a ruptured Fallopian tube was found to be the cause of the intra-abdominal hæmorrhage there certainly is little doubt. It seems, therefore, proper to consider these cases as cases of ectopic gestation, at least for the purpose of studying the symptoms and physical signs which would again demand the treatment employed in six cases, and which I shall always regret not having been allowed to employ in the first case of this series.

It will be noticed that in each of the cases, with the possible exception of Case IV, the patients had previously conceived, and that the foetation had been intra-uterine. But in only two of the cases had the maternal function been normal; and in one of these there is a history of a difficult labor and of a resulting long illness. In four of the seven cases there is a distinct history of previous pelvic inflammation.

In all of the cases the menstrual function, excepting of course during previous pregnancies, had been regular; and in all the cases there was an interruption of this function accompanying the troubles now under consideration.

Six patients thought themselves to be pregnant, and three of the six experienced the usual discomforts of beginning pregnancy.

Two of the patients were under treatment for pelvic trouble before suffering any severe pain; but in all there occurred, sooner or later, a sudden seizure of terrific pain. This, in one patient, came in the eleventh week after her last regular menstruation; in one, in the ninth week; in four, in the sixth week; and in one patient the severest pain immediately followed a regular menstruation. In five cases a slight discharge of blood from the uterus accompanied or followed this attack of pain. In four cases this was several times repeated. In one case this pain was located in the umbilical region; in one case it was in the rectal region; in three cases it was in the right or left inguinal region.

In all the cases there was especial pelvic tenderness; and in four cases there was exquisite tenderness in the affected tube. In three cases the enlargement of the tube was noticed before its rupture.

More valuable perhaps than could be any statistical study of so few cases will be the conclusions I have myself derived therefrom.

In the first place, then, I conclude that ectopic gestation is not uncommon hereabouts. Second, it is not a difficult matter to make the diagnosis, at least so far as the patient is concerned, although the microscopists may need a long time for the study of the parts removed before establishing that diagnosis. Third, the proper treatment is the prompt removal of the afflicted tube or ovary, thus both anticipating Nature's usual method of slowly sloughing these parts away, and also avoiding the occasional fatal hæmorrhage. Fourth, this surgical treatment, which is frequently most urgently demanded, is not beyond the ability of the general practitioner, at least of such as will take the pains to prepare themselves for the emergency surgery of the abdomen.

SEMMELWEIS. — An international memorial to Semmelweis, who first insisted upon the infectious character of puerperal fever, but whose views were considered visionary until after his death, is to be erected at Buda-Pest.

A CASE OF EXTRA-UTERINE PREGNANCY.¹

BY CHARLES E. PRIOR, M.D., MALDEN, MASS.

A. A. F., married nine years; first husband died of tuberculosis. One year after marriage miscarried at six months, and was sick six or seven weeks with pelvic inflammation, the symptoms being referred chiefly to the left side of the pelvis. Five years previous to this she had some pelvic inflammatory trouble located in the same place. Menstruation has occurred on the average about once in six or seven weeks. Menorrhagia and leucorrhœa most of the time. Menstrual pain chiefly in the region of the left ovary, and usually severe.

October 18, 1891, she applied for relief from epistaxis of about three weeks' duration. Last regular menstruation occurred about the end of June. She then went six weeks, as usual, up to the middle of August, when a show of blood appeared for a day or two, then ceased for a like period and began again. In this way she went on up to the end of September, when the epistaxis began. She had pain, but no more or less than was usual at her menstrual period; and, as she considered this only a prolonged menstruation, she sought no relief until annoyed by the constant bleeding from the nose. She had no nausea, or any other symptom indicating pregnancy.

Examination showed the left tube enlarged and tender, and the seat of the pain referred to previously. There was much cervical leucorrhœa, but no blood at the time of this examination. The uterus was slightly enlarged and in normal position.

Saline laxatives checked the epistaxis, and by unloading the pelvic circulation somewhat relieved her pain. She had no local treatment beyond the use of the hot vaginal douche.

After a week of this she began to flow again, and was put to bed with an increase of the pain in the left ovarian area, and moderate rise of temperature (99.5° to 100°). Diagnosis was chronic tubal disease, either gonorrhœal or tubercular, with hæmorrhage from the affected tube.

November 1st, seen in consultation with Dr. Elliot. She was then flowing most of the time. About the left tube and ovary was an indefinite, boggy swelling; extending well up behind the uterus and over to the other side. The outlines of the right ovary were obscurely felt. As the symptoms did not seem sufficiently urgent to warrant operation, it was deferred from time to time until November 25th, when celiotomy was performed by Dr. Elliot.

The patient made a good recovery.

Medical Progress.

RECENT PROGRESS IN OBSTETRICS.

BY CHARLES M. GREEN, M.D., BOSTON.

PNEUMONIA DURING PREGNANCY.

FLATTÉ wrote his "Thèse de Paris"¹ on this subject in 1892, basing his paper on the examination of 234 cases.

Pneumonia occurring in pregnancy is a very serious affection. The mortality reaches 31%, and the danger is, moreover, greater according as the pregnancy

¹ Abstract in *Revue des Sciences Médicales*, July, 1892.

¹ Read, by invitation, before the Obstetrical Society, Nov. 12, 1892.