

He had devised instruments to tie knots tighter than they could be tied by any human hands. But all without avail. As the tissue shrunk, as the cedematous material oozed out, the ligature became loosened and bleeding occurred not perhaps a few hours after, but after forty-eight or seventy-two hours. Any ligature that could not be subsequently tightened would become inefficient, no matter how great care was used in applying it. Doubtless there might be cases in which the ligature might be used with perfect safety. He would not deny it. But how to differentiate them at the time of operation? How foretell the case suitable for one method, and the case suitable for the other? The length of time of convalescence did not weigh at all in his mind. He looked at the actual mortality. He had tied the pedicles in every imaginable way, and now intended to adhere to the extraperitoneal treatment. The mortality of this method was, without doubt, lower than that of any other method.

Dr. Bantock showed a specimen of an hydatid cyst removed from the abdominal wall. Small secondary cysts were found studded over the peritoneum. Mr. Tait said the usually accepted pathology of hydatid cysts would require remodelling. This case was one in point.

Dr. Edis then read a very carefully written history of a case that he had diagnosed as ectopic gestation. The patient had never been pregnant. Menses had always been regular—the twenty-eight day type; but lately she had gone for forty-five days without menstruating. Breasts slightly enlarged; areola somewhat mapped out; follicles increased; blue veins clearly showing. The patient had been reading his book on gynaecology, and was sure something was the matter, and was well posted as to symptoms, so that he felt he had to take her statements with the usual *cum grano salis*. She came to his office complaining of severe pains in the pelvic region. On examination he found a mass in the neighborhood of the uterus, but the uterus was not fixed. It was enlarged, and the cervix velvety. The patient's husband was told of the condition, and that ectopic gestation was suspected. Soon after she was taken at home with excruciating pain. Was removed to hospital for operation. On holding a consultation it was determined to wait a little longer to watch the

progress of the case. Some days after sudden acute symptoms set in, the patient became blanched and showed signs of hemorrhage. He operated, when it was unfortunately too late. An enormous amount of blood was removed from the abdomen. He tied the broad ligament at once, then cleared out the clots and removed the specimen shown, one of ruptured tubal pregnancy about the sixth or seventh week. It had ruptured early. A small ovarian cyst was found and removed at the same time. He was sorry operation had been delayed, but he was guided by the weight of opinion at the consultation. The patient did not rally. The unfortunate result, regretted by all, was only another plea for early operation in such cases. In competent hands exploratory incision was not a very serious matter. He felt that something was there requiring attention, and operation would certainly have been justified for the removal of the small ovarian cyst.

Dr. Fenton thought the diagnosis was only a lucky "shot." He thought many women with the dysmenorrhoeal history this patient had previously had missed a month, two months, many months, without being pregnant. He thought the breast signs were indefinite, and believed what led largely to the diagnosis of ectopic gestation was the presence of the small ovarian cyst so easily felt. He did not think abdominal section called for in the early stage at the time of consultation, unless more urgent symptoms arose. When the more severe symptoms arose operation was demanded. The fatal termination was much to be regretted. But he still held that if the abdominal cavities of women presenting the early developed symptoms of this case were always opened, ectopic gestation would only be found in a very small minority.

Mr. Tait said Dr. Edis had misquoted him when he said that he (Mr. Tait) did not believe ectopic gestation could be diagnosed. What he wrote in his book was: "Much discussion has taken place of late years as to the possibility of diagnosing tubal pregnancy before the period of rupture, and many strangely dogmatic assertions have been made to the effect that such cases have been diagnosed and successfully treated. I am bound to say that I am exceedingly sceptical concerning the correctness of