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A CONTRIBUTION TOWARDS THE STUDY OF THE NATURAL HISTORY OF TUBAL GESTATION.

ILLUSTRATED BY A SERIES OF SEVENTY-FIVE ORIGINAL CASES.

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Introduction.

No subject in the whole range of obstetrics and gynæcology has advanced so rapidly in recognised importance as that of extra-uterine pregnancy. This advance dates from some twenty years ago, when the practice of abdominal section in these cases led to their increased recognition, and, indirectly, to advance in our knowledge of their pathology.

Up to the present time it may be said that the whole of the literature of the subject deals with it from two points only—namely, surgery and pathology. With the increase of surgical treatment another aspect of the subject shrank into obscurity. It was taken for granted that nearly all cases died without operation, and that therefore all cases of recovery after operation represented the same number of lives saved. More than this, it was absolutely stated that the mortality of these cases untreated was almost cent. per cent. For instance, Puech gives statistics of 100 pregnancies, with 98 ruptures (of which 97 died), and 2 deaths from causes other than rupture.

In short, the great desideratum in this subject is some trustworthy account of its natural history.

A curious fact strikes one, namely, that hæmatocele was a well-

recognised condition in years gone by, and that it caused very few deaths indeed; secondly, that it was asserted by enterprising surgeons that hæmatocele was, in the great majority of cases, due to ruptured tubal gestation, and that, untreated, its mortality was large. The chance of proving the correctness or incorrectness of this latter statement was rarely afforded, as cases recognised were practically always operated on. On the other hand, the old hæmatoceles of bygone years nearly always recovered if left alone.

I am quite aware that the diagnosis of the present day is very superior to that of years antecedent to the frequent practice of abdominal section, and that chances of verifying the correctness of the diagnosis were formerly much smaller than at present; still, having lived in both eras, I am sure that all hæmatoceles were not wrongly diagnosed in the past.

What about extra-uterine gestations in days before they were fully recognised?

It is plain that the discovery of a condition or the recognition of its frequent occurrence cannot create the condition; on the other hand, it is generally acknowledged that the frequency of the diagnosis of a condition will depend largely upon its recognition.

I can remember the practice in the gynæcological wards of St. Bartholomew's Hospital since 1875, a matter of twenty-seven years. Till 1877 these wards were under the care of Dr. Greenhalgh, from 1877 to 1891 under that of Dr. Matthews Duncan, and from 1891 under my own care.

Under Dr. Greenhalgh the diagnosis of hæmatocele was frequently made; under Dr. Matthews Duncan it was comparatively seldom made, and my recollection is that cases which would have been diagnosed by Dr. Greenhalgh as hæmatocele were often diagnosed by Dr. Matthews Duncan as perimetritis.

This impression receives some support from the statistical tables of the hospital, an extract from which is given below. It must be stated, however, that the diseases here quoted are tabulated from the diagnosis of various medical officers, not only from that of the obstetric physicians, but also from that of the physicians and surgeons in the general wards of the hospital. Still, the large majority of the cases occurred in the gynæcological wards.

It is probable that the majority of cases of pelvic abscess were really such, and were confirmed by the escape of pus; but it is quite likely that some of them may have been cases of extra-uterine

gestation which showed the sign of elasticity, and afterwards underwent absorption.

The rarity of the diagnosis of extra-uterine gestation until 1893 must be noticed, as well as the fact that perimetritis (pelvic peritonitis) is hardly diagnosed till 1878 (Dr. Duncan's appointment), nearly all cases diagnosed as inflammatory being previously entered as pelvic cellulitis (Dr. Greenhalgh's tenure of office).

The cases of pelvic hæmatocele had a certain, though small, mortality, and this in itself raises a suspicion that these fatal cases may have been due to extra-uterine gestation.

It will be seen that from 1865 to 1877 (twelve years inclusive) there were 129 cases in which hæmatocele was diagnosed, and of these 5 died, a mortality of nearly 3·87 per cent.

From 1878 to 1890 (twelve years inclusive) there were 51 cases in which hæmatocele was diagnosed, and of these 2 died, a mortality of nearly 4 per cent.—that is, much the same. This was during Dr. Matthews Duncan's tenure of office.

From 1891 to 1900 (nine years inclusive) there were 36 cases in which hæmatocele was diagnosed, and of these none died.

From 1865 to 1877 6 cases of extra-uterine fœtation are noted, with 1 death; from 1878 to 1890 10 cases are noted, with 2 deaths; from 1891 to 1900 63 cases are noted, with 9 deaths.

It must be noted that the total numbers in the gynæcological wards were increased in 1895 by the addition of fourteen beds.

FROM THE 'ST. BARTHOLOMEW'S HOSPITAL REPORTS.'

*1865. Cases of pelvic hæmatocele	...	6 ; deaths	...	0
1866. " " " "	...	2 "	...	0
1867. " " " "	...	6 "	...	0
" " " cellulitis	...	16 "	...	0
	Total	...	30	Total ... 0
1868. No statistics.				
1869. Cases of pelvic hæmatocele	...	9 ; deaths	...	1
" " " cellulitis	...	7 "	...	0
" " " abscess	...	7 "	...	3
	Total	...	23	Total ... 4
1870. Cases of pelvic hæmatocele	...	11 ; deaths	...	1
" " " cellulitis	...	26 "	...	0
	Total	...	37	Total ... 1

* Greenhalgh, October 8, 1861.

1871. Cases of pelvic hæmatocele	...	10 ; deaths	...	0
" " " cellulitis	...	12	"	1
" " " abscess	...	3	"	0
Total	...	25	Total	1
1872. Cases of pelvic hæmatocele	...	13 ; deaths	...	0
" " " cellulitis	...	10	"	0
" " " abscess	...	3	"	0
Total	...	26	Total	0
1873. Cases of pelvic hæmatocele	...	9 ; deaths	...	1
" " " cellulitis	...	16	"	0
" " " abscess	...	4	"	0
" " extra-uterine foetation	...	2	"	0
Total	...	31	Total	1
1874. Cases of pelvic hæmatocele	...	10 ; deaths	...	0
" " " cellulitis	...	16	"	0
" " extra-uterine foetation	...	2	"	1
Total	...	28	Total	1
1875. Cases of pelvic hæmatocele	...	11 ; deaths	...	0
" " " cellulitis	...	16	"	1
" " " abscess	...	4	"	2
" " " peritonitis	...	7	"	1
Total	...	38	Total	4
1876. Cases of pelvic hæmatocele	...	20 ; deaths	...	0
" " " cellulitis	...	16	"	1
" " " abscess	...	1	"	0
" " extra-uterine gestation	...	1	"	0
Total	...	38	Total	1
*1877. Cases of pelvic hæmatocele	...	22 ; deaths	...	2
" " " cellulitis	...	10	"	0
" " " peritonitis	...	3	"	0
" " " abscess	...	3	"	1
" " extra-uterine gestation	...	1	"	0
Total	...	39	Total	3
1878. Cases of pelvic hæmatocele	...	3 ; deaths	...	0
" " " cellulitis	...	18	"	0
" " " peritonitis	...	20	"	1
" " extra-uterine pregnancy	...	1	"	0
Total	...	42	Total	1

* Matthews Duncan, September 20, 1877.

1879. Cases of pelvic hæmatocele	...	9; deaths	...	1
" " " cellulitis ...	...	12	"	1
" " " peritonitis ...	...	21	"	1
" " " abscess ...	...	8	"	1
" " extra-uterine gestation	...	1	"	0
Total	...	51	Total	4
1880. Cases of pelvic hæmatocele	...	5; deaths	...	1
" " " cellulitis ...	...	14	"	0
" " " peritonitis ...	...	25	"	0
" " " abscess ...	...	6	"	0
" " extra-uterine gestation	...	1	"	0
Total	...	51	Total	1
1881. Cases of pelvic hæmatocele	...	7; deaths	...	0
" " " cellulitis ...	...	3	"	0
" " " perimetritis	...	12	"	0
" " " parametritis	...	15	"	0
" " extra-uterine gestation	...	0	"	0
Total	...	37	Total	0
1882. Cases of pelvic hæmatocele	...	2; deaths	...	0
" " " cellulitis ...	...	2	"	0
" " " perimetritis	...	15	"	0
" " " parametritis	...	24	"	0
" " extra-uterine gestation	...	1	"	0
Total	...	44	Total	0
1883. Cases of pelvic hæmatocele	...	4; deaths	...	0
" " " cellulitis ...	...	5	"	0
" " " perimetritis	...	18	"	2
" " " parametritis	...	10	"	0
" " extra-uterine gestation	...	1	"	1
Total	...	38	Total	3
1884. Cases of pelvic hæmatocele	...	2; deaths	...	0
" " " abscess ...	...	2	"	0
" " " parametritis	...	25	"	0
" " " perimetritis	...	21	"	0
" " extra-uterine gestation	...	1	"	0
Total	...	51	Total	0
1885. Cases of pelvic hæmatocele	...	3; deaths	...	0
" " " parametritis	...	25	"	0
" " " perimetritis	...	3	"	0
" " extra-uterine pregnancy	...	1	"	1
Total	...	32	Total	1

1886. Cases of pelvic hæmatocele	...	4 ; deaths	...	0
" " " parametritis	...	22	"	0
" " " perimetritis	...	24	"	0
" " extra-uterine gestation	...	1	"	0
Total	...	51	Total	0
1887. Cases of pelvic hæmatocele	...	2 ; deaths	...	0
" " " parametritis	...	10	"	0
" " " perimetritis	...	10	"	0
" " extra-uterine gestation	...	0	"	0
Total	...	22	Total	0
1888. Cases of pelvic hæmatocele	...	3 ; deaths	...	0
" " " parametritis	...	23	"	1
" " " perimetritis	...	11	"	0
" " extra-uterine gestation	...	1	"	0
Total	...	38	Total	1
1889. Cases of pelvic hæmatocele	...	4 ; deaths	...	0
" " " parametritis	...	7	"	1
" " " perimetritis	...	8	"	0
" " extra-uterine gestation	...	0	"	0
Total	...	19	Total	1
1890. Cases of pelvic hæmatocele	...	3 ; deaths	...	0
" " " parametritis	...	17	"	0
" " " perimetritis	...	7	"	0
" " extra-uterine gestation	...	1	"	0
Total	...	28	Total	0
*1891. Cases of pelvic hæmatocele	...	3 ; deaths	...	0
" " " parametritis	...	7	"	0
" " " perimetritis	...	22	"	0
" " extra-uterine gestation	...	0	"	0
Total	...	32	Total	0
1892. Cases of pelvic hæmatocele	...	1 ; deaths	...	0
" " " parametritis	...	8	"	0
" " " perimetritis	...	25	"	0
" " extra-uterine gestation	...	0	"	0
Total	...	34	Total	0

1893. Cases of pelvic hæmatocele	...	3 ; deaths	...	0	
“ “ “ parametritis	...	11 “	...	0	
“ “ “ perimetritis	...	29 “	...	0	
“ “ extra-uterine gestation	...	4 “	...	1	
Total	...	47	Total	...	1
1894. Cases of pelvic hæmatocele	...	2 ; deaths	...	0	
“ “ “ parametritis	...	7 “	...	0	
“ “ “ perimetritis	...	28 “	...	0	
“ “ extra-uterine gestation	...	3 “	...	0	
Total	...	40	Total	...	0
1895. Cases of pelvic hæmatocele	...	2 ; deaths	...	0	
“ “ “ parametritis	...	8 “	...	0	
“ “ “ perimetritis	...	31 “	...	0	
“ “ extra-uterine gestation	...	5 “	...	1	
Total	...	46	Total	...	1
1896. Cases of pelvic hæmatocele	...	4 ; deaths	...	0	
“ “ “ parametritis	...	5 “	...	0	
“ “ “ perimetritis	...	51 “	...	1	
“ “ extra-uterine gestation	...	8 “	...	2	
Total	...	68	Total	...	3
1897. Cases of pelvic hæmatocele	...	5 ; deaths	...	0	
“ “ “ parametritis	...	16 “	...	0	
“ “ “ perimetritis	...	22 “	...	0	
“ “ extra-uterine gestation	...	7 “	...	3	
Total	...	50	Total	...	3
1898. Cases of pelvic hæmatocele	...	4 ; deaths	...	0	
“ “ “ parametritis	...	15 “	...	1	
“ “ “ perimetritis	...	23 “	...	0	
“ “ extra-uterine gestation	...	8 “	...	0	
Total	...	50	Total	...	1
1899. Cases of pelvic hæmatocele	...	8 ; deaths	...	0	
“ “ “ parametritis	...	10 “	...	0	
“ “ “ perimetritis	...	24 “	...	0	
“ “ extra-uterine gestation	...	14 “	...	0	
Total	...	56	Total	...	0
1900. Cases of pelvic hæmatocele	...	4 ; deaths	...	0	
“ “ “ parametritis	...	9 “	...	0	
“ “ “ perimetritis	...	25 “	...	0	
“ “ extra-uterine gestation	...	14 “	...	2	
Total	...	52	Total	...	2

Seventy-five Original Cases.

