Of course gynæcologists do, now and again, make a correct guess—for it is little more —and find their forecasts justified by the results of operative interference, but, short of the fœtal heart, it seems pretty certain that no means are available for detecting the existence of extra-uterine pregnancy with assurance.

We will, however, assume for the moment that, though difficult, the diagnosis is practicable, and that brings us to the question of treatment. As treatment has for its object to prevent the otherwise inevitable rupture of the sac, it may be well, in the first instance, to inquire into the circumstances which determine this disastrous occurrence. Now we have it on the authority of several eminent gynæcologists that when operative interference is rendered necessary by rupture of the sac before the fourth or fifth month, the fœtus is generally macerated, and it is therefore inferred that the death of the fœtus preceded the rupture. When in the course of a normal pregnancy the fœtus dies, expulsive efforts, as a rule, soon follow, and, assuming an analogous condition of things to apply to the Fallopian tubes, the muscular coats of which undergo considerable development when they contain a fœtus, it is not unreasonable to suppose that the death of the fœtus in ectopic pregnancy is, in many cases, the proximate cause of the rupture. Expulsive efforts are made, and as the contents of the tube cannot pass into the uterus, the coats yield, and rupture takes place. This, has an extremely important bearing, for (if the inference be correct) the treatment usually advocated of arresting the growth of the fœtus by killing it is about as wrong as it could be. Further, it is by no means certain that by killing the fœtus we arrest the growth of the placenta, which may go on growing, and has done so in a certain number of cases, as the specimens show.

The recently introduced method of destroying the fœtus by the passage of an electric current is then open to a variety of criticisms. Its advocates claim to have been successful, in upwards of twenty cases, in arresting growth and averting serious consequences. They urge that objections based upon the probable result of killing the fœtus, and the continued and unhindered growth of the placenta, are idle, inasmuch as no such complications have ever caused them to regret their interference. Here, however, the question of diagnosis comes in, and they are told that their immunity from any of these sequelæ has been due simply to the fact that no reliable evidence is forthcoming of the cases having been really cases of extra-uterine fœtation, and, as we have already observed, since no evidence short of the fœtal heart-sounds can be accepted as conclusive, the success of the treatment remains open to question

What, then, is the proper and rational treatment of these cases in the eyes of those who condemn early intervention on both diagnostic and technical grounds? Mr. Tait says that the life of the child is an element which ought to command attention. As you are unable to diagnose the condition in its initial stage, he says, let it alone until you can—that is, until the fœtal heart places your diagnosis beyond question. But then more than ever the murder of the child would be inadmissible, for its death would in all propability subject the mother to an additional danger, and one life would be destroyed without any corresponding benefit for the other. Once the fœtal heart-sounds have been detected, then the best course is to leave matters severely alone, enjoining only on the patient certain precautions as to the avoidance of exertion, etc. Should rupture occur, or at any moment that may be deemed most conducive to the interests of both mother and child, laparotomy may be performed and the lives of both, in the majority of cases, preserved. The logic of these arguments is irrefragable, but inasmuch as sundry of the premises are, after all, matters of conjecture, it would be becoming to show some reserve before accepting the conclusions.

BLOOD-LETTING, USE OF, IN GYNÆCOLOGICAL CASES.

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Sixty years ago Dr. Marshall Hall