- I. Is the viable ectopic gestation worth saving?
- 2. Do the attempts to save the child seriously increase the mortality or morbidity of the mother?
 - 3. What is the best procedure at the time of operation?

As to the first question the writer replies in the affirmative and shows photographs of three fœtus which were in a good state of maturity. The only one of three born alive is reported as leaving the hospital a vigorous healthy child.

Taylor says in regard to this question, "So far as my own experience goes the extra-uterine child at term, in size weight and nutrition, is in no way behind the average. The child is often locally defective or malformed. These deformities are most commonly met with in children of abdominal pregnancies. The children of ligamentary pregnancies, and particularly those of the posterior variety, may be free from any visible defect whatever."

As to the second question Cragin says:—" Maternal mortality, when the operation is performed during the viability of the fœtus, will always depend very largely upon the judgement and skill of the individual operator in his decision as to the treacment of the placenta, whether it can be removed without great danger of fatal hemorrhage, or whether it is wiser to leave it to be removed or to come away later."

The third question is subdivided into a discussion on the best time to operate and the technique of operation. It is argued, and apparently with much reason, that while "any additional growth and development which can be given the child is a thing to be desired," it must be admitted "that at the completion of the full period of gestation, and during the spurious labor, there is some danger of rupture of the gestation sac and fatal hemorrhage," and accordingly, "when the fœtus is alive, and with the mother under careful consideration, and in the absence of unfavorable symptoms on her part, at about eight and one half months of gestation is the most desirable time for operation in the interests of both mother and child."