

blood by a serious exudate from the top of the ligament, but had not quite succeeded in her efforts. The ovary and tube were removed, the pelvis washed out with hot water, but it was found impossible to close the abdominal wound at the time because of rather free oozing. The pelvis was packed with gauze. This was removed the following day, and a glass drain inserted for twelve hours. As the discharge during this time scarcely reached an ounce, the tube was removed and the wound closed. The only complication which ensued was suppuration in the abdominal wall; but the patient made a good recovery, and is now perfectly well.

Case II.—Mrs. Z—; aged 25; married five years; one child 16 months old; no inflammatory trouble followed her confinement; menstruation always regular, except during her pregnancy; last menstruation Nov. 19th, 1896; last blood again on Dec. 28th, the flow continuing for two weeks, and was much more profuse than usual. On Jan. 9th, 1897, was seized with violent pains in the left inguinal region, which lasted for an hour. Pains recurred the following night in the same region. For three days she was easy, but then tenderness appeared above Poupart's ligament on the left side. On vaginal examination, the left side of the vagina, around the cervix, was found to be firm, bulging and painful. The pulse and temperature rose with the onset of tenderness, and continued elevated until after the operation. The febrile condition led me to suspect the presence of a pelvic abscess, although its origin from an ectopic gestation was considered and discussed. On Jan. 23rd, 1897, under anaesthesia, I passed an exploring aspirator into the vaginal swelling and removed some bloody fluid. I then cut along the aspirating needle as a guide until I reached a large cavity full of blood clot. The cavity was thoroughly washed out and drainage provided by double rubber tubes. The patient appeared to enter at once into a convalescent condition and made a marked improvement for a week. Then the temperature rose again, and a

mass appeared above Poupart's ligament on the right side of the same character as that which first came on the opposite side. While discussing the need of a second operation, a quantity of pus and blood debris was discharged from the vaginal opening, and the patient made a satisfactory recovery.

I believe both these cases to have been ectopic gestation. Case I—Tubal, with rupture into abdomen, i.e., intra-peritoneal. Case II—Tubal, with rupture into the broad ligament, i.e., extra-peritoneal.

---

#### INDIAN HOSPITAL, ST. PETER'S.

It is proposed to add a wing to the building at present used as an hospital at St. Peter's and several influential names have been placed on the patrons' list. The necessity for such an institution, as an hospital for the exclusive treatment of Indians is not very apparent. The hospitals of the province are open to the sick Indian, as well as to the European, and it cannot be contended that, in most, if not in all respects, it would not be for the advantage of the sick Indian, to receive treatment in one of the established hospitals of the province. If it is of importance, "it flavors more of sentiment," that the Indian should have nurses of his own nationality, a fund might be raised for the proper training of Indian men, and women, for this special purpose, in those hospitals which have facilities for doing so. The multiplication of charities, unless urgently needed, is more demoralizing than beneficial. One efficient and well-supported hospital, with its trained staff of professional men and nurses, is of more practical benefit to suffering humanity of every shade of color than any number of such institutions as the one it is now proposed to add to. Build an addition to the General Hospital, call it Victoria ward, and equip it with Indian nurses. This would prove a far greater boon to the Indian race, than the adding to the cottage hospital now existing.