On examining the specimen removed, the Fallopian tube was found distended to nearly an inch in diameter, with firm and apparently partially organized clot. Posteriorly it was perforated at two points, and the blood had doubtless escaped from these openings into the posterior layer of the broad ligament, and thence into the general peritoneal cavity. No fœtus nor membranes were seen anywhere.

December 8th, 11 a.m.—No vomiting since immediately after the operation. Had $\frac{1}{10}$ gr. morphine hypodermically during the night, and rested fairly well. Two or three ounces of bloody fluid discharged. P. 74. T. 99.4°.

December 9th.—Had a good night. Has taken some milk and lime-water, and kept it down. P. 74. T. 99°. Drainage-tube removed.

December 10th.—Some bloody discharge yesterday. Very little in night. Slept fairly well. P. 70. T. 98.6°. Bowels well moved this morning after two Seidlitz powders and enema.

December 11th.—Doing well. P. 72. T. normal.

December 13th.—Bowels are moved every other day by a Seidlitz powder. P. 70. T. 98.2°.

December 17.—All sutures have been removed. Doing well in every way. There has not however been any uterine flow, and there is more fluid in breasts than before operation. This leads us to suspect intra-uterine pregnancy also.

December 25th.—Very anxious to go home to-day for Christmas. Has been out of bed for several days; may therefore leave hospital, if carried up and down stairs. Still no metrorrhagia, and breasts are growing larger and contain more and more fluid.

January 9th, 1895.—Dr. Cuthbertson informs me that patient began to flow freely on the fifth inst., and aborted on the seventh, being the fifth week after the operation.

Remarks.—So many cases of tubal gestation having been reported during the last few years, it may seem superfluous to add to their number; but we think that there are one or two points in the history of these which make them deserving of being placed on record. And in the first place the fact that, in both, the diagnosis of ruptured tubal pregnancy was made without the aid of that almost ever-present symptom of uterine hemorrhage is worthy of notice, showing that we should not necessarily wait for it before operating. In the last case the concurrence of an intra-uterine fœtation accounts, of course, for its absence; but not so in the other. Besides, if one had placed too much reliance on this very common symptom of rupture of the tube he might have been tempted to try electricity or some other method