The present communication is a careful record of seventy-five cases under my personal charge. The cases have not been picked, but represent all those which have been under my entire charge in St. Bartholomew's Hospital since 1891 (when I began my tenure of office there) in which extra-uterine gestation before the middle of pregnancy or hæmatocele were diagnosed.

I am quite aware that it may be objected that some of the cases were not of this nature, but to this I reply that you cannot have in any one case the advantages both of interference and of non-interference. Surgical interference will give us a certain diagnosis in most cases, as well as material for pathological investigation; non-interference renders diagnosis a matter of inference, but gives us material for natural history. Anyone is at liberty to make his own diagnosis from the cases which I have recorded in detail, but my contention is that, according to the views generally current, they would practically all have been subjected to abdominal section, and that the lives of those who recovered would have been claimed as saved from death.

This position seemed to me long ago very doubtful, and I tried to learn what really did happen to these cases if left alone, taking care that the patients should not suffer for want of operation if necessary. The results are here recorded, and I know of no corresponding series. The present series cannot, for instance, be compared with any in which a surgeon records the results of so many abdominal sections, nor, on the other hand, with a series compiled from the practice of different observers.

The principles which have for many years guided me, and which I have for many years taught, are briefly as follows :

1. Cases of early, unruptured, living, tubal gestation should be operated on without delay.

2. Cases of rupture into the peritoneal cavity, with diffuse hæmorrhage, should be dealt with according to circumstances :

- (a) If hæmorrhage still continues when they come under observation, some cases ought to be subjected to operation, taking into consideration the probability of the limitation and encapsulation of the blood continuing, and the state of the patient at the time ;

- (b) If seen after hæmorrhage has ceased, they should be treated expectantly.

3. Cases in which the blood has been encapsulated by adhesions

or by the broad ligament should be treated expectantly, and operated on if the pregnancy appears to be progressing.

4. Hæmatoceles which refuse to be absorbed in a reasonable time should be opened, emptied, and drained.

Cases in which bleeding has to be dealt with are best treated by abdominal, rather than vaginal, section.

With regard to the above propositions—

1. Cases of this kind are treated easily and simply by abdominal or vaginal section. On the other hand, such cases are extremely rare, and their diagnosis is always very obscure. If it is easy to diagnose 'extra-uterine,' it is generally impossible to be sure of 'pregnancy.' Moreover, the thing that sends the patient to the doctor is one of the consequences of rupture in almost every case, and previous to this she does not seek advice.

2. Cases of rupture into the peritoneal cavity, with diffuse hæmorrhage, generally involve the death of the ovum and cessation of growth. If the patient gets over the shock, which is often extreme, she generally recovers without further trouble. To operate during the state of shock is in many cases to kill the patient. To operate after the bleeding has ceased, and when shock is being recovered from, is generally unnecessary. (Two cases have especially impressed this upon me.)

3. A large number of hæmatoceles (which are generally in Douglas's pouch, roofed over by adhesions) enclose ova which are dead, and do not require surgical treatment. A minority contain either growing ova or tubal placentæ, which cause recurrent hæmorrhage.

4. Blood is generally absorbed rapidly, if at all. If unabsorbed in a reasonable time, the hæmatocele should be emptied and drained.

The two cases of rupture into the peritoneal cavity with great shock above alluded to are as follows :

C. S., aged forty. Pregnancies, four; children, four. Seen October 26, 1898, 7 a.m. Last menstruation nine weeks ago. About fourteen days ago slight abdominal pain, otherwise quite well till midnight; then pain in abdomen, vomiting. About 5 p.m. desire to defæcate, severe paroxysms of pain which made her shriek. Her temperature, when taken, was 97° F. At 7 a.m. I was sent for, and found her pale, anæmic (but not intensely), sweating profusely, abdomen not swollen, slightly tender, no dulness, pelvis indurated, uterus fixed. 9.15 a.m., pulse small, 120; temperature 95°.

The progress of the case was as follows :

The shock was such that the patient, a highly-intelligent woman, lost all count of time for five days, and on the sixth day after the rupture thought it was the day after. The temperature rose on the second day; on the sixth day it was 102.5° . From the eleventh day it began to sink, and became practically normal on the fifteenth day.

On the fifth day the left, and on the eighth day the right, parotid gland swelled, but subsided. On the tenth day the mass in the pelvis with the uterus (which could not be isolated from it) was the size of a small foetal head. It became steadily absorbed, and the patient remained quite well. Sir John Williams saw the case with me.

No operation was done.

The second case was as follows :

L. C. F. R., aged thirty-five. Seen June 7, 1897. Pregnancies, four; children, four—last four years ago. Last regular period began April 29. On June 4, eight days late, slight loss preceded by slight pain. At 7 p.m., while shopping after an action of the bowels, sudden pain in left iliac fossa, vomited, no distension, pulse natural at first, then rose to 100, temperature 95.5° , clammy sweat.

June 5, 6 a.m. : Pain in 'diaphragm,' and anginal pain down left arm; difficulty in breathing, with faintness; pulse 130 to 140; abdomen distended and tender on both sides. From 6 a.m. to 8 a.m. apparently moribund, pain concentrated into left inguinal region. From this time she rallied somewhat.

On June 7 I came into the country to see her, and found her with pale lips, very anæmic, dulness in both flanks and hypogastrium, vague resistance the size of a fist in the left posterior quarter of the pelvis.

The question I had to decide was as to operation, which had been urged. I advised against it on the following view: that the tube had ruptured freely into the peritoneal cavity, causing great shock, from which the patient was slightly recovering; that to operate now was probably unnecessary, besides being perilous, but that operation should immediately take place on the first sign of recurring hæmorrhage, and that the surgeon should remain on the spot for some days with this object. As the patient was improving, delay would probably increase her chances if operation became necessary. The blood was rapidly absorbed, no fresh bleeding occurred, and in July, 1899, she was delivered of another child after a normal labour.

My hospital cases, seventy-five in number, are now detailed. In presenting them, I may at once say that my object is not to establish the correctness of any method of treatment, but to contribute, so far as I may, to the formation of a basis for the elucidation of the natural history of the affection. I am free to confess that I am much more familiar with this class of cases than I was ten years ago, and that the indications for treatment are much more established in my judgment than they were at that time.

The after-history, so far as has been possible to obtain it, is recorded in the notes. A large number of patients move frequently and leave no address. All have been written to.

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
1	May 26, 1891	Adelaide Callagan	25	Char-woman	Preg. 5; ch. 5—last, June, 1888	Marr. 10 yrs.	Last normal period about March 12, 1891; morning sickness April, none since May 2; May 2 sudden severe abd. pain, with faintness; daily paroxysms of pain since; real fainting 3-4 times; May 17 pink discharge; 2-3 days later 'two little bits of skin,' said by doctor to be 'abortion'; red disch. since
2	Sept. 2, 1891	Florence Glover	33	Housewife	Preg. 7; misc. 2—last, 8 wks. ago at 2 mo.; ch. 5—last, 22 mo. ago; history of 'shivers' after last confinement	Marr. 16 yrs.	Last period about 3 mo. ago; 3 wks. after the 'miscarriage' violent pains, with shivering
3	July 2, 1892	Ellen Atty	30	Housewife	Preg. 3; ch. 3—last, Oct. 18, 1890	Marr. 7 yrs.	Last normal period ceased May 14; June 11, at time of period, severe abd. pain; the same June 13, 15, 16; since June 18 bleeding from vagina; June 23 retention of urine
4	Nov. 25, 1892	Lavinia Cox	27	Glue-maker	Preg. 2; ch. 2—last, 5 yrs.	Marr. 8 yrs.	Sudden severe abd. pain 8 wks. after last period, and again shortly before admission
5	Dec. 16, 1892	Laura James	24	Housewife	Preg. 3; ch. 3—last, 2 yrs.; in bed 1 mo. after last confinement	Marr. 7 yrs.	Sudden abd. pain and free loss of blood after 6 wks. amenorrhœa; faintness; thought to have miscarried; 2 mo. later another attack; 10 days later another, followed by retention of urine
6	June 2, 1893	Elizabeth Annie Coleman	30	Housewife	Preg. 0.	Marr. 8 yrs.	Last menstruation began March 27 at proper time, and lasted 5 wks.; on its cessation severe abd. pain and vomiting
7	July 25, 1893	Elizabeth Tampling	30	Housewife	Preg. 3; ch. 2—last, 3 years; 'misc. 1,' May 27, end of 2nd mo.	Marr. 5 yrs.	'Miscarriage' about end of 2nd mo.; bled for 3 wks., then abd. pain, rigors, and sweats
8	March 7, 1894	Elizabeth Havard	35	Midwife	Preg. 1; ch. 1—9 years ago	Marr. 11 yrs.	Five weeks' amenorrhœa, then pain and bleeding for 3 wks.; then severe pain and sudden collapse.

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result ; Date of Discharge.	Remarks.
8th wk.	Mass=foetal head, in right iliac fossa, elastic	On 21st day after admission mass in right side=tangerine orange; on 28th day after admission a mass about same size in left side; on 53rd day after admission some induration in left side of pelvis, 1 in. thick; temp. ranged to nearly 102° at onset	None	Discharged July 26 (61 days)	Evidences of pregnancy, amenorrhoea, and discharge of 'skins'; evidences of rupture tearing, pain, faintness, and formation of a tumour; evidences of blood, rapid absorption
About 7 wks.	Elastic fluctuating mass in pelvis, and rising midway to navel; retention of urine	—	Opened by vagina.	Discharged Oct. 4 (32 days)	Thought to be pus or serum; opened on account of retention of urine; clot found; no foetus or placenta seen
9th wk.	Very anæmic; tumour 4 in. above pubes, and occupying pelvis, elastic below	Slight temporary increase of left half of mass, July 8; gradual consolidation of tumour	None	Discharged Aug. 20 (49 days)	All the signs of a blood-tumour; seen May 16, 1902. 'Never so well in her life'
8 wks.	Tumour = foetal head, in right side of pelvis	Slight increase after admission	Abdominal section Jan. 2; hæmatocele roofed over by intestines; no foetus or placenta	Discharged Jan. 25, 1893 (61 days)	Slight increase in size was thought to indicate operation
6 wks.	Anæmic; pulse 130; no tumour; abdomen resonant	Repeated attacks	Abd. section; abdomen full of clots and bloody fluid; right tube ruptured	Discharged Jan. 11, 1893 (26 days)	Repeated attacks, with signs of bleeding, indicated operation
2 5 wks.	Flattened mass in pelvis, occupying all but right posterior quarter	June 21-27 menstruated; tumour felt as large as an orange; July 13 temp suddenly rose to 103° 2'; tumour=foetal head, and very tender	Abd. section July 14; sac contained foetus 5 in. long, and communicated with rectum; opening closed	Discharged Sept. 27 (118 days after admission, 75 days after operation)	Repeated increase in size, and especially the sudden rise of temperature, indicated operation
About 2 mo.	Elastic tender mass rising to within 3 in. of navel	—	Puncture <i>per vaginam</i> July 28, 3.30 p.m., followed by abd. section 4.30 p.m. same day; ruptured tubal gestation; foetus about 3 mo.	Died in a few hours	The history of rigors led to mistaken diagnosis of pelvic abscess
5 wks.	Mass=3 mo. preg. on right side of pelvis	14 days after admission mass only 1½ in. thick	None	Discharged Mar. 22 (15 days)	Amenorrhoea, followed by severe pain and the formation of a large tumour, which was rapidly absorbed

