pregnancy which were saved by operation, and had been so diagnosed. He believes that the condition is more frequent than is generally supposed, and he hopes that by reporting these cases, as they occur from time to time, his brethren in general practice will come to recognize them more early and more often.

Case 36. Mrs. S., came into the writer's clinic at the Montreal Dispensary on Thursday, 20th September, 1906, for the first time. She had had a pain in her side for several weeks, and, meeting a friend on the street who was coming to the Dispensary, she came along with her. She objected to the routine examination which every new case has to undergo there, but when after examination she was told that she had a tubal pregnancy, and that she would have to enter the hospital that night and be operated within a day or two she was quite dazed. She was given an admission slip to the Western Hospital, and fortunately the house surgeon on duty made room for her, for, while going up to the bed, the tube ruptured and she had her first hæmorrhage.

As she felt somewhat better on Friday, and as the writer was engaged at another hospital for that day, she was held over till Saturday, when the abdomen was opened in the presence of several members of the staff. On reaching the peritoneum the diagnosis was confirmed, for the dark blood could be seen through it. It was quickly opened, several handfuls of clots were removed, and then this specimen of the distended tube (specimen was shown), about the size of a pear was tied off and removed.

The diagnosis at the Dispensary rested entirely on the pelvic examination; a painful mass in the left side in a woman who believed herself two months pregnant, but whose uterus was empty. Rupture had not taken place at that time, for the mass was as clearly defined as a pus tube, and there was an absence of that boggy feeling in Douglas cul-de-sac which we always feel when the hæmorrhage has been going on for a few days. This patient has made a rapid recovery, her pulse and temperature did not require any morphine; she had no vomiting, and no distention. Her case is a telling argument in favour of early operation, if possible before rupture.

In Case 35 the other tube and ovary were left because there was no time to even look at them owing to the patient's desperate condition. In Case 36 the other ovary was examined and found to be cystic; the cysts were opened and some excised, but the ovary and the tube were left, in deference to the almost irresistible, but, as I believe, mistaken current, of professional opinion which passes under the name of conservatism.