

habits. This was the only case from this huge mass of material which he could say was probably caused in this way.

The fifth regular meeting of the Society was held Friday evening, December 7th, Dr. F. G. Finley, President, in the Chair.

ECTOPIC GESTATION.

The paper of the evening on a series of cases of ectopic gestation, was read by Dr. W. W. Chipman.

A. LAPHORN SMITH, D.D.—The reader of the paper has left very little to be said. His conclusions are those to which most of us have come, and I would only like to point out, as he has pointed out, so as to emphasize it, that a tubal gestation is practically a malignant disease. This feature of the case is not always fully appreciated by most physicians, namely, that the ovum is able to eat its way into tissues and blood vessels and is able to cause hæmorrhages and other disturbances just as malignant disease is able to do. When I hear the remark made in a case of tubal pregnancy, that the case will get well anyway and without an operation, I feel that the practitioner who makes it has no conception of the importance of the situation. The necessity of acting in these cases, even before one is absolutely certain as to the diagnosis, should be kept in mind. The mere fact that there is something in the pelvis which should not be there, with symptoms pointing to pelvic inflammation, justifies one in opening the abdomen even before the symptoms of rupture have occurred. I removed one case before rupture per vaginam when it was not thicker than one's thumb. The tubal pregnancy occurred during treatment for salpingitis and was felt from the beginning. My own experience quite coincides with Dr. Chipman's in the relative frequency of the place where the rupture takes place in these cases. I have only had one case where the rupture was interstitial through the wall of the uterus, and no case where it occurred into the broad ligament; the majority of them were near the fimbriated end of the tube.

F. A. L. LOCKHART, M.D.—Very few of us here to-night are in a position to discuss this paper, as it seems more for the histologist than for the practical gynæcologist. Dr. Chipman has not adopted the latest treatment of ectopic gestation (and in this he has exercised good judgment), viz.: the removal of the contents of the tube alone and the repair of the wound, leaving the tube in situ, or he would not have been able to so minutely examine the condition of the tube. The chief point I wish to mention is that of the decidual cells in tissues occurring either in the uterus itself or the opposite tube. Tubes of the side