Dr. Imlach and some others say that as soon as we have diagnosed the condition the operation is indicated, and in this they are supported by the fact, as they claim it to be, that we rarely see such cases until there are evidences of rupture. What are these evidences of rupture? The pain and collapse. The advocates of electricity say the pain and collapse in its mildest form is not due to rupture, but to contractions of the dilated tube. On the other hand it is asserted, and with perfect justice, as there are many sad cases on record, that the first symptoms demanding medical aid may be those of fatal rupture, and as Dr. Herman, of London, says in a very thoughtful and temperate paper which has just appeared in the London *Lancet*, if we judged of the fatality of extra-uterine fœtation, by the results of abdominal section cases and of post mortems, we should regard it as one of the most fatal conditions we know of. But this is misleading. Some very high authorities regard extra-uterine fœtation as far more common than is generally supposed, that rupture often takes place with hæmorrhage into the peritoneal cavity, and that the bleeding ceases spontaneously. The fœtus may escape and be absorbed or may die and be retained in its sac and be dissolved in the liquor amnii and absorbed. A remarkable instance of the possibility of the absorption of the fœtus is the case of Dr. Petch, in which a fœtus so advanced that the heart sounds could be heard, died and was almost completely absorbed. Experiments on animals (rabbits) by Leopold have demonstrated such a fact beyond doubt. Hence the explanation why as in many cases, no fœtus has been found either at autopsy or on section during life. And all such cases cannot be accounted for by the operator having over-looked the remains of the fœtus; a thing easily understood by anyone who has done the operation and removed the clots, etc., by a process of scooping and washing out. These facts with reference to the solubility and capacity of the fœtus for being readily absorbed lend support to the opinions of certain authorities, notably Veit, Leopold and Lesonej, to the effect that most, if not all, pelvic, especially retro-uterine hæmatoceles, are the result of ruptured extra-uterine fœtation (tubal). If this be true then extra-uterine fœtation is by no means so fatal as it has been hitherto supposed, and the practice of opening the abdomen to remove a tubal gestation sac directly we have diagnosed it, is to needlessly expose many women to the dangers of a serious operation. I speak of it as a serious operation. It is not so in the hands of experienced abdominal surgeons, as Mr. Lawson Tait; but such men cannot always be had to operate in an emergency. In competent hands this is one of the most brilliant of the life-saving operations of surgery. But if all the cases on record were available for statistics the showing would by no means be so good. Notwithstanding what I have just said, I desire to appear on record as holding that in all cases in which the diagnosis having been made with reasonable certainty, there are serious symptoms of loss of blood, or of the peritonitis which may be set up, if the patient survive the hæmorrhage, and also in all cases of urgent pelvic or abdominal symptoms of doubtful character, this grand life-saving operation must be promptly done, and it will be done with the assurance that there is no state of the patient, however low, in which it may not be successful. That abdominal section may be necessary, after electricity has killed the fœtus, must I think be admitted. Serious symptoms have arisen at a variable interval after all activity about the gestation sac has subsided. I know of no case in which this has already been done, but my own case is an illustration of the fact. I quote from the report of that case (*Canada Medical and Surgical Journal*, August, 1885):

"After this she improved so much that I ventured to consent to her leaving her bed and going to a couch in the same room, but this proved unfortunate, for she immediately began to suffer from what we took to be symptoms of inflammation and suppuration of the tumor. It became very painful, tender and swollen, and presently a red blush with slight œdema of the surface appeared. Temperature rose three or four degrees, and altogether her condition gave us much anxiety for a week or two. These symptoms occurred on the closing days of March and first week of April. During this period, while I was absent in New York, she was seen by my friend and colleague, Dr. Shepherd. The question of incision and drainage of the supposed abscess cavity was seriously considered, but unexpectedly she began to improve in every respect, and a few weeks afterwards was able to leave her bed.