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
9	Oct. 4, 1894	Rebecca Thornton	29	Housewife	Preg. 7; ch. 4—last, 19 mo.; misc. 3—last, 2 mo. ago (Aug. 7), at 6 wks.; lost much	Marr. 8 yrs.	Cat. infrequent, sometimes 4-5 mo.; 'miscarried' Aug. 7; bled till Aug. 21, and Sept. 7-14, much pain abd.; temp. 100.4° on admission
10	Nov. 7, 1894	Lucy Wicks	31	Housewife	Preg. 0	Marr. 10 yrs.	Amenorrhœa 6 wks., followed by irregular losses; again 6 weeks' amenorrhœa, with swelling of abd. and tenderness of breasts, followed by repeated loss of blood
11	Nov. 21, 1894	Mary Anne Jones	41	Fancy-box-maker	Preg. 10; ch. 10—last, 8 yrs.	Marr. 20 yrs.	Amenorrhœa 7 wks.; slight loss 5 wks.
12	Dec. 3, 1894	Elizabeth Bailey	27	Housewife	Preg. 3; ch. 3—last, 15 mo.	Marr. 7 yrs.	Last regular period beginning of Oct.; bleeding began 2 weeks later; 2 days after its onset violent abd. pains, with vomiting; two similar attacks since—last, Dec. 1, 'intense agony'
13	March 27, 1895	Annie Chambers	33	Book-binder	Preg. 3 (?) ; ch. 1—Nov., 1893; misc. 2 (?)—(a) 1882, followed by severe pain in abd., in bed 3 mo.; (b) 10 wks. ago (very doubtful)	Marr. twice—(1) æt. 17; (2) æt. 22	10 wks. ago sudden violent pain in lower abd.; 5 wks. later began to feel ill again
14	Sept. 3, 1895	Amelia Embury	29	Housewife	Preg. 0	Marr. 10 yrs.	Amenorrhœa 10 wks.; sickness and faintness in morning; breasts enlarged. For the last 3 (of the 10) wks. laid up with 'inflammation'; passed some offensive clots; since then irreg. losses; 8 wks. diff. mict.; catheter 10 days ago
15	Feb. 2, 1896	Ellen Hutchins	33	Laundry work	Preg. 2; ch. 1—5 yrs. ago; misc. 1 (1st preg.)	Marr. 6 yrs.	Last reg. menst. end of Nov.; flow greenish and unlike blood; 3 wks. ago (Jan. 12) sudden pain in back and legs, repeated 2 days later; Jan. 19 gush of blood with severe pain; decidua membrane in vagina on admission
16	Feb. 8, 1896	Mary Anne Shimmonds	37	Housewife	Preg. 9; ch. 7—last, July, 1894; misc. 2—last, 2 yrs. ago	Marr. 17 yrs.	In bed 3 wks. after last confinement; red lochia 2 months; ever since aching in left groin at times; last reg. period in Oct.; irreg. hæm. ever since; since Dec. 1 aching in left groin, etc.

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result; Date of Discharge.	Remarks.
?	Mass=cricket ball, soft spot in centre	—	Opened <i>per vaginam</i> Oct. 10; clot; no foetus or placenta	Discharged Oct. 28 (24 days)	History imperfect, on account of irregular menstruation; seen May 1, 1902; child born May, 1899; periods quite regular; is better than before operation
About 6 wks. on 2 occasions — June to Aug., Aug. to Oct.	Elastic mass=small orange	Temp. remained high every night (101-102°); Dec. 8 mass much smaller, hard, and nodular	None	Discharged Dec. 11 (34 days)	Probably blood, from its rapid absorption
7 wks.	Obscurely elastic tumour reaching slightly above the brim	—	Abd. section Nov. 30; blood enclosed by adhesions; no placenta or foetus	Discharged Jan. 14 (54 days)	—
2 wks.	No anæmia; rounded tender elastic mass size of 2 fists occupying nearly whole of pelvic cavity; cervix not soft	—	Abd. section Dec. 7; sub-peritoneal rupture of r. tube about its middle; no foetus or placenta seen	Discharged Jan. 12 (40 days)	Indication for operation, repeated attacks of violent pain
?	Serous secretion in breasts; mass filling pelvis, displacing uterus forwards, and rising to within 1½ in. of navel; soft spot behind cervix	—	Opened <i>per vaginam</i> March 29; some 15 oz. of clot; a placenta 2×2 in.; no foetus seen	Discharged April 23 (27 days)	According to later experience, this would probably have been left without operation
10 wks.	No secretion in breasts; indefinite mass in left iliac fossa reaching to level of iliac spine; irregular round swelling behind cervix, elastic in centre; uterus pushed forwards; cervix not soft	—	Abdominal section Sept. 13; old decolourized blood in Douglas's pouch; broad ligament cyst	Discharged Oct. 12 (39 days)	—
About 6 wks.	Mass = orange in left posterior quarter of pelvis; milk in both breasts	—	Abdominal section Feb. 7; tubal abortion in Douglas's pouch; orifice of tube dilated; foetus found; cavity enclosed by adhesions	Discharged March 25 (52 days)	According to later experience, would probably not have been operated on
Since last period	Secretion in breasts; mass=small orange in right posterior quarter, elastic	—	Opened by vagina Feb. 13; blood cyst	Discharged March 7 (27 days)	Opened as a pelvic abscess

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
17	April 6, 1896	Emma Nunn	44	Housewife	Preg. 7; ch. 5—last, 4 yrs. ago; misc. 2 — last, before 4th child	Married	Regular till 6 wks. ago; since then continuous bleeding; large clots for last month; much pain in hypogastrium and sacrum; fainted several times
18	May 22, 1896	Mary Anderson	31	Charwoman	Preg. 1; ch. 1—Nov., 1895	Marr. 6 yrs.	Has lost blood ever since last period, 3 wks. ago; May 12 passed a 'large piece of flesh'; severe bearing down; May 22 shivered
19	Nov. 25, 1896	Sophie Davis	36	Machinist	Preg. 8; ch. 7—last, Jan., 1895; 'misc.' 1—Nov. 12, 1896	Marr. 21 yrs.	Last reg. period ended Aug. 16, 'rather free'; end of Oct. pain in right iliac fossa; Nov. 1 labour-like pains and bleeding; Nov. 12 'miscarried'; since then labour-like pains and bleeding; Nov. 12-22 shivering and sweating
20	Dec. 3, 1896	Mary Jane Wilkinson	34	Box-maker	Preg. 8; ch. 5—last, Aug., 1894; misc. 3 — last, Oct. 31 at 6 wks. (very doubtful)	Marr. 15 yrs.	Last period ceased Sept. 18; Oct. 24 weight in lower abdomen, felt ill; Oct. 29 clear blood; Oct. 31 much clotted blood; slight bleeding till Nov. 2, then ceased; Nov. 14 abd. pain, mostly in left side of abdomen, becoming labour-like
21	Feb. 4, 1897	Marian Hartley	39	Housewife	Preg. 4; ch. 4—last, 2½ yrs.	Marr. 14 yrs.	Cat. regular till end of Oct., 1896, then loss of blood till end of Nov.; lost blood from end of Nov. to 1st week in Dec.; again lost blood 8 days end of Dec.; then, after clear interval of 9 days, lost blood till admission
22	Feb. 16, 1897	Louisa Mason	34	Housewife	Preg. 0	Marr. twice—(1) æt. 21 to 25 (widow 7 yrs.); (2) æt. 32 (2 yrs. ago)	Last normal period ended Dec. 19, 1896; Feb. 21 violent pain, faintness, bleeding, which has never ceased; Feb. 15 a cupful of clots and a decidua cast; Feb. 16 severe pain, collapse

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result; Date of Discharge.	Remarks.
Since last period	Markedly anæmic; boggy mass behind uterus, not rising above brim	Sudden collapse 12 noon, April 6; pain, unconsciousness, pulselessness, resonance in both flanks impaired	Abdominal section 3 p.m. same day, April 6; 3 hours after collapse; dark blood in abdominal cavity; left tube ruptured; clot and 3 mo. fœtus in Douglas's pouch	Death from peritonitis 3rd day	—
Since last period	Looks ill; temp. 101.2°; pulse 100; elastic resistance fills pelvis and rises a little above the brim	—	Opened by vagina May 22; dark clots and blood; no fœtus or placenta	Discharged June 23 (32 days)	Indication for operation—high temperature; letter received May 2, 1902: quite well for 2 years after
About 6 wks.	Elastic mass = small orange in left posterior quarter of pelvis; uterus = 3 in., far back in front of left sacro-iliac joint; slight serous secretion in right breast	Dec. 2 induration = small foetal head, and rises to the navel	A b.d. section Dec. 4; right tube ruptured, size of a kidney; blood-clot to navel and in Douglas's pouch, encapsuled	Discharged Jan. 20, 1897 (56 days)	Indication for operation—rapid growth of tumour
6 wks.	Anæmic, in great pain; temp. 97.2°; pulse 96; fixed tender hardness in left side of pelvis, rising to brim, elastic in one spot	No increase of induration; Dec. 11-18 hectic temp. rising to 104° F., with much pain; then became normal, and pain subsided; Jan. 20 all induration absorbed; uterus fixed to left side of pelvis; no escape of fluid seen	None	Discharged Jan. 27, 1897 (55 days)	—
?	Marked anæmia; breasts look active, but no secretion; obscurely elastic mass, size of a fist, pushing uterus forward	Mass rapidly absorbed; by Feb. 19 it had disappeared	None	Discharged Feb. 21 (17 days)	Formation of an elastic tumour with irregular bleeding, and rapid absorption of the mass; letter received May 1, 1902: patient fairly well since leaving hospital
6½ wks. (45 days)	Somewhat anæmic, in pain; abd. distended and very tympanitic; firm tumour in hollow of sacrum, rising above brim; uterus pushed to the left and downwards; breasts inactive	—	Abd. section Feb. 17, the day after admission; mass of clots in abdominal cavity; left tube ruptured; blood surrounded by adhesions	Died on 3rd day	Case urgent on admission

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
23	March 23, 1897	Ellen Wansbury	29	House-wife	Preg. 3; ch. 3—last, 1891	Marr. 10 yrs.	Bleeding began as a normal period, but lasted Jan. 24 to Feb. 24, brown; Feb. 24-28 more profuse; since March 10 severe pain; since March 21 very profuse
24	May 3, 1897	Ellen Bray	29	House-wife	Preg. 3; ch. 3—last, Nov., 1896, at 7 mo.	Marr. 6 yrs. ago	Cat. reg.—last, 5 wks. ago; since then a bright red discharge, with clots; very profuse till 3 wks. ago; for 3 wks. pain in abdomen and sacrum, and severe bearing down
25	May 13, 1897	Lucy Fitzmaurice	26	House-wife	Preg. 1; ch. 1—2½ yrs. ago	Marr. 4 yrs.	About a year ago a lump in hypogastrium, which disappeared in 4-5 wks.; on May 7 lump reappeared, with intense intermittent pains till admission; lately blood-stained discharge
26	May 24, 1897	Louisa Batkins	32	House-wife	Preg. 6; ch. 6—last, Jan. 1, 1891	Marr. 14 yrs.	Since May, 1896, periods increasingly profuse; 3 mo. ago lost blood 6 wks.; clear 6 wks.; loss again for 6 wks.; on May 8 ut. large=3½ in.; no tumour found; May 9 sudden onset of pain, continuous since; temp. 102° 6' on admission
27	July 28, 1897	Emma Edwards	27	House-wife	Preg. 5; ch. 5—last, 2½ yrs. ago	Marr. 8 yrs.	Periods painful for 6 mo., not before; last normal period ended July 11, followed immediately by pain and bleeding till admission
28	Sept. 26, 1897	Mary Payne	38	House-wife	Preg. 6; ch. 6—last, 1881	Marr. 22 yrs.	Last reg. period about June 24; lost blood July 8, 9, Aug. 5; on Aug. 6 passed ½ pint or more of 'water,' which made her sore, and lasted 2 days; in bed all Aug.; frequent vomiting; labour-like pains; Aug. 29 to Sept. 4 bright blood with clots; Sept. 24 bled again

