

operation the patient suffered the usual nausea, and complained of great pain in the right side, opposite the side from which the mass was removed. August 3rd, bowels moved freely three times, as a result of calomel and saline. Pulse usually 70° to 80°; temperature never exceeding 100°. On the 9th the stitches were removed, and the wound found perfectly healed. On the 10th the patient was on full diet, and on the 18th day was able to be out of bed. She made an uninterruptedly good recovery.

Illustration No. 1 shows the tube, ovary and ovum, as removed, being the left tube, as seen from behind; the ovary is seen to the left of the ovum. The rest of the illustration is composed of the placenta attached to the tube, being apparently on the upper and posterior part of it.

Illustration No. 2. shows ovum opened, and on examination proved to be about the 10th week of development, the foetus being seen at the extreme right. Patient has steadily improved and now enjoys good health.

The history of these two cases leads me to believe that early surgical measures are the safest treatment whenever ectopic gestation is suspected. Had electrolysis been used in the second case it could hardly have prevented peritoneal sepsis resulting, when there was such a large amount of blood-clot found; and had operation been agreed to in the first case I have no doubt that the patient would have recovered. Both were suffering from cervical laceration and endometritis. These cases, in my opinion, add additional evidence to the view that resulting stenosis of the uterine opening of the Fallopian tube due to endometritis is the most probable explanation of ectopic gestation, especially when the rapid growth of the ovum during the first few days of pregnancy is considered, and, to my mind, constitutes an additional indication for the early restoration of lacerations of the cervix uteri.

## ORAL AND NASAL BREATHING, WITH EXHIBITION OF PATIENTS.\*

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That nasal respiration is the only normal method of breathing is exemplified by observation of the habits of the ordinary animals around us. When in a state of rest, and not unduly excited by fatigue or heat, they invariably breathe through their noses. Waking or sleeping their mouths are shut. Observers tell us that this applies to all the races of mammalia. Nowhere do we find them, provided that they are in a healthy condition, addicted to the habit of mouth-breathing.

The same rule applies very largely to the aborigines of the human race. The primal natives, whether in Africa, America or Australia are all nose breathers. They follow out the bidding of the physiological law that nasal breathing is the only natural one.

Catlin tells us that the Indians of North America, among whom he travelled, all had patent noses. The women of the different tribes,

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