

family, the fact that tubercle is the most common tumor of the cerebellum, leads me to believe this to be most likely the nature of the growth. I therefore consider the case to be a tumor of the middle lobe of the cerebellum, probably tubercular in its nature.

199 Simcoe Street.

---

### Two Cases of Tubal Gestation.

BY A. B. ATHERTON, M.D.,

*Surgeon to St. John's Hospital for Women.*

CASE 1.—Mrs. H. T——, aged 25, first seen by me at noon on October 10th, 1894, in consultation with Dr. Sloan, of Parkdale.

*History.*—Usually has good health; had one child three years ago; not pregnant since; always regular except when pregnant or nursing; menstruated last during the first week in August; has suffered a good deal from morning sickness for three or four weeks.

About three weeks ago, began to have occasional attacks of colicky pain in lower abdomen, lasting from a few minutes to an hour or more, and obliging her to keep still till they passed off. Six days ago had a more severe seizure than any before, which was attended with faintness. A second similar attack occurred yesterday, when, for the first time, Dr. Sloan was called in. During the afternoon the patient had, in addition to the abdominal pain, an acute pain in the top of left shoulder, which, during the night, shifted to the right shoulder. Dr. Sloan had to give several doses of morphine to relieve the patient; and, considering her condition rather alarming, asked me to see her with him.

On examination the lower belly seemed somewhat distended, and was tender, especially on left side. *Per vaginam*—The uterus found somewhat enlarged, and fundus lying to the right side. On the left an irregular, hardish mass felt, which was painful on palpation.

Up to the present there has been no discharge of blood from uterus. P. 96. T. 100°.

*Diagnosis.*—Ruptured tubal pregnancy. Immediate operation advised.

Removed to St. John's Hospital and abdomen opened at 4 p.m.; assistance rendered by Dr. Sloan, chloroform being given by Dr. Hart.

As soon as the peritoneum was entered, bloody serum, followed by clots of blood, issued forth. The hand was at once passed in and the distended left Fallopian tube withdrawn. Then clamps