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result; Date of Discharge.	Remarks.
Symptoms began at the time of a period	Very anæmic; induration nearly filling pelvis	3 days after admission much worse, much more anæmic; flanks dull	Abd. section March 27; much bloody fluid in perit. cavity; clots in pelvis; fœtus = 6 wks. and early placenta; left tube ruptured	Died in 48 hours with high temperature	Indication for operation—increasing anæmia
Symptoms began at the time of a period	2 days before admission a rounded, obscurely elastic pelvic tumour filled the pelvis, and pressed the cervix against the pubes	10 days after admission cervix was fixed to the left of the pelvis; a little hardness behind it, not more than 1 in. thick	None	Discharged June 2, 1897 (30 days)	Rapid absorption of a tumour whose growth was marked by pain and bleeding, almost certainly blood; no direct evidence of pregnancy; letter received May 2, 1902: is very well; 'had one bout of the same as when I came into the hospital, but kept at home in bed 5 wks.'
Symptoms began 4 days after last period (April 30 to May 3)	No anæmia; mass = child's head, nearly to navel, very tense and tender, filling pelvis, and pushing uterus to left	Gradual diminution of symptoms and of tumour; on June 2 the hardness was not more than 1½ in. in vertical diameter	None	Discharged June 5 (23 days)	Recurrence and rapid absorption point to blood; no direct evidence of pregnancy; seen May 8, 1902; amenorrhœa after leaving hospital till May, 1901; then lost blood for 5 days; again 2 wks. later for 4-5 days; since then amenorrhœa; seen May 16, 1902; pelvis natural, except that cervix is to left side
?	Anæmic; tongue streaked; obscurely elastic mass in pelvis, rising to navel, pushing uterus forwards; sound = 3½ in.	Temp. raised 3 wks. (highest 103°2'), then subnormal; on June 14 mass with uterus = orange	None	Discharged June 26 (33 days)	Almost certainly blood from rapid formation and absorption of the tumour; no direct evidence of pregnancy; letter received May 2, 1902: quite well
Symptoms immediately followed a period	Intense anæmia; pulse 142; temp. 100·8°; in left side of Douglas's pouch a mass = hen's egg; uterus against right wall of pelvis forming a mass = cricket-ball; sound 2½; signs of free fluid in abdomen	Refused operation; left hosp. Aug. 18 much better; readmitted Aug. 26; Aug. 27 pelvis normal except fixation of uterus	None	Discharged Sept. 1 (35 days)	Almost certainly blood; some of it apparently free in peritoneum; no direct evidence of pregnancy
? About 15 days	No marked anæmia; temp. normal; in left anterior quarter of pelvis a mass = orange, not elastic, not fixed, adherent to uterus	Lump became firmer and somewhat smaller; temp. somewhat raised 3 days before patient went out	None	Discharged herself Oct. 11	The rise in temp. at the end of the case may have indicated approaching suppuration, but this has not followed other similar rises of temp. in this series of cases

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
29	Oct. 6, 1897	Caroline Coles	24	Housewife	Preg. 2; ch. 1—April, 1893; misc. 1 (?)—April, 1894	Marr. 5 yrs.	Periods never regular; last, June 20-22; never well since 'misc.' in April, 1894; since July, 1897, great pain in abd. and back; worse lately; abd. getting larger; does not think she is pregnant; micturition difficult and painful
30	Dec. 16, 1897	Elizabeth Roberts	25	Housewife	Preg. 3; ch. 2—last, 2 yrs.; misc. 1—at 5th mo., March, 1897	Marr. 5 yrs.	Never well since misc. followed by inflammation in right side; periods every 21 days; last ended Nov. 27; about Dec. 1 breasts slightly enlarged, painful, secreting milk; Dec. 7 began to lose blood; Dec. 13 lost half a pint; Dec. 14 sudden pain right iliac fossa, felt faint; pain and bleeding ever since
31	Jan. 6, 1898	Elizabeth Mitten	33	Housewife	Preg. 3; ch. 2—last, 8½ yrs. ago; misc. 1—9½ yrs. ago	Marr. 12 yrs.	Amenorrh. '3½ months,' till Dec. 23, 1897; 1 mo. ago sudden pain in hypogastrium, again Dec. 23; lost blood Dec. 23, 24, 31, a few small clots
32	Feb. 4, 1898	Maria Johnston	38	Housewife	Preg. 6; ch. 3—last, 1894; misc. 3—last, Aug., 1897	Marr. 13 yrs.	Last reg. period Dec. 6-11, 1897; Jan. 16 severe abdominal pain with great pallor; Jan. 18 to Feb. 3 slight red discharge
33	Feb. 10, 1898	Caroline Leather	32	Housewife	Preg. 5; ch. 2—last, 2 yrs.; misc. 3—last, Jan. 11 at about 10 wks.—i.e., passed a mass like an egg ½ in. long, and a mass like an after-birth 6 in. long	Marr. 6 yrs.	Miscarried end of Oct., 1897; then amenorrh. till Jan. 4, 1898; Jan. 11 'miscarried'; severe pain Jan. 1, and again after Jan. 11 till admission

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result; Date of Discharge.	Remarks.
Symptoms began since last menstruation; 15th wk. ended Oct. 3	Breasts active; bladder up to navel; soft mass filling pelvis, irreducible; sound 4 in.	No change; continuous pain	Abdominal section Oct. 15; macerated foetus about 4th mo.; pregnancy in right tube; mass enclosed by adhesions	Discharged Nov. 23; returned twice since; last time, July, 1900, with high temp. and severe pain; mass = orange in left side of pelvis	Operation did not restore patient to comfort immediately; letter received May 1, 1902: very well since leaving hospital
10 days	Very anæmic; pelvis tender; against right sacro-iliac joint a tender, fixed mass = small egg	Temp. rose (100-101°); pulse 106; on Dec. 22 mass in pelvis = orange; on Dec. 27 = foetal head, lower part distinctly elastic; from this time symptoms rapidly subsided and mass diminished	None	Discharged Jan. 22 (37 days)	All the signs and symptoms of tubal gestation (? mole), the blood becoming rapidly absorbed
3½ mo.	Not anæmic; pelvis filled with rounded, somewhat elastic resistance from brim nearly to pelvic outlet, pressing cervix against right pubic ramus	Jan. 12 pain much worse, vomiting	Abdominal section Jan. 12; some blood in peritoneal cavity; tubal mole = hen's egg in right tube (ruptured), with embryo 1 in. long; main mass enclosed by adherent bowels	Discharged Feb. 16 (41 days)	Embryo probably died in 1st mo.; then hæmorrhage into tube; rupture of tube in 3rd mo.; bleeding into peritoneal cavity Jan. 11-12
5 wks.	Some anæmia; obscurely elastic resistance in right posterior quarter of pelvis rising to the brim; some secretion in breasts	Temp. raised; pain; occasional faintness; retching; red discharge; from Feb. 21 rapid improvement; Feb. 28 nodular hardness ½ in. to ¾ in. thick is all that remains in pelvis	None	Discharged March 9 (33 days)	Fairly complete history and signs of tubal gestation
About 10 wks.	Slight anæmia; mass = fist in left posterior quarter of pelvis	Examined under anæsthetic March 16; mass the size of a tangerine orange burst during manipulation; posterior colpotomy immediately; clot removed; a torn sac found, but no foetus or placenta	Posterior colpotomy March 16	Discharged April 6 (55 days)	Operation indicated by rupture of hæmatocèle under manipulation March 16; seen May 5, 1902: quite well; menstruation regular

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
34	March 23, 1898	Annie Sparkes	27	Housewife	Preg. 5; ch. 5—last, Dec., 1896	Marr. 10 yrs.	Last menstruation first week in Jan.; on Feb. 16 sharp abd. pain, fainted; Feb. 20-23 passed 'blood and water'; vomiting, diarrhoea, increased pain, difficult mict., swelling of abdomen
35	March 24, 1898	Emma Donovan	26	Housewife	Preg. 3; ch. 2—last, 4 yrs.; misc. 1-3 yrs. ago	Marr. twice—(1) æt. 18 to 21; (2) Oct., 1897 (6 mo.).	At beginning of October (period being overdue 7 days) pains in small of back, dizziness; gush of blood and clots, then greenish offensive fluid; discharge lasted 21 days then jaundice, and passed gall-stones with colic
36	Nov. 12, 1898	Louisa Caroline Merrydew	21	Housewife	Preg. 1; ch. 1—4 yrs. ago	Marr. 4 yrs.	Amenorrhœa 9 weeks; vomiting 1 mo.; Nov. 8 severe pain in abdomen, slight red discharge, felt faint; repeated attacks of pain since
37	Nov. 19, 1898	Alice O'Brien	23	Rag-sorter	Preg. 4; ch. 4—last, April, 1898	Marr. 7 yrs.	Catamenia regular till Oct. 11, bleeding ever since; slight pain till Oct. 30, then severe labour-like pains; repeated Nov. 16; vomiting since Nov. 16
38	Jan. 5, 1899	Jane Piesse	30	Paper-bag-maker	Preg. 5; ch. 4—last, Oct., 1895; misc. 1-9 yrs. ago	Marr. 9 yrs.	Last regular period Oct. 28-31, then morning sickness; Dec. 19 labour-like pains; Dec. 21-26 slight bleeding; Dec. 28 pain severe
39	Jan. 11, 1899	Jane Neill	26	Housewife	Preg. 1; ch. 1—5 years ago	Marr. 7 yrs.	Last menstruation Nov. 10-17; Dec. 26 sudden pain in lower abd.; Jan. 11 sudden pain, followed by slight red discharge till admission
40	Jan. 11, 1899	Jenny Marion Johnson	22	Housewife	Preg. 2; ch. 1—June, '98; misc. 1, at 5 mo., Aug., 1897	Marr. 2 yrs.	Last menstruation Oct., 1898; then amenorrhœa 6 wks.; loss ever since; slight abdominal pain 3 wks.

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result ; Date of Discharge.	Remarks.
About 6 wks.	Anæmic, very pale; tense elastic swelling in Douglas's pouch, pushing uterus forward	Increase of pain, rise of temp. and pulse; on March 29 swelling had reached navel; left flank dull in its lowest part, with temp. 102°, pulse 126	Abdominal section March 29; in the peritoneum some blood-stained fluid; gestation in left broad ligament; placental mass = small orange	Discharged April 23 (31 days)	Subperitoneo-pelvic gestation, with subsequent intraperitoneal rupture
5 wks.	Secretion in both breasts; elastic mass rising out of pelvis = large child's head; patient not anæmic	On April 4 mass had shrunk to the size of a fist, and was much harder	None	Patient obliged to leave for home on April 16	Almost certainly a hæmatocele; observation interrupted
9 wks.	Temp. 100°; marked anæmia; mass in pelvis, rising to level of right iliac spine; left flank dull; mass is elastic in left posterior quarter of pelvis	Symptoms subsided, but signs remained; Nov. 14 passed a cast of the uterus	None	Discharged Dec. 27 (45 days)	A fairly complete history of ruptured tubal gestation; letter received May 2, 1902: quite well; has a baby a year old
Symptoms began at a period	No marked anæmia; tender mass in left posterior quarter, as large as a fist (with the uterus); milk in breasts	Temp. high for 6 days, then rapidly subsided; on Dec. 5 the mass (with uterus) was the size of an orange	None	Discharged Dec. 7 (18 days)	—
7 wks.	Not anæmic; secretion in both breasts; soft and partly elastic tumour in left posterior quarter = fist	(Notes imperfect)	None	Discharged Feb. 7 (33 days)	(Notes imperfect) May 1, 1902: patient seen, but was in too great a hurry to stay and give details
5½ wks.	Temp. 100°; pulse 116; pale and in pain, but not anæmic; in left posterior quarter elastic resistance = yolk of a poached egg; uterus to right	Severe pain and free loss for a week after admission; temp. 97-99°; Jan. 22 cast of uterus passed; pain less till Feb. 2, when pain increased, with decided anæmia; mass (with uterus) = small foetal head, chiefly on left side; no dullness in flanks; March 7 mass = orange; March 29 no mass, but a flat layer an inch thick	None	Discharged March 11 (59 days)	Fairly complete history of ruptured tubal gestation with repeated bleeding
6 wks.	No anæmia; uterus fixed and surrounded by fixed tender hardness, elastic behind; breasts inactive; temp. 102°	Feb. 6 mass confined to left posterior quarter, hard, nodular, less than an inch thick; temp. normal after 4th day after admission	None	Discharged Feb. 1 (31 days)	Almost certainly blood; (a) elastic on admission; (b) rapid absorption when kept at absolute rest; (c) following amenorrhœa; (d) accompanied by bleeding

