

being fully prepared to operate at a moment's notice should there be any sign of another hemorrhage into the peritoneum. A mass could be felt as large as a cocoon on right side, the uterus being pushed over to the left by it, and the ovary I thought was imprisoned in the mass, because the slightest pressure on the mass caused severe vomiting for several hours. She was put on a stomach preparation and carefully fed until the 25th October, when her pulse and temperature came down to normal. She took  $\frac{1}{16}$  gr. of strychnine three times a day during three weeks, and her bowels were put in good order. As the lump projected up under the abdominal wall I made a long incision, and on opening the abdomen found that the omentum had cleverly come to the rescue by walling off the ruptured tube and blood clot from the rest of the peritoneal cavity. The adhesions were quite firm, but were finally detached, revealing a mass of blood clot with a foetus five inches long among them slightly macerated. She was cleaned out, and then the densely adherent right tube and ovary together with the vermiform appendix in an inseparable mass was with difficulty shelled out. The ovarian artery was tied separately and also the uterus at the cornu, and the tube and ovary removed. The vermiform appendix was cut off level with the caecum, and the hole in the bowel closed with two rows of fine silk sutures. The other end of the appendix is still buried in the mass of inflammatory exudate in the ovary. There was no bleeding at the operation. The pulse went up to  $140^{\circ}$  and temperature  $101^{\circ}$  the night of the operation, but both were normal on the third day, and have remained so since, now four weeks since the operation. She has had no nausea or vomiting since the day after the operation, although before it she had been vomiting almost regularly for five weeks. No pain at all since the operation; has good appetite and feels well in every way. Left ovary was allowed to remain in order to avoid the discomforts of the premature menopause. Left tube was diseased and removed close to the cornu. This was my eleventh case of tubal pregnancy, all of whom recovered, and are alive and well.

My twelfth case consulted me at the Montreal Dis-