

to each method its due share of importance and praise, according to the results which it has given in my hands.

From the point of view of treatment, diseases of the uterine appendages may be divided into organic and functional ; for in the former the most satisfactory treatment is generally surgical, while in the latter medicine and hygiene will usually effect a cure.

Let us then take in turn the principal organic diseases, first, of the Fallopian tubes, and, second, of the ovaries.

By far the most serious disease of the tubes is tubal pregnancy, a condition by no means so rare as was at one time supposed. There is only one treatment for it, and that is removal. The various methods so far employed other than extirpation are so uncertain and so much less safe than the treatment which removes the whole disease in a few minutes that we hardly need to mention them, while on the other hand total removal of the tube is one of the simplest and safest of abdominal operations.

A few years ago a woman called at my office one afternoon about five o'clock to consult me for pain in her side which she had had for several months. I had left that afternoon at 4 p.m. for Philadelphia, to spend a month with Dr. Joseph Price. She was disappointed at my absence, but went home and proceeded to finish her ironing, when at six o'clock she suddenly fell unconscious to the floor. At eleven o'clock that night she was dead. The *post-mortem* revealed the abdomen full of blood, coming from a ruptured tubal pregnancy.*

A year ago, a former pupil called me to a consultation on the case of a woman who had a pain in her side. A lump was felt, and the history of the case pointing that way, tubal pregnancy was diagnosed. Next day, my young friend, with my assistance, removed a tube which had ruptured into the broad ligament, and the patient forthwith made a rapid recovery.†

The general practitioner who is watchful enough to discover a case of tubal pregnancy deserves far more credit than the specialist who operates and saves the patient's life. And yet the diagnosis is not so very difficult ; the pain in the side, the signs of pregnancy following a long period of sterility, the mass the size of a walnut or even as large as a small orange filling one side of the pelvis and pushing the uterus to the other side, all point to tubal pregnancy before rupture ; while the sudden shock of hæmorrhage into the abdomen or the more gradual symptoms following bleeding into the broad ligament point

* "Transactions, Medico-Chirurgical Society of Montreal," Vol. IV., p. 308.

† "Transactions, Medico-Chirurgical Society of Montreal," Vol. VI., p. 100.