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
41	Jan. 19, 1899	Jessie Trott	26	Housewife	Preg. 4; ch. 3—last, 3 years; misc. 1—2 wks. ago	Marr. 7 yrs.	Last menstruation 10 wks. ago; then amenorrhœa 8 wks.; then (2 wks. before admission) 'miscarried'; blood and clots since; severe pain began 2 days after miscarriage, and has lasted since
42	April 25, 1899	Rebecca Goodman	26	Housewife	Preg. 2; ch. 2	—	Last menstruation, Jan. 3; Feb. 27 to Mar. 3 bleeding, no pain; March 13-14 slight loss; March 21 sudden pain in abd., fainted, pain lasted 4 days; April 6 another less severe attack; April 17 another more severe, fainted 3 times; April 25 another, fainted 4 times
43	May 24, 1899	Marian Palmer	31	Bonbon-worker	Preg. 4; ch. 4—last, at 7 mo., 1894	Marr. 14 yrs.	Last menstruation ceased March 26, 1899; April 28 began to lose blood, which lasted 12 days (April 28 to May 9); then again May 12-28, with clots=hen's egg; April 30 pain in right iliac and sacral regions
44	June 13 1899	Mary Crowe	35	Housewife	Preg. 6; ch. 2—last, 7 yrs. ago; misc. 4; 3 since last child—last, 3 yrs. ago	Marr. 15 yrs.	Last menstruation June 10-17; about May 9 sudden severe pain in rectum, spreading over abdomen; some vomiting; much better last 14 days
45	Aug. 1, 1899	Gertrude Jacquet	22	Housewife	Preg. 1; ch. 1—18 mo. ago	Marr. 2 yrs.	Last menstruation May 26; 6 mo. pain in right iliac fossa; 8 mo. yellowish discharge; Aug. 2 slight bleeding
46	Sept. 30, 1899	Harriet Martin	35	Housewife	Preg. 3; ch. 2—last, June, 1898; misc. 1—2 years ago	Marr. 5 yrs.	Last menstruation June 30; absent till Aug. 13; since then continuous loss, with pain in abdomen; 7 days ago swelling of right side of abdomen, which subsided with discharge <i>per rectum</i>

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result; Date of Discharge.	Remarks.
8 wks.	Some anæmia; mass size of an egg, fixed, firm, and tender, in left posterior quarter of pelvis	Feb. 10 mass = bantam's egg	None	Discharged Feb. 12 (24 days)	Fairly complete history of ruptured tubal gestation; seen May 1, 1902; child born Aug. 1901
8 wks.	Looking very ill, pale, collapsed, anæmic; temp. 97°; pulse 132; breasts active; abd. distended; dependent parts dull, dulness changing with position; fluid thrill; vague resistance in vaginal roof; uterus fixed	—	Abd. section at once; much blood in peritoneal cavity; living fœtus of 3½ mo. among bowels; placenta attached to left broad ligament and neighbouring coil of large intestine	Discharged June 5 (42 days)	Seen May 1, 1902; child born May 4, 1901
33 days (4 wks. and 5 days)	Breasts looking active, but no secretion; smooth, rounded, displaceable, elastic mass = cricket-ball to right of uterus	June 2 lump = small orange; July 10 still smaller	None	Discharged June 10 (18 days)	Much like a tubal mole; letter received May 1, 1902; much better since leaving hospital
Symptoms preceded what appeared in time to be a normal period	Fixed, very firm, tender induration in Douglas's pouch, pushing uterus downwards and forwards	June 21 no marked anæmia; breasts inactive; the induration is nodular, high up, scarcely below pelvic brim; June 23 a little yellow secretion in right breast; irregular, rounded swelling fills pelvis, nowhere elastic	June 23 induration aspirated in two places, 2 drachms of clear fluid; June 28 abd. section, sac = bantam's egg in outer end of right tube, blood; no fœtus or placenta found; cyst communicated with rectum	Discharged Aug. 2 (51 days)	The history was deceptive, and so was the aspiration; the abd. section was performed on the possibility of an inflamed ovarian tumour; probably extra-uterine gestation, but not proved; seen May 1, 1902; since discharge from hospital quite well, except for a misc. Sept., 1901, and red discharge March, 1902; well since
10 wks.	Fixed, obscurely elastic mass to left of uterus = orange; slight serous secretion in breasts	Mass got smaller and densely hard	None	Discharged Aug. 12 (12 days)	Secretion in breasts, amenorrhœa, and a tumour, elastic at first, and soon becoming smaller and densely hard, make a tubal pregnancy likely
6 wks.	Breasts inactive; elastic swelling filling pelvis and pushing uterus forward; cervix firm; no mauve coloration; temp. practically normal	—	Opened <i>per vaginam</i> Oct. 6, and found to contain old blood-clot	Discharged Nov. 15 (46 days)	The history of a swelling, subsiding with a discharge <i>per rectum</i> , led to a suspicion of abscess and to opening of the tumour; letter received May 1, 1902: quite well

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
47	Nov. 22, 1899	Maria Foster	23	Housewife	Preg. 2; ch. 2—last, Nov. 4, 1898	Marr. 3 yrs.	Periods never regular, sometimes absent 6 wks.; weaned child in Aug.; period returned Sept. 16; on Oct. 23 (1 wk. overdue) began to lose blood, and has done so ever since; Oct. 26 pains in abdomen; Nov. 18 diff. micturition
48	Feb. 1, 1900	Sarah Turner	34	Housewife	Preg. 3; ch. 2—last, 8½ yrs.; misc. 1—11 yrs. ago	Marr. 11 yrs.	Since last confinement pain and swelling in lower abdomen, which has gradually increased; last regular period ended 3½ wks. ago; reddish-brown discharge 3 wks.
49	Feb. 2, 1900	Britannia Ives	33	Laundress	Preg. 6; ch. 4—last, May, 1896; misc. 1—before last confinement	Marr. 11 yrs.	Menst. regular, but for last 6 mo. green water rather than blood—last at beginning of Dec.; about Jan. 26 slipped and fell, but felt nothing amiss; Jan. 30 sudden pain in right iliac fossa, lasting 6 hrs., vomited; Jan. 31 pain returned, and has been very severe since; Feb. 1 red discharge, vomiting, till admission
50	April 11, 1900	Rosetta Rudley	33	Housewife	Preg. 1; ch. 1—12 yrs. ago	Marr. 13 yrs.	Last menstruation beginning of Feb.; Feb. 6 violent vomiting, lasting 3 wks.; Feb. 12 pain in bowel, followed by discharge of blood <i>per rectum</i> ; a few days later pain in right iliac fossa, which has increased, and a brown offensive discharge; from beginning of March rather free sanious discharge
51	April 17, 1900	Ellen Hawke	36	Housewife	Preg. 5; ch. 1—13 yrs. ago; misc. 4, at 2 mo.—last, 7 yrs. ago	Marr. 16 yrs.	Menses always irregular, 14-21 days; last, Jan. 17-20; since then dull pain in hypogastrium; April 3 sudden faintness, with increased pain; April 16 retention of urine

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result; Date of Discharge.	Remarks.
5 wks.	Some anæmia; elastic mass filling hollow of sacrum, reaching in left iliac fossa to level of navel, and pushing uterus against pubes	Dec. 6 much decolorized blood passed <i>per rectum</i> for several days; Dec. 13 abd. tumour gone; in left posterior quarter of pelvis obscurely elastic resistance=egg; some thickening in pelvis; Jan. 8, 1900, mass=half an egg	None	Discharged Jan. 10, 1900	Hæmatocele discharged <i>per rectum</i>
3½ wks.	Somewhat anæmic; tumour = child's head, in right posterior quarter of pelvis, reaching from mid-pelvis to navel, resonant on percussion; uterus pushed against pubes; cervix not soft; sound 2½ in.; uterus nearly fixed; tumour slightly displaceable, with some pain; pulse 118; temp. normal; breasts inactive	Increasing anæmia, pain, enlargement of tumour and abd., with faintness and shortness of breath, vomiting at times; dulness in both flanks, and in hypogastrium midway to navel; then symptoms subsided and abd. became smaller; then dulness rose to navel and left flank, right flank becoming resonant; pelvic tumour extended to pelvic outlet and became markedly elastic	Abd. section March 7; blood enclosed by adherent intestine; gestation sac in right tube=orange, with placenta, but no foetus	Discharged April 18 (77 days)	History very misleading at first; progressive anæmia, with growth of the tumour, threw light afterwards on the condition
About 9 wks.	Anæmic; pulse 140; temp. 101°2'; breasts active; indefinite resistance in hollow of sacrum, most marked in left posterior quarter; uterus pushed against pubes	—	Abd. section Feb. 2; dark clotted blood in peritoneum; rent in right tube; no foetus or placenta seen	Died Feb. 6	—
Followed last menstruation closely	Breasts active; abdomen very tender; rounded, fixed, slightly elastic resistance in right side of pelvis, pushing uterus to left and fixing it; no anæmia	April 23 resistance and tenderness almost gone; mass on right of uterus about 1½ in. horizontally, and 1 in. vertically, and is no longer elastic	None	Discharged May 5 (24 days)	Elastic tumour rapidly diminishing, with a sanious discharge by the bowel, proves a hæmatocele; activity of breasts seemed to point to pregnancy
Discomfort ever since; faintness 10½ wks. after last menses.	Marked anæmia; breasts active; abdomen much distended; resonance impaired below navel and in right flank; soft, elastic resistance filling hollow of sacrum and pushing cervix forwards; cervix not soft	April 20 sudden increase of pain several hours, increase of the tumour and of the anæmia; April 21 somewhat better; April 22 two slight attacks of pain; April 23 violent pain, with blanching and some dyspnœa; no dulness of flanks	Abd. section April 23; blood-clot in peritoneal cavity, and a foetus of the 5th mo., 5½ in. long; gestation sac in right tube	Died April 23	Operation delayed for some reason, which cannot be recalled; to the best of my belief change in patient not reported to me till too late; should have been performed on April 20, when the signs of bleeding recurred; the size of the foetus (which, of course, could not be previously known) would have probably prevented its absorption

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
52	May 8, 1900	Ruth Lake	28	Housewife	Preg. 4; ch. 3—last, Jan., 1896; misc. 1—Nov. 29, 1899	Marr.	Last regular period end of Aug.; then absent till Nov. 6; lost blood till Nov. 25; 'passed a mole'; since then periods too frequent, clotted, but lasting only 2-4 days; dull aching pain in right side of pelvis 3 mo.
53	May 10, 1900	Harriet Dennis	28	Housewife	Preg. 3; ch. 3—last, Jan., 1896	Marr. 7 yrs.	Last normal period ended Jan. 16; Feb 10 passed a large clot, and bled till March 3; again March 10-21, April 12 to May 7, with pain in lower abd.; since then no bleeding
54	May 21, 1900	Caroline Ashmore	27	Housewife	Preg. 1; ch. 1—7 yrs. ago	Marr. 7 yrs.	Last normal period ended early in March; on May 6 had a struggle and felt strained; May 7 violent pain on rising from bed, vomited, felt faint; in bed till May 11; similar attack on resuming work; bleeding May 11-14
55	May 26, 1900	Sarah Middleton	29	Housewife	Preg. 2; ch. 1—1893; misc. 1—1895, at 2 mo.	Marr. 8 yrs.	Last period April 28 to May 4; May 11 sudden severe pain, followed by bleeding, continuing on exertion till admission

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result; Date of Discharge.	Remarks.
10 wks.	Some anaemia; breasts inactive; mass = big pear in right posterior quarter of pelvis, extending across Douglas's pouch; uterus to left, not enlarged; temp. normal	Severe pain on and off, but lump grew smaller; left hospital June 25, and returned Aug. 1, pain less, but brown discharge; mass felt like a flabby cyst, about 1½ in thick	Posterior colpotomy Aug. 3; severe bleeding from vaginal wall; mass felt after as before, and was therefore probably not opened; operation not persisted in; patient did not return in Oct. as directed for further treatment	Left hospital with mass smaller, but not absorbed	An imperfect case, but its history is strongly in favour of extra-uterine pregnancy; the mass had much diminished when last seen
Symptoms began about 3 days before an expected period, or 3½ wks. from end of last period	Breasts inactive; obscurely elastic mass = foetal head, in left side of pelvis, pushing uterus to right side	—	Opened <i>per vaginam</i> May 14; macerated foetus of 3rd mo., placenta and clot	Discharged June 5 (27 days)	History unusual, but presence of an elastic pelvic tumour with bleeding were the salient points; seen May 1, 1902: regular till March 7, 1902; amenorrhœa since
About 2 mo.	Extremely anæmic; pulse 132; mass in left posterior quarter = cricket-ball	On July 23 lump had shrunk to size of an egg; recovery uneventful	None	Discharged June 23 (34 days)	Tube probably ruptured in struggle on May 6; seen May 1, 1902: menstruation regular; pelvis normal
7 days	No anaemia; temp. normal; breasts inactive; two firm, somewhat elastic bodies—one behind cervix and low down, the other on left higher up; each = tangerine orange	May 30 very severe pain in right side of lower abdomen.	Posterior colpotomy June 1; a little fresh darkish blood; each of the masses was rounded, cylindrical, adherent; adhesions shut off peritoneal cavity. The right mass was an ovarian tumour the size of a hen's egg, and a tube = a finger, containing clear fluid and closed; the left mass was also an ovarian tumour like the other; the tube (of the same size) was ruptured, contained in its middle third a foetus 1½ in. long, a placenta = plover's egg, and some clot. The right tube was transfixed, tied, and removed; the left clamped and removed	Discharged well June 26 (32 days)	Two ovarian tumours, a hydrosalpinx, and a tubal gestation, ruptured, removed by the vagina

