

TUBAL PREGNANCY DIAGNOSED BEFORE RUPTURE. CÆLIOTOMY AND RECOVERY.*

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WHEN that fearless pioneer in abdominal surgery, Mr. Lawson Tait, in 1883, had the courage of his convictions to remove a tubal pregnancy, it was not simply an abdomen that he opened—it was a new and victorious field on which he placed the surgeon's beneficent standard. As a consequence of the impetus given to the study of the subject by his work and teaching, cases at this date, fairly numerous, have been reported from every civilized country where women have been rescued at the brink of the grave and restored to society as its most useful members. Our own country has furnished its quota in the hands of Howitt, McKinnon, Ross, Temple, Smith, and others.

It had long been supposed that the condition of ectopic pregnancy was exceedingly rare; but in a series of 3,500 general autopsies made by Dr. Formad, of Philadelphia, there were found not less than thirty-five cases, or one per cent. ! Surely frequent enough to put every thoughtful physician on the alert.

As a practical subject, it can never become devoid of interest. The difficulties of diagnosis even after rupture, the suddenness of the symptoms during apparent excellent health, the immediate and imminent danger to life, and the absolute necessity for a capital operation to give even a chance for life—all combine to render the subject of profound interest and importance to the general practitioner, as well as to the surgeon and gynæcologist.

In regard to the diagnosis before rupture, the symptoms are generally so mild that the patient does not seek relief from her physician; and if she does, these symptoms are not differentiated from those that belong to minor ailments. On this point Mr. Tait says: "The strangest thing to me is that in the enormous experience I have now had in tubal pregnancy (thirty-nine cases in 1889), I have never but once been called upon

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