

(tubal). If this be true, then extra-uterine foetation 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 hemorrhage, 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 foetus, 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 oedema 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.

"On the 15th of June, I had an opportunity of visiting and examining the patient. I found her out of bed, dressed and able to go down stairs. She was pale and thin, but expressed herself as having a fair appetite and good digestion. She had menstruated twice since the beginning of April; profusely on both occasions. Slight pain of hypogastrium still complained of, increased by exertion. Bladder still irritable. On examination, the tumor, in the right iliac region is still present, but greatly reduced in size. Per vaginam, the mass to the right of the uterus is to be felt, but also reduced in size. The uterus is decidedly firmer and smaller, measuring three and one-half inches."

The more advanced the period of gestation at which electricity is employed, the greater must be the danger of such symptoms, as here described arising.

Expectancy.—Are we ever to let the patient alone, except for the medical treatment of certain symptoms? If Veit and others be correct in their opinion that all cases of retro-uterine hematocele depend on ruptured extra-uterine gestation sacs, then I think that sometimes the patient must, or more correctly, may, be left to Nature while we closely watch her. But then, I take it, there are cases that have not been diagnosed, but in which only the suspicion of ectopic gestation has arisen, so that, practically, the treatment of a case of extra-uterine gestation is narrowed to the employment of electricity to kill the foetus, or of ex-section of the sac, after abdominal section, and it must also be clearly kept in mind by the medical man in charge of such a case, that while using electricity or having successfully employed it, it is his bounden duty to hold himself in readiness to immediately perform abdominal section if this should become necessary.

The cost of the last International Medical Congress, in Washington, was over \$54,000.