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
56	May 31, 1900	Elizabeth Gibson	42	Housewife	Preg. 17; ch. 12—last, 5 yrs.; misc. 5 (3 since last child)—last, April 27	Marr. 25 yrs.	Last regular period ended Jan. 14; amenorrhœa till April 27, when she 'miscarried,' and had bled ever since
57	June 11, 1900	Annie Cranfield	42	Mantle-maker	Preg. 12; ch. 5—last, 9 yrs.; misc. 7—last 2 yrs. ago at 6 mo.	Marr. 20 yrs.	Last regular period beginning of Oct., 1899; absent till Dec. 20, when bleeding and labour-like pains followed a fall; three subsequent attacks, last on Oct. 26, when she had breathlessness, palpitation, and pain in præcordia; very ill 6 wks.; since beginning of March pain in left iliac fossa and leg, with bleeding; breasts enlarged till Christmas, then shrank
58	Aug. 7, 1900	Ellen Goodson	27	Housewife	Preg. 0	Marr. 18 mo.	About July 17, when about 14 days overdue, sudden pain in right iliac fossa and thigh; about July 24 another attack of pain, with faintness; diarrhœa, sickness and faintness July 28 and 30; Aug. 1 throbbing pain near navel, and ever since
59	Oct. 9, 1900	Maud Nyall	29	Housewife	Preg. 7; ch. 6—last, Dec., 1898; misc. 1—in 1897	Marr. 11 yrs.	Menstruation regular till Christmas, since then intervals 6 to 8 weeks; since beginning of July abd. pain, which began suddenly, and is worse at the periods; since it began it has recurred about every 14 days; last and most severe attack last week, vomited; colourless discharge since July; last period Aug. 29; clots in September

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result; Date of Discharge.	Remarks.
14½ wks.	Intense anæmia; elastic mass = orange in right posterior quarter of pelvis; uterus apparently empty; cavity 2½ inches	June 23 nothing felt but, as soft, elastic movable body = a plover's egg, which burst on being touched; no consequences followed	None	Discharged June 26 (27 days)	Onset of symptoms interpreted by patient as a 'miscarriage,' as often
10 to 11 wks.	No anæmia; boggy, nodular mass = orange in left posterior quarter of pelvis; uterus small in front; some secretion in breasts	June 12 induration in left posterior quarter of pelvis, nodular, flat, nowhere elastic; about 1 in. thick and smaller; on June 22 the induration was almost exactly behind cervix = tangerine orange, markedly elastic	June 25 opened by vagina; old clot; also the greatly dilated fibrinated extremity of the left tube; more clot inside tube, but ampulla would not hold more than a large bean; left ovary and tube clamped and removed; ovary cystic distended; Graafian follicles, some containing old blood, some clear fluid, some a fibrinous material	Discharged July 14 (35 days); recovery uninterupted	Apparently a case of tubal abortion; seen May 1, 1902: menstruation regular; quite well; some thickening in Douglas's pouch, but no tenderness
About 6 wks.	Some anæmia; dense; fixed tender hardness, occupying cavity of pelvis, and about 4 in. thick; partly elastic		Opened by vagina Aug. 8; apoplectic placenta removed by finger from a separate smooth-walled cavity = five - ball (? tube)	Discharged Sept. 1 (26 days)	Probably a case of tubal mole; letter received May 1, 1902: slight pricking feelings 'at the side,' but not bad
Doubtful	Some jaundice; sordes on teeth; tongue furred; abdomen full, tender, especially on right side; dulness both iliac fossæ and hypogastrium up to the navel; cervix high up, almost out of reach; mobility impaired; too tender for bimanual examination	Improved for a fortnight, then (Oct. 24) severe pain in right iliac fossa; temp. 100°; Oct. 29 more distension; Nov. 12 rigor; temp. 103° last night, to-day normal; mass = fist felt in right side of pelvis	Abdominal section; Nov. 14 inflamed bowel adherent to mass which was a tubal molar pregnancy = orange in right side; walls of sac 1 in. thick; foetus 1½ in. long; placenta somewhat offensive	Discharged Dec. 15 (68 days)	Duration of pregnancy uncertain; probable infection of sac from adherent bowel; tubal mole; the diagnosis was uncertain, lying between a twisted ovarian tumour and a tubal gestation

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
60	Oct. 13, 1900	Letitia Beech	23	Machinist	Preg. 2; ch. 1—1897; misc. 1, at 2nd month, Sep. 3, 1900	Marr. 4 yrs.	Last regular period ended June 24; on Sep. 3 'miscarried,' pain preceded and followed this in epigastrium and left hypochondrium, with bleeding
61	Nov. 3, 1900	Amy E. Hinchcliffe	28	Housewife	Preg. 1 (?); misc. 1 (?), Nov., 1898	Marr. 2 yrs.	In August, a week after last menstruation, sudden slight abdominal pain, bleeding very profuse, foot of bed raised; on 21st day vagina plugged; a week later bled again after examination, and again Sep. 12; since August patient has had 2 'periods' and a continuous slight discharge
62	Dec. 7, 1900	Rosa Gilbert	25	Housewife	Preg. 4; ch. 4—last, Oct., 1899; suckled till Nov. 23 (14 days before admission)	Marr. 8 yrs.	Last normal period Aug. 27 to Sep. 3; 6 wks. later (about Oct. 15) another 'period'; 14 days later (about Oct. 29) bleeding recurred and still continues; 5 wks. ago (about Oct. 19) had 'peritonitis'; 3 wks. ago (about Nov. 12) fainted and fell, abdomen swelled, and bleeding began next day
63	Dec. 29, 1900	Emly Bolton	38	Housewife	Preg. 7; ch. 6—last, 15 mo. ago; misc. 1, 2 years ago, at 3rd mo.	Marr. 19 yrs	Never regular; suckled child till Aug., when it died; then slight occasional losses; periods apparently normal at end of Oct., Nov., Dec. 8-14; pain in hypogastrium 3 wks.; 2 shivering fits 12 days ago

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result; Date of Discharge.	Remarks.
10 wks.	No anæmia; breasts secreting slightly; in left anterior part of pelvis is an elastic mass=child's head, reaching to the navel; uterus 2½ in., behind, empty; vagina mauve; cervix firm	Oct. 31 mass=orange, firm; Nov. 19 mass = egg, and in left posterior quarter; menstruated Dec. 1-5 and Jan. 1-6 (1901) moderately; Jan. 11 behind cervix is—(1) a smooth movable body = ovary; (2) on its left another similar body fixed to (3) an induration = plover's egg, and fixed to the bone; behind this, again, is (4) a soft fixed body, feeling like a thin-walled cyst = plover's egg	None	Discharged Dec. 12 (61 days)	The symptoms occurring at the rupture described as a 'miscarriage'; seen May 1, 1902; menstruation regular; uterus retroverted; both ovaries prolapsed
7 days	No anæmia; mass = orange in left posterior quarter of pelvis, firm, fixed; uterus retroverted and pushed against right side of pelvis; cervix firm; breasts papillæ prominent; no secretion; temp. normal	Nov. 26 anterior lip of cervix looks eroded and bleeds on touch; the mass with the uterus = small orange, smaller, very firm, smooth, not elastic; Dec. 17 mass apart from uterus = egg, very firm; Jan. 21 slight coloured discharge still, sitting somewhat painful, but pain is in <i>right</i> iliac fossa, mass disappeared, some general thickening, uterus retroverted and fixed	None	Discharged Jan. 14, 1901 (73 days)	The sudden onset without rise of temperature and the rapid absorption of the mass point to its being blood; the direct evidence of pregnancy is absent
6 wks.	No anæmia; breasts inactive; elastic mass = orange, in left posterior quarter of pelvis; uterus not enlarged, in front of mass; cervix not soft	Jan. 11 mass=tangere orange, obscurely elastic in some parts; Feb. 8 has had a period of 3 (instead of 5) days, the mass = egg and markedly elastic; April 4 severe pain in <i>right</i> side of abdomen; April 12 similar pain on left; period April 18-21; April 26 a mass = walnut attached to supra-vaginal cervix and movable with the uterus	None	Discharged Jan. 14, 1901 (39 days)	Was suckling at the time of onset of symptoms
Doubtful	Some anæmia; temp. 102°; uterus pushed forwards by an elastic mass=foetal head; thin-walled, with a feeling of friction or crackling over it; breasts contain secretion	Temp. remained high; patient discharged herself Jan. 6, 1901	None	Self-discharged Jan. 6, 1901 (9 days)	Most likely a hæmatocele, with decomposition and formation of gas; observation cut short

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
64	Feb. 25, 1901	Florence Burden	23	House-wife	Preg. 3; ch. 2—last, 2½ years; extra-uterine gestation=1; operated on Aug. 16, 1900	Marr. 5 yrs.	Last regular period Dec. 28-Jan. 1; then amenorrhoea till Feb. 11; lost blood slightly Feb. 11-21; severe intermitting pains Feb. 11, 12
65	March 28, 1901	Elizabeth Gill	25	House-wife	Preg. 3; ch. 3—last, Sept. 25, 1900; suckled till admission	Marr. (1) Oct. 19-22½; (2) Oct. 23, 2 yrs.	Pelvic pain since last confinement; last period end of Jan.; Feb. 20, violent labour-like pains, red discharge 14 days; March 7-12 flooded, pain relieved, followed by brownish discharge
66	March 30, 1901	Eliza Griffith	23	House-wife	Preg. 0	Marr. 5 yrs.	Last regular period 8 wks ago; 3 wks. ago (March 10) severe pain in lower abd. on and off for 48 hours; March 13, another attack, lasting 8 hours; March 29, another, lasting till admission; March 29, 'passed half a pint of greenish fluid in 3 min.; March 30, fainted
67	April 27, 1901	Emily Feather	25	House-wife	Preg. 2; ch. 2—last Jan, 1898	Marr. 7 yrs.	In bed for 6 wks. soon after last confinement with pain in left il. fossa; last cat. Feb. 28; April 7 sudden pain in lower abd.; April 13, tender swelling on left of uterus pushing it to right; April 27-28 marked anæmia; April 29 sudden faintness, became pulseless, revived a little
68	May 18, 1901	Marian Phipps	30	House-wife	Preg. 0	—	Last period 7 wks. before admission; 3 wks. ago, at proper time of period, severe pain in lower abd.; 3 days later discharge of dark blood, which has never ceased; May 18 violent pain

