

in the way of her removal to the hospital; but at last she arrived at 9 p.m., when she was taken at once to the operating room and hastily prepared, as by this time her pulse was over 140. On opening the abdomen a good deal of bright red blood gushed out, but further loss of blood was at once arrested by clamps on the ovarian and uterine arteries. The source of the hæmorrhage was found to be a tear on the left tube near the uterus. The tube and ovary which were matted together were removed *en masse*, as it would have been difficult to separate them, but the right ovary and tube were not even examined owing to the patient's urgent condition. About half a gallon of clots and blood was scooped out with the hands; and then, although about a quart still remained, it was thought best to lose no more time in getting her off the table. Half a gallon of salt solution was poured in, and the abdomen was just about to be closed when, in pulling down the omentum, this little foetus was found near the liver. (Foetus was exhibited).

The urine was drawn just before the operation and when it was examined, an hour or two later, it was found to be loaded with albumen.

The pulse came down to 120 next morning, and 100 the day after, and her temperature which had been at 97 before the operation rose to normal. Then the woman had to run another gauntlet of a miscarriage of the pregnancy in the uterus, during which a considerable quantity of blood was lost, and necessitated a great many salt solution enemata which were kept up during a whole week. We were obliged to raise the foot of the bed on account of the anæmia, which was not very good for drainage, but fortunately there were no septic symptoms. She had an anxious convalescence, but during the next few weeks we had to contend with a distention which seriously interfered with her heart for which we gave, though in vain, an average of ten grains of quinine a day. All kinds of stimulating enemata were tried but without avail, and it gradually went down under 30 to 40 grains of asafœtida a day. Almost no morphia was used, but she received a 1/30 of strychnine three times a day for three weeks. A curious thing about the distention was that she remained distended even when her bowels were moving four or five times a day. She went home in four weeks and is now being treated by Dr. Sylvestre for the kidney condition, principally by milk diet.

An interesting question in connexion with this case is this: Does Dr. Sylvestre have more cases of tubal pregnancy in his practice than his neighbours who never diagnose any, or have those of his neighbours who have an equally large practice had nine cases which they failed to recognize? The writer knows of at least two cases of tubal