

had probably killed the ovum. I also removed the left ovary and tube, because the ovary was the size of a large plum, and consisted largely of a thin-walled cyst, which broke on handling it. She made a good recovery, and went home four weeks after the operation.

With regard to this point of removing the other ovary and tube, in cases of one-sided tubal pregnancy, I have been surprised to see the large number of cases reported in the medical journals of these unfortunate women being subjected to a second laparotomy, after having run the gauntlet of their life with the first tubal pregnancy; and I was still more surprised, on reporting one of my cases at our own Medical Society, to hear one of the members, a general surgeon, criticize me for having removed both ovaries and tubes in several of my cases of tubal pregnancy. It seems to me cruel to leave a woman in abject fear of having to undergo a second risk of her life before operation, and another risk from the operation itself. With such a dread on her mind, how can she perform her duties as a wife? Although not one of my 25 tubal pregnancies has died, still we know that many deaths do occur, both before and after operation. When one ovary and tube is diseased enough to have a tubal pregnancy, I take it that both tubes are more or less diseased, and it is only a question of time when the other tube will meet the same fate as the first one.

The next morning, September 17th, I did the three following cases at the Western Hospital, in the presence of about twenty visiting physicians:

Mrs. R., aged 21, a Caughnawaga Indian woman, was admitted on September 9th, for coccygodynia, from which she had been suffering since six months, at which time she was thrown out of a sleigh and struck the end of her spine by falling on the stump of a tree.

She had begun to menstruate at 14, and was always regular and normal. She had been married a week when the above accident happened to her. On examination, the coccyx was found to be bent almost at right angles with the sacrum, and moving it caused distressing pain. She could not sit down without pain, and after sitting for any length of time she suffered greatly in getting up. The region was sterilized, and an incision made the whole length of the coccyx, which latter was freed from its attachments with scissors and periosteal elevator, so as to leave as much of the periosteum and muscles attached to it as possible. The bone was then disarticulated from the sacrum, and removed without any difficulty. There was very little bleeding, and the cavity