the peritoneum had occurred about the 11th week.



Left Tubal Pregnancy, rear view, ovary and placenta at left, foetus and sac at right, about $2\frac{1}{4}$ mos. Aug 1, '96.

SECOND CASE.

On July 26th, accompanied by Dr. D. W. McPherson, I was called to see Mrs. S., aged 31; had borne two children; six years since date of last confinement. Since that time, she stated, she had never been well. She suffered from menorrhagia, always lasting a week or more, and continued leucorrheal discharge, backache, etc. Last unwell June 7th; discharge slight, lasting only three days. After this menstrual period suffered acute pains, accompanied by nausea and faintness, referred to the left ovarian region. These pains continued to increase in severity, as well as the nausea, which gave place to occasional severe paroxysms of vomiting, succeeded by periods of relief, which might last for several hours or days. Breasts sore and enlarged. Early in July noticed a