

was sent into St. John's Hospital for operation. The os was eroded, the cervix scooped out by disease, so much so that, until informed to the contrary, the other members of the staff thought that a curetting must have been done. In spite of such an advanced stage of the disease, the woman had never had any symptom to draw her attention to it.

A discussion then arose as to the best method of operation. Dr. Atherton preferred ligatures rather than clamps, because the latter cause more or less death of the tissues which they grasp, and thus make healing slower. The vessels are as easily controlled, and secondary hemorrhage is less likely to occur.

Dr. Allen Baines had done the operation but once. The fatal result in that case he ascribed to the forcipressure used. The ligature is certainly very tedious, yet it is to be preferred. In point of rapidity of operation, the advantage is all with forcipressure. He believed a mistake was made in the length of time the forceps were left on. They should not be left on longer than twenty-four hours; if left on longer, secondary hemorrhage is more likely to occur.

Dr. Cameron's greatest objection to forcipressure was that it necessitated an incomplete operation; that is, the vaginal cavity is not shut off from the abdominal. It is true that there is a danger of adhesions forming between the bowels and the raw surface. This rarely occurs however. With the ligature peritoneal edges can be drawn together and the vaginal later on. Acting on the advice of the late J. B. Hunter, of New York, he was in the habit of leaving on the forceps for at least forty-eight hours. Secondary hemorrhage might occur from removing the forceps too soon, as well as too late.

EXTRA-UTERINE PREGNANCY.

Dr. Strathy reported the case of a multipara, æt. 31, who during the summer had been twice to consult him for what were thought false pains. These were relieved by half-drachm doses of paregoric. Auscultation at that time discovered two foetal hearts. On 2nd September a child was born at full term. Examination showed the uterus to be empty, but another living child within the abdomen. The next day a laparotomy was done, the incision being made three inches to the left of the linea alba. The head of the child was found adherent to the mother's

colon. The child's third finger was strangulated by the omentum. The cord was tied, but very free hemorrhage set in, controlled as far as possible by packing the cavity with cyanide gauze, and by the application of forceps. The child died during the operation; the mother two hours afterwards. The placenta was attached to the anterior abdominal wall; its posterior attachment could not be made out. The child was free in the abdominal cavity, as shown by the adhesions to bowel and omentum. There was nothing to show a ruptured tube.

Dr. Atherton asked if the child in the abdomen was as well developed and of the same apparent age as the uterine one. Would it not have been better to have deferred the operation until the woman had recovered from confinement?

Dr. Peters asked if there was any hemorrhage at the point of attachment of the head. It was impossible to conceive of a case in which the oval membranes were entirely absent. They might have been so atrophied as to easily escape discovery.

Dr. Cameron said that there is a succession of formation and disappearance of these membranes, but they give way, and are scarcely to be found at the time of operation. As to the time of operation, the danger from septic infection perhaps counterbalances the danger from exhaustion due to labor. The placenta certainly should not be meddled with unless one can certainly control the hemorrhage. The site of the placenta will, of course, settle this. To both tan and disinfect by dusting in tannic acid and salicylic acid is the best way to treat the retained placenta. Spiegelberg reports twelve cases of abdominal pregnancy, so that such a pregnancy is possible. He asked whether the pains of the extra-uterine labor had ceased. From the history it was evident that these had occurred, and, no doubt, occurred when the amniotic membranes ruptured.

Dr. H. A. Machell asked whether there had not been some signs of rupture of the tube during the second, third, or fourth month; viz., colicky pains; hemorrhage for a few days.

Dr. Macdonald thought this a case of tubal gestation which had ruptured into the broad ligament and then into the abdominal cavity.

Dr. Strathy said that he had been unable to