of the case he prescribed a dose of morphia, which did not relieve. He was again sent for but refused to attend and ordered the morphia to be repeated. The woman died shortly after. The doctor was accused of poisoning her. This, of course, he denied, and demanded an autopsy. This was at first refused, but on the doctor threatening to bring in the coroner it was finally granted. Dr. Finley, I believe, did the autopsy when an enormous collection of free fluid blood was found in the peritoneal cavity. It had come from a minute rent in an expansion of the isthmus of one of the tubes, no larger than a shelled almond. The symptoms of this type of case sometimes resemble those of irritant poisoning. Operation is, as a matter of course in the present position of surgery, the only proper treatment, and I agree with Dr. Chipman that in all but a few exceptional cases it should be by abdominal section. One exception I should make would be the case of an acute infection of the collection where presumably the blood had ceased to flow.

While as a rule we must operate, I belive there exists a type of case of very early, tubal abortion from the fimbriated end of the tube, attended with very slight hæmorrhage, in which the peritoneum disposes of the collection. It must, however, be admitted that the diagnosis of such cases is difficult and often uncertain.

While discussion of details in the performance of operation is perhaps scarcely in order, I cannot refrain from entering a protest against the removal of the ovary of the affected side because it is embedded in blood clot and blood-stained, even if it is slightly cystic. Such ovaries are still capable of performing useful function. Still less can there be any justification for the removal of the other tube and ovary because in rare cases the woman has had a second ectopic pregnancy.

A. LAPTHORN SMITH, M.D. This paper has excited my admiration for the reasons given by the previous speaker and especially for the frankness with which Dr. Chipman has dwelt upon the difficulty of diagnosis. There is a feeling among a great many doctors that, unless you know the exact condition present you should not do anything. I think this paper of Dr. Chipman's will have a good effect, so that as soon as a practitioner has a suspicion in his mind that he is dealing with a case of a tubal pregnancy he will call in a specialist, and if the specialist is fairly certain that this is the condition present he will operate at once. The ovum has the power to eat through the vital tissues into the blood vessels and cause fatal hæmorrhage, and is therefore to some extent a malignant disease. When it comes to the question of taking such risk by waiting until we are certain, it is far better to operate at once and save every case, even if occasionally we find some other, but equally serious condition. I have made these most fortunate mistakes several