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result; Date of Discharge.	Remarks.
6 wks.	No anæmia; breasts inactive; uterus fixed; tender fixed mass in left posterior quarter of pelvis = cricket-ball; not elastic, nodular	Mass became obscurely elastic; also an elastic body = orange in right posterior quarter of pelvis	Abd. section, March 20; mass in left was blood-clot; no placenta or foetus found; mass on right side was stump of right tube, with omentum adherent; right ovary elastic = walnut	Discharged April 17 (52 days)	Operation advised because of delay in absorption; the mass was well defined, and would probably have been eventually absorbed; a second extra-uterine gestation (if it was one); seen May 1, 1902; quite well
About 3 wks.	Temp. on admission = 100°; soon became normal; mass = large child's head; not elastic; filling pelvis; pushing uterus forward	April 10, Mass with uterus = orange	None	Discharged April 13 (17 days)	The violent pain, bleeding, formation of a tumour, which rapidly became absorbed, point to its consisting of blood
5 wks.	Marked anæmia; breasts inactive; abd. full, tender, no dullness; tender elastic mass = small orange in left posterior quarter of pelvis; cervix firm	—	Abd. section, March 30; 3½ pints of bloody fluid and recent clot in peritoneum; distal end of tube = five-ball; fimbriated extremity = 2 s. piece, placenta projecting from it; foetus 1 in. long in peritoneal cavity	Discharged April 27 (29 days)	The case was one of incomplete tubal abortion; the recurrent attacks of severe pain, with marked anæmia, pointed to recurrent free hæmorrhage; the small mass felt was the tube, and not a hæmatocele
5½ wks.	April 29 right side of pelvis occupied by very tender boggy swelling rising a little above brim	April 27 marked anæmia; April 29 sudden faintness, became pulseless, revived a little	Abdominal section April 29; abdomen full of recent clot and dark bloody fluid; ruptured right tube adherent to top of uterus; foetus of about 3 mo.	Died on the table	This case was only seen by me when <i>in extremis</i> ; it should have been operated on before
4 wks.	Intense anæmia; pulse 144, scarcely perceptible; abdomen distended; elastic resistance to 1½ in. from navel; lower abdomen and left flank dull; cervix nearly in contact with pubes; elastic resistance in situation of Douglas's pouch rising to within 1½ in. of navel; very tender; dull on percussion	Mass gradually shrank to the size of a large fist on May 31; June 24 mass markedly elastic = 7 mo. foetal head	June 26 abdominal section; mass of clot, mostly dark and soft, quite shut off from abdominal cavity; no foetus or placenta seen	Discharged July 17 (61 days)	The diminution of the mass proceeded to a certain point with hardening, then came softening and slight enlargement; this, taken together with former dullness in the left flank, raised a doubt as to the isolation of the bleeding; in this doubt as to fresh bleeding abdominal section was preferred to vaginal section; seen May 1, 1902; menstruation somewhat infrequent (<i>e.g.</i> 3 mo.); pelvis natural

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
69	July 5, 1901	Rose Brook	31	Housewife	Preg. 0	Marr. 13 yrs.	Last period ended April 5; June 19 sudden violent pain in lower abd. with vomiting; for last 7 days pain chiefly in right iliac fossa; since admission has had retention of urine; difficult micturition 14 days
70	July 27, 1901	Amy Jones	33	Housewife	Preg. 1; ch. 1—7 yrs. ago	Marr. 13 yrs.	Confinement followed by cold shivers; in bed 6 weeks; last menstruation March 6-8; lost blood June 16 to July 15; violent abd. pain June 16; slight loss July 29
71	Oct. 7, 1901	Mary Anne Burns	27	Machinist	Preg. 3; ch. 2—last, Sept. 18, 1900; misc. 1, Sept. 20, 1902, at 4 mo	Marr. 7 yrs.	Amenorrhœa June 1-Sept. 20; free and clotted loss Sept. 20-Oct. 2; Sept. 20 'miscarried' and vomited; 12 days later shooting pain in right iliac fossa, lasting till admission
72	Nov. 21, 1901	Emma Sanderson	28	Housewife	Preg. 1; ch. 1—4 yrs. ago	Marr. 5 yrs.	Last regular period in August at proper time; in Sept. and Oct. a slight show; about Nov. 1 severe pain in lower abdomen, with retention of urine and free bleeding; Nov. 1 for one day only

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result : Date of Discharge.	Remarks.
10½ wks.	Some anæmia; flattened mass, 4 in. horizontally by 1½ in. vertically, in left posterior quarter of pelvis, pushing uterus forwards and to right	—	Abdominal section July 10; left tube ruptured into peritoneal cavity; firm clot in Douglas's pouch; no placenta or foetus seen	Discharged July 28 (24 days)	Operation indicated by symptoms of progressive bleeding, especially retention of urine
14 wks. and 2 days (100 days)	Breasts passive; no anæmia; fixed, tender, elastic swelling in left posterior quarter of pelvis 2 in. by 2 in. (horizontal) by ½ in. (vertical)	The elastic swelling increased to the size of an egg	Aug. 2 opened by vagina; old blood; no placenta or foetus seen	Discharged Aug. 13 (17 days)	Probably tubal gestation from long duration of amenorrhœa
16 wks. (113 days)	A mass in left posterior quarter of pelvis = egg; uterus pushed forwards and fixed; some additional hardness, continuous with this, at pelvic brim	Oct. 15 induration almost gone; Nov. 1 cervix tethered to left side of pelvis; in right posterior quarter is a rounded induration, slightly displaceable = golf-ball; Dec. 13 cervix tethered to left side, but all induration gone	None	Nov. 2 (27 days)	Probably tubal, on account of long duration of amenorrhœa; another history of alleged 'miscarriage,' seen May 1, 1902; some tenderness in pelvis, but no induration
About 3 mo.	Looks ill; conjunctivæ yellow; tongue dry; temp. 100°; pulse 100; clear secretion in both breasts; elastic tumour = foetal head, in pelvis, pushing uterus downwards and forwards, reaching above brim in right iliac fossa, in front of rectum; cervix not soft	Bowels acted satisfactorily for the last time on Nov. 26; Dec. 1 vomiting; Dec. 2 abdomen greatly distended, shiny; vomiting continued; intestinal obstruction	Dec. 2 opened <i>per vaginam</i> ; much broken down clot; no foetus or placenta found; as soon as tension was relieved flatus and fæces escaped plentifully from anus; the clotted blood = 28 oz.; no fresh blood seen; Dec. 16 no mass remained in pelvis; uterus fixed in front of left sacro-iliac joint; recovery uninterrupted	Discharged Dec. 23 (33 days)	Intestinal obstruction is a very rare result of hæmatocele; retention of urine is also quite uncommon, though less so; before operation the condition appeared to be one of hæmatocele gradually increasing, without causing anæmia, but causing evident intestinal obstruction; the question of abd. section was debated, but it was decided to proceed <i>per vaginam</i> , reserving abd. section in case of fresh hæmorrhage during operation; the great distension of the bowels seemed very unfavourable for abd. section, and the result proved, as was expected, that the intestinal obstruction was mechanical, and not reflex, the bowels spontaneously evacuating themselves as soon as the pressure was relieved; seen May 1, 1902; menstruation regular

Number.	Date of Admission.	Name.	Age.	Occupation.	Pregnancies.	Civil State.	History of Present Condition.
73	Dec. 5, 1901	Ellen Wilson	21	Housewife	Preg. 2; ch. 1—Nov., 1900; free bleeding followed; Dec. 5 flooded; operation in Guy's Hospital; misc. 1—end of June, 1901, at 2½ mo.; bled slightly for a month	Marr. 2 yrs.	Last period ended Oct. 5; about time of next period sudden pain in right iliac fossa, lasting 6 hours, vomited; a week later a similar attack; since then two more attacks—last Dec. 5; since first attack constant brown discharge; coughing, micturition, and defecation painful; admitted for pain
74	Dec. 11, 1901	Catherine Herrick	35	Housewife	Preg. 2; ch. 1—1 yr., 10 mo.; misc. 1—5 yrs. ago (doubtful); suckled child 9 mo.; weaned 13 mo. ago	Marr. 6 yrs.	Last 3 periods: Oct. 11-13 (less than usual), Nov. 6-9 (normal), and Dec. 3-5; Nov. 10 felt ill, pains in abdomen, difficult and painful micturition; from Nov. 16 pain continuous; Dec. 6 vomiting, pain worse; since admission catheter necessary
75	Jan. 15, 1902	Mary Ann Logan	27	Housewife	Preg. 2; ch. 2—last, Nov., 1896	Marr. 9 yrs.	Last period end of September; Nov. 19 pain in bottom of back after a day's washing; Nov. 24 very severe pain in sacrum and lower abdomen, vomited and felt cold, then began to bleed, and has passed blood and clots till admission

Time of Onset of Symptoms since Last Menstruation.	Physical Examination on Admission.	Progress of Case.	Surgical Operation.	Result: Date of Discharge.	Remarks.
About 1 mo (?)	Pale, anæmic, but not profoundly; elastic mass = child's head, in Douglas's pouch, reaching to navel on the right side; uterus pushed downwards and forwards against pubes, very tender; milk in both breasts	Jan. 6 lump = a large fist; milk in both breasts	Jan. 8 opened by vagina; 10 oz. of black clot in a membrane, so definite as to be thought to be the tube, but afterwards proved to be only fibrin; in it an embryo = a pea, with a cord	Discharged Feb. 5 (68 days)	Opened on account of slow absorption during one month; proved to be a gestation; seen May 7, 1902; no pain; quite well
Menstruation apparently regular; one apparently normal period since onset	Not anæmic; much milk in both breasts mass = large fist in left posterior quarter of pelvis, very tender, fixed, above bowel; uterus pushed against pubes; cervix not soft	Dec. 12 severe attack of pain; Dec. 20 pain after food in both lumbar regions, considerable; again Dec. 21; Jan. 6, 1902, a little induration of no appreciable thickness in Douglas's pouch, otherwise the induration has disappeared; cervix central in pelvis, fixed; there has been no escape of pus, blood, or other fluid	None	Discharged Jan. 10, 1902 (31 days)	The history as regards menstruation obscure; the severe attacks of pain were not accompanied by increase of the pelvic swelling or signs of bleeding; the rapid absorption of the mass points strongly to blood; letter received April 30, 1902, patient 'has enjoyed the best of health'
About 8 wks.	No anæmia; slight watery secretion from left nipple; mass = fist in right posterior quarter of pelvis, high up, elastic; uterus in front and to left	Feb. 21 all absorbed except a firm mass = large walnut, in right posterior quarter of pelvis	None	Discharged Feb. 22 (39 days)	Amenorrhœa 8 wks.; formation of a tumour the size of a fist, with pain and bleeding from uterus, rapid absorption, all point to blood; letter received May 1, 1902, 'better with the complaint that I entered hospital'; seen May 16, 1902; mass entirely disappeared

Analysis of Cases.

The fatal cases were Nos. 7, 17, 22, 23, 49, 51, 67 = 7, or 9·3 per cent.

Cases left alone and recovered : Nos. 1, 3, 8, 10, 20, 21, 24, 25, 26, 27, 28, 30, 32, 35, 36, 37, 38, 39, 40, 41, 43, 45, 47, 50, 54, 56, 60, 61, 62, 63, 65, 71, 74, 75 = 34 = 45·3 per cent.

Vaginal sections : Nos. 2, 9, 13, 16, 18, 33, 46, 52, 53, 55, 57, 58, 70, 72, 73 = 15 = 20 per cent.

Cases left alone throughout, added to those afterwards treated by vaginal section : $34 + 15 = 49 = 65·3$ per cent.

Abdominal sections (primary—i.e., operated on immediately) : Nos. 11, 12, 14, 15, 22,* 42, 49,* 66, 69 = 9 = 12 per cent.

Abdominal sections (secondary—i.e., not operated on immediately) : Nos. 4, 5, 6, 7,* 17,* 19, 23,* 29, 31, 34, 44, 48, 51,* 59, 64, 67,* 68 = 17 = 22·6 per cent.

Abdominal sections, primary and secondary : $9 + 17 = 26$, or 34·9 per cent.

Cases in which abdominal section was not done : $49 = 65·3$ per cent.

Mortality of the whole series of 75 cases = 7, or 9·3 per cent.

Mortality of vaginal sections : 0.

Mortality of all abdominal sections : 7 out of 26 = 26·92 per cent.

Mortality of primary abdominal sections : 2 out of 9 = 22·2 per cent.

Mortality of secondary abdominal sections : 5 out of 17 = 29·41 per cent.

Mortality of all abdominal sections out of the whole number of cases : 7 out of 75 = 9·3 per cent.

Mortality of primary abdominal sections added to those left alone : 2 out of 43 = 4·65 per cent.

Mortality of secondary abdominal sections added to those left alone : 5 out of 51 = 9·8 per cent.

Opened per vaginam under mistaken diagnosis : Nos. 2, 7 (died after secondary abdominal section), 16, 46 = 4.

Cases possibly prejudiced by delay in operating : Nos. 7,* 17,* 23,* 51* (to the best of my recollection, change in patient not reported to me till too late), 67* (not seen by me till in extremis).

Cases in which abdominal section was probably superfluous : Nos. 13, 15.

Cases of large tumours rapidly absorbed (i.e., larger than cricket-ball) : Nos. 21 (= fist), 25 (child's head), 26 (up to navel), 30 (foetal head), 35 (large child's head), 37 (fist), 39 (small foetal head), 47 (up

* N.B. : fatal cases marked *.

to navel), 60 (child's head), 65 (large child's head), 74 (large fist), 75 (fist).

Cases in which the tumour increased after admission, and which recovered without operation : Nos. 3, 30, 39.

