

the edges of the sac should be brought into the incision, which should be closed except at its lower part, where a drainage-tube should be inserted. If a definite placenta be present it should not be touched, as great hemorrhage is likely to take place from its site, and there is no efficient means of arresting this hemorrhage. So in the treatment of "extra-uterine pregnancy," between the primary rupture and the viable period, there are only two alternatives worthy of consideration, namely, *expectancy* and *laparotomy*; and as with the present method of treating the placenta the operation at full period is not more dangerous. I would say give the child a chance and enjoin on the mother precautions as to avoidance of exertions likely to produce secondary rupture or death of the fœtus. At full time we may operate during the false labour, or allow the child to die, and operate when circulation through placenta has ceased.

In coming to a decision, too much reliance should not be placed in the older statistics, for the majority of cases operated on before the days of antisepticism died through lack of cleanliness of the peritoneal cavity. The peritoneal cavity being a gigantic lymph sac, poisonous matters might as well be injected into a vein as left there.

*In the primary operation*, great success was obtained by Veit of Berlin and Mr. Tait. Veit reports seven successful cases; Tait, out of five cases, saved three mothers and all the children. This, combined with our better means of dealing with all the conditions within the abdomen, to my mind makes this the proper treatment. On account of the rearrangement of the peritoneum we should make the incision well to the side of the middle line to which the gestation is. When the sac is opened the fœtus should be carefully lifted out by the feet. Tait then squeezes all blood out of placenta, ties the cord close to it, and cuts it off. The sac is then cleansed of all blood, membranes, etc., filled with water, and stitched tightly around drainage-tube, through which the water is drawn off and then opening closed. When it is possible to tie a big pedicle round attachment of the placenta to the tube and broad ligaments, which contains most of the blood vessels to the placenta, this should be done and the placenta removed; bleeding can be stopped by perchloride of iron.