tion of emptying the uterus at the time of performance of abdominal operation must be carefully considered.

Some months ago I was called to see a patient who, three years before, had been operated on for the removal of an ectopic gestation. I found her six or seven months pregnant. On the day previous she had been taken suddenly ill with an acute abdominal pain. The doctor in attendance thought that the acute pain must have some connection with the previous operation, and that the uterus had perhaps ruptured at the cornu where the tube had been removed. Vomiting set in and was persistent and stercoraceous. We advised immediate removal for operation. She refused, and thus a delay of two days occurred. The patient, then feeling much worse, consented to an abdominal operation. She was removed to the hospital, where the abdomen was opened, but by this time she was scarcely in a condition to withstand any serious shock. A coil of intestine was found strangulated beneath a band and released. The uterus was enlarged to about the sixth or seventh month of pregnancy. The released intestine was very dark in color, but still glossy. The patient improved until midnight, when she began to miscarry. The uterus was emptied, but she began to sink and died at 6 a.m. For a few hours after the relief of the strangulation her condition improved and vomiting ceased. I am satisfied that the extra physical strain and loss of blood incident to the emptying of the uterus militated greatly against her recovery.

In this case it is perhaps not likely that she would have recovered, even if the uterus had been emptied at the time of the operation. There had been too much delay. But still the question must present itself to us in certain cases that if called upon to operate for intestinal obstruction by bands, volvulous, intussusception, perforated appendix, ovarian cyst, with twisted pedicle, on a woman in a pregnant condition, whose uterus contains a fœtus at about the fifth to the eighth month, is it wiser to leave such a uterus to empty itself subsequent to operation, or to empty it at the time of operation by means of Cæsarean section? I believe that if the patient's condition warrants a somewhat more prolonged operation than that necessary to relieve the exact condition for which abdominal section has been performed, her best interests will be served by rapid, careful, and a thorough evacuation of the uterus by the abdominal route. She will then have nothing to contend with after the usual shock of operation and danger of peritonitis is passed.

RUPTURE AND PERFORATION OF THE PREGNANT UTERUS.

In connection with this subject I beg to call your attention to the close similarity of the symptoms accompanying three conditions that are commonly met with and that may require abdominal section. The first of