Attacks of pain without increase of tumour : Nos. 20, 32, 62, 74.

Hæmatocele discharged per rectum : Nos. 47, 50.

N.B.—Rises of temperature do *not* necessarily indicate infection of the sac.

A few of the above require some comment ; most of them speak for themselves in the notes.

VAGINAL SECTIONS.—In nearly all cases the purpose of these was to remove a collection of blood which was considered too large to admit of the safe discharge of the patient, and which was therefore removed and drained.

I have for some time ceased to use mere puncture. It is not always easy to open the sac by this means ; and it is always possible, where the mass is small, to run a sharp trochar through both walls of the enclosure, though this has never happened to me. I now cut through the vaginal wall, stopping any bleeding before proceeding farther, and opening the cyst with fingers, aided with some blunt instrument, such as a clip. With the guidance of the other hand on the abdomen, it is generally easy to go far enough without going too far. I generally drain with gauze after washing out the sac.

Case 2 was opened for retention of urine, the sac being taken for a pelvic abscess from the history of rigors. The patient recovered.

Case 9 was opened at once. According to subsequent practice, it would have been watched for a time before this was done. The patient rapidly recovered.

Case 13.—The same remarks apply to this.

Case 16.—This was opened as a pelvic abscess.

Case 18.—The same as *Case 9*.

Case 33.—This was operated on because it burst under manipulation.

Case 46.—The same as *Cases 9* and *18*.

Case 52.—Operated on on account of persistence of symptoms and signs.

Case 53.—The same as *Cases 9, 18, 46*.

Case 55.—Indication for operation—severe pain after admission. This was a remarkable case (see notes).

Case 57.—Indication for operation—slight increase of tumour and the addition of elasticity.

Case 58.—Indication for operation—large, partly-elastic mass.

Case 70.—Indication for operation—slight increase of tumour five to six weeks after admission.

Case 72.—Indication for operation—obstruction of bowels. A remarkable case (see notes).

Case 73.—Indication for operation—slow shrinking of tumour.

It will be seen that in 4 cases—namely, Cases 2 (retention of urine), 33 (cyst bursting under manipulation), 55 (severe pain after admission), 72 (obstruction of bowels)—there was some distinct indication necessitating operation; whereas in the others the chief object was to expedite the disappearance of the effusion, and that in such cases the patient would almost certainly have recovered without operation. The figures concerned will be found in the table, in which the vaginal sections were added to the number of those left alone. But if those 4 cases in which operation was absolutely required are deducted, there remain 45 cases instead of 49 of which it may be said that they would almost certainly have recovered without operation—a percentage of 60 instead of 65·3.

ABDOMINAL SECTIONS (*primary—i.e., operated on immediately*).—These require no special comment; the indications are given in the notes. Two of them—Nos. 13 and 15—would probably not have been submitted to operation later in the series.

The abdominal sections were nearly all performed by Mr. Harrison Cripps, a few by Mr. Bruce Clarke.

Percentages of mortality in an affection of which the natural history is so little known are worth very little. Still, these cases show that abdominal section for extra-uterine gestation is attended by a considerable mortality.

If all cases had been operated on according to ideas prevalent, and based on the assumption that without operation they would nearly all die, the percentage of successful abdominal sections would, of course, have been better, but the percentages of recovery in the series probably worse.

ABDOMINAL SECTIONS (*secondary—i.e., not operated on immediately*).—As regards the other class, in which abdominal section was done after an interval, it is only necessary to review the fatal cases, to see whether the result in any of them can be attributed to delay.

In *Case 7* the diagnosis was erroneous, too much stress having been laid (as it turned out) on the history of rigors and profuse sweats, leading to the opinion that pus was present. The cyst was punctured, collapse followed in about an hour, abdominal section was at once performed, and the patient died. Here it is probable that, if a vaginal section had been done, bleeding would at once have

been detected, and the patient saved. But this is doubtful in view of the considerable mortality of abdominal sections, even if done immediately.

Case 17.—Here the cause of death was peritonitis, proving fatal on the third day. The indication was sudden collapse on the day of admission, a rupture having taken place into the peritoneal cavity.

Case 23.—A case of rupture into the peritoneal cavity after admission. Death from shock ; patient very anæmic on admission.

Case 51.—This case should have been operated on earlier, and the rules laid down by me for such cases were not (to the best of my recollection) followed.

Case 67.—Not seen by me till *in extremis*, two days after admission.

If Case 7 (wrong diagnosis) and Cases 51 and 67 be deducted, as avoidable on the rules laid down, only two fatal cases remain in this class.

It is much to be wished that some means could be devised by which it might be known beforehand with certainty what cases are liable to secondary rupture ; but, as we cannot yet determine this by physical examination and history, I am by no means prepared to admit that expectant treatment, if carefully carried out, increases the mortality ; my experience, indeed, is directly to the contrary.

Supposing *all* the cases had been operated on by abdominal section, and there had been no deaths among those who (as a matter of fact) were not in this series subject to operation, we should have had a mortality of 7 out of 75, or 9·3 per cent. (see table, ‘ Mortality of all abdominal sections out of whole number of cases.’)

Putting aside the cases in which abdominal section was delayed, and taking only those cases in which it was performed at once, adding these to the cases left alone (who might, for the sake of argument, have all recovered if they had been operated on), we get a mortality of 2 out of 43, or 4·65 per cent. (see table, ‘ Mortality of primary abdominal sections added to those left alone.’)

It will be seen from the table that in 12 cases large tumours (*i.e.*, larger than a cricket-ball) were absorbed.

Also that in 3 cases there was marked increase of the tumour *after admission*, but with recovery without operation.

Also that in 3 cases with marked attacks of pain (which seemed to indicate fresh bleeding) there was no increase of the tumour.

In 2 cases the hæmatoceles discharged by the rectum. This is sometimes said to be a dangerous route for evacuation, but in *early* cases it seems to entail no great risk. The matter is, of course,

different in cases of later pregnancy, with definite foetal bones and a non-collapsible sac. In such cases the sac is apt to become dangerous from the entrance of fæcal contents.

In the following cases there was a HISTORY OF REPEATED ATTACKS BEFORE ADMISSION, FOLLOWED BY RAPID ABSORPTION AFTER ADMISSION.

Case 8.—There was pain and bleeding for three weeks before admission; on admission there was a mass the size of a three-months pregnancy; fourteen days later this was practically absorbed.

Case 10.—Repeated loss of blood before admission, a mass the size of a small orange on admission; a month after admission this was much smaller and hard.

Case 20.—Symptoms of weight October 24; October 29, bleeding; October 31, much clotted blood; November 14, abdominal pain; on admission, December 3, a mass rising to the pelvic brim; on January 20 all induration was absorbed.

Case 21.—Bleeding from end of October to end of November; again from the end of November to first week in December, again for eight days at the end of December, then a clear interval of nine days, and loss of blood till admission, February 4; on admission a mass the size of a fist; by February 19 this had been absorbed.

Case 24.—After five weeks' amenorrhœa a bright red discharge with clots; this lasted till three weeks before admission, and was replaced by severe pain; on admission a mass filled the pelvis; ten days after admission this was practically absorbed.

Case 26.—Three months before admission lost blood for six weeks; then, after a clear interval of six weeks, lost blood again for six weeks; a fortnight before admission sudden onset of pain; on admission an obscurely elastic mass rising to the navel; three weeks after admission the size of this mass, with the uterus, was that of an orange.

Case 37.—Bleeding from October 11 till admission, November 19; slight pain till October 30; on October 30 severe labour-like pain (progressive attacks); on admission a mass the size of a fist; on December 5 the mass had shrunk to the size of an orange.

Case 43.—Loss of blood April 28 to May 9; again May 12 to 28; April 30, pain till admission, May 24; on admission an elastic mass the size of a cricket-ball; by July 10 the mass had got much smaller.

Case 54.—May 7, violent pain; May 11, another attack, with bleeding; on admission a mass the size of a cricket-ball; on July 23 this had shrunk to the size of an egg.

Case 69.—About October 15, bleeding; fourteen days later bleeding recurred; about November 12, fainted and fell, abdomen swelled, and bleeding recurred; on admission, December 7, an elastic mass the size of an orange; January 11 this had shrunk, and it continued to shrink after discharge from hospital on January 14.

Case 65.—February 20, violent labour-like pains, red discharge, lasting fourteen days; March 7 to 12, flooded; on admission, March 28, a mass the size of a large child's head; on April 10 the mass, with the uterus, was the size of an orange.

Case 75.—November 19, pain in the bottom of the back; November 24, very severe pain in sacrum and lower abdomen; on admission, January 15, a mass the size of a fist; by February 21 all was absorbed except a firm mass the size of a walnut.

The above cases show that repeated attacks do not necessarily involve serious consequences. No doubt absolute rest in bed in a hospital is a very different thing from what is called 'laying up' at home. The above, as before stated, do not include cases in which any operation was done. These are found in their proper places.

HOW LONG AFTER THE SYMPTOMS OF THE FIRST HÆMORRHAGE ARE WE SAFE FROM SECONDARY BLEEDING ?

In Case 1 the first symptoms occurred on May 2; this was followed by daily paroxysms of pain till admission on May 26, with a mass the size of a foetal head; yet all was practically absorbed by the fifty-third day after admission (seventy-four days after the first seizure).

In Case 3 there were repeated attacks of severe pain for six days; twelve days after the onset there was retention of urine, slight temporary increase of the mass twenty-seven days after the onset. The mass, which filled the pelvis and reached 4 inches above the pubes, gradually consolidated.

In Case 30 a mass the size of a small egg on admission, December 16, increased on December 22 to that of an orange, on December 27 to that of a foetal head; from this time it rapidly shrank.

In Case 39 the first symptom (sudden pain) was on December 26; another attack on January 11. On admission, January 11, there was a mass the size of the yolk of an egg. On February 2 the mass (with the uterus) was the size of a small foetal head; from this time it rapidly shrank.

Only those cases in which an increase in size was noted after admission are noted above. Cases in which increase in size led to any operation are noted in their proper places.

Summary.

We have now ended the analysis of the cases, and it remains to summarize the results. It is not contended that all the 75 cases were undoubted cases of tubal gestation, but (with such deductions as individuals may choose to make from their own diagnosis of the cases on the evidence furnished in the notes) it may be said that all such as were not proved by operation or by their natural terminations (such as by discharge of blood by the bowel, with disappearance of the tumour) to be tubal gestations or hæmatoceles *would by most observers have been diagnosed as tubal gestations.*

For the last twenty years, if we except the recent tendency to something like expectant treatment in some cases, the diagnosis of tubal gestation has been considered to indicate abdominal section.

In the series of 75 cases just detailed, no less than 34 were left alone and recovered, a proportion of 45·3 per cent., and to these should be added those in which the cyst was evacuated by vaginal section, in order to get rid of that tumour before the patient was discharged. These cases numbered 11, and, added to the 34 which were left alone throughout and recovered, reach a total of 45 cases, or 60 per cent. of the whole number.

Ruptured tubal gestation (including tubal mole, etc.) must always, in the nature of things, be a very dangerous affection. In some cases immediate operation is, doubtless, the only chance of saving life, while others, which do not indicate immediate operation, may subsequently require it.

As in all other departments of practice, in order to get the best percentages of results from operation, the best course will be to operate on all cases; but this would include, according to our series, 65·3 per cent. of unnecessary abdominal sections. Where only necessary operations are done, there will be a preponderance of bad cases, and the percentage of recoveries will be less. The question whether, in any given case, expectant treatment is the safer must depend upon various considerations. Distance, for example, comes in. If the patient is not, and cannot be, fairly accessible, it may be safer, in any individual case, to do abdominal section than to watch the patient. If there have been repeated attacks, the presumption is

that there may be others. In this connection, however, we have to remember that many such cases recover without operation.

The only way to arrive at a trustworthy rule to guide us is by the collection and publication of series of cases under one observer, and not compiled from the practice of many, for by this means only can any uniformity, such as is necessary, be obtained.

It is not unusual in my wards to have three or four cases of the class which we have been considering recovering without operation at the same time, and this, in contrast to the usual practice, is in itself a striking sight.

We have learnt much of the diagnosis and pathology of the affection from abundant operations, but in the future we shall be bound to consider what, in any individual case, seems to be the safest course for the patient. Errors in judgment may happen, and at present our means of prognosis in these cases are far from complete, but it must be remembered that abdominal section for ruptured tubal gestation is in itself a perilous proceeding.