

times, and I am glad to have made them, because they saved lives which would otherwise have been lost. Several of these fortunate mistakes revealed a perforated appendix which was quickly removed and the patients recovered. Another was a twisted ovarian cyst with a hæmorrhage of two quarts into it in a woman who was a month pregnant. Here we had all the symptoms of a ruptured tubal pregnancy, such as hæmorrhage, shock, high pulse, low temperature and sudden pain in a woman who was pregnant. Immediate operation, in the belief that it was a ruptured tubal pregnancy, saved her life. With regard to the frequency of tubal pregnancy my experience corresponds pretty exactly with Dr. Chipman's for I had my fortieth case last month out of 815 abdominal sections with two deaths, my thirtieth and twenty-eighth. Only one of mine had a pregnancy in the uterus as well as in the tube and I have not met with one in the broad ligament. A curious case I had was that of a woman who had been sterile for many years and I was treating her at the Montreal Dispensary for salpingitis; she became pregnant while I was treating her. I examined her twice a week and was able to feel a tubal pregnancy from the first. She entered the hospital and I operated by the vagina and removed the pregnancy which was unruptured and as large as a sausage. The result was very satisfactory. This was the only case I have done by the vagina. Dr. Chipman has just pointed out that one of the means of diagnosing is the open os. My 38th case was one which went on to full term, the woman had a furious labour and I could put two fingers easily into the uterus, but it was empty and the full time baby was alive in the abdominal cavity. It lived six hours and the woman lived eight days after operation. Her doctor believed from the third month that it was a tubal pregnancy, but I waited for characteristic signs and there allowed the case to go on till too late, adding one more to my already long list of victims of so-called conservatism.

(To be continued.)

ASYLUM SERVICE.—The Government of Ontario is responding nobly to the cry from the medical profession for reform in the asylum service—especially as to appointments. The Grit heads of asylums are getting gradually weeded out, or resigned out, or transferred out. By a singular and happy coincidence Tory heads are coming in to take the places of the useless Grits. The world moves on, and in the course of time Ontario will have the finest asylum service in the world. Appointments to senior positions will depend on merit alone—the merit of being good working Tories.—*The Canadian Practitioner*, December, 1907.