

Correspondence

Melfort, July 16, 1909.

Mr. Editor:—

I beg to offer some criticism of a case reported in your last Journal by Dr. Croll, of Saskatoon, on extra uterine gestation, more particularly as to the treatment.

During the past year I operated on two cases in the Melfort Hospital. These cases were both similar, almost in every respect, to that reported by Dr. Croll, viz., reglit tubal and rupturing into the pelvis beneath the pelvic fascia. I attacked the trouble through the vaginal route, and after making the incision with my finger introduced into the wound and pressure with the other hand over the abdomen. It is surprising how readily the clots and membrane can be scooped out.

I then packed with iodoform gauge. One case I irrigated with thiereh sol first owing to fouted oder from clots and membrane and after drying as well as possible, packed with gauge. Both cases made a good recovery. In a case which has ruptured into the pelvis outside the peritoneum, I don't approve peritoneal infection, heaminar and an unsightly sear. If the rupture takes place into the peritonium then laparotomy is the right procedure (and that mighty quickly too). Vaginal route is the only justifiable operation when rupture into pelvis, it is so readily done, easy access, so completely under control, and above all outside the peritoneum.—Yours,

L. C. SPENCE,