

fluid in the much distended peritoneal cavity, and this, together with the previous history, caused me to diagnose the case as one of ruptured extra-uterine foetation with active hæmorrhage.

*Operation.*—The operation was performed at midnight, in her own house, assisted by Dr. Rendell, while Dr. Stabb administered the anæsthetic. On opening the abdomen there was a gush of blood and intestines. The latter were returned with difficulty, so great was the tension. Then, exploring the pelvis with my fingers, I found the ruptured tube on the left side from which bright arterial blood was welling up very rapidly. Having clamped it off, hæmorrhage was arrested and we were able to clear away the clots and dry out the pelvis. Before closing the wound, the abdominal cavity was filled with normal saline solution, and when the operation was finished a quart of the same was thrown into the colon with the long rectal tube. The pulse came down after operation to 96 and the breathing was much easier.

The further progress of the case contained nothing of note, save the tendency to paralysis of the bowels; that one might expect. To overcome this, purgatives were administered early in the case, and high injections containing turpentine and glycerine used repeatedly until the bowels were freely moved—just twenty-four hours after the operation.

CASE 2. *History.* — Mrs. P., multipara. Youngest child aged two years and four months. Menstruated in December but not in January and considered herself pregnant. At eleven o'clock on the night of February 11th, 1901, she was seized with pain in the left side. This continued all night; and, the next morning on rising from bed she got weak. She vomited occasionally during the day and had the weak feelings off and on. There was also a slight red vaginal discharge. I was called at 6 p. m. February 12th and found her complaining of pain all over the abdomen—particularly severe up in the left shoulder—and of weakness. The history given was that above stated. On examination there was not great distension of the abdomen but there was free fluid in the abdominal cavity. The uterus was small in size, freely moveable and the os uteri had the soft feel of pregnancy. The diagnosis made was a *ruptured extra-uterine foetation* and immediate preparation was made for an operation.