sulting in more or less pain ever since, for which he had been con-Examination showed the uterus to be retroverted and fixed. sulted. and both tubes, especially the right, to be enlarged. After a course of local treatment she missed a period, and he, suspecting tubal pregnancy, thought it important she should know what was going to happen, and her husband was told that, if she should fall in a faint he would know that the tube had ruptured, and to send for the doctor at once. Another attack of pelvic peritonitis supervened, and while preparing her mind for the operation, one night he was sent for in a hurry and found her collapsed. After removal to hospital, laparotomy was performed, and on opening the abdomen two quarts of black clotted blood were removed. There was free hæmorrhage which was quickly controlled by ligature of the ovarian arteries. The foetus was found free in the abdomen, and was alive. The abdominal cavity was washed out with warm salt solution, and left full, and a quart enema of the same solution administered. The patient had made an uninterrupted recovery, and her pulse, 120 previous to operation, gradually fell to So afterwards.

## SURGICAL SHOCK AND HOW TO PREVENT IT.

Dr. A. LAPTHORN SMITH, in a paper on this subject, said that we often heard it stated that no one knew what shock really was. He thought that this statement was not correct, as we did knew that shock was a vivid impression or powerful irritation of the great sympathetic nerve leading to a forcible contraction of the arterioles of the surface and throughout the body, and a corresponding rush of blood into the great venous trunks, especially in the abdomen, which latter he said were capable of holding all the blood in the body.

According to the above definition, a horrible sight, or a blow upon the abdomen, or concussion of the nerve centres might all cause But he did not wish to deal with these forms of shock, true shock. but with shock during surgical operation, and especially during operations in the abdominal cavity. He maintained that genuine shock in these cases was rare; principally because, the patient being under anæthesia, the great sympathetic was less sensible to power-He thought that many cases, which were supposed ful irritation. to be suffering from shock after operations, were really suffering from something else, and he endeavoured to show that the low temperature, weak and rapid pulse, and pallor of the face and the depressing of the mental and physical powers were due to one or other of the following causes : hæmorrhage out of the blood vessels, or hæmorrhage into the large veins, cooling of the body surface and prolonged anæsthesia, prolonged handling of the intestines, and prolonged stay in the bad air of a crowded operating room. He laid stress upon the importance of the Trendelenburg posture so as to prevent anæmia of the brain; and to the necessity of keeping. up the pressure in the coronary artery by which alone the heart is fed, by keeping the whole arterial system fairly full either by transfusion of salt solution during the operation, or by warm salt enemata before and after the operation, or by leaving the abdomen well filled with warm salt solution before closing it up. He also pointed out that much of the hæmorrhage could be prevented by finding