schema will be then any more productive of real gain. I demand for them, however, a share in the advantages.

I also pointed out the danger of private workers in the provinces being swamped by London committees—experto crudo. I ran that danger but was not prepared to accept it. There was no question at the subject of hydrophobia; for some years, I had been collecting material, and, fortunately, had my MSS. in order, but not quite ready for the printer. I had published a few pages of matter. A publisher informed me that there was a Committee appointed in London to investigate this subject. This Committee had on it Drs. Burdon Sanderson, Dr. Launter Braunt, Mr. Callender, Dr. Greenhalgh, Mr. Ernest Hart, etc. I saw clearly that, in the face of such a Committee, any words of mine would not have a chance of a hearing, and that my only hope of safety lay in the speedy publication of anything I had to say. I rushed my MSS. into books, at a considerable sacrifice of time, with imperfections which would not have occurred had I not thus hurried, for I reckoned on a couple of years' more time to complete my observations. The success of my book I need only briefly allude to, thanks especially to Sir Joseph Fayer, who reviewed it in the 'Bezis. The book became to me not only a financial success, but I also won what we are all striving for—some kudos. Had I waited until this Committee published their report I should probably not have had a reader. At the end of my book, I said, as I was compelled to do, "I feel a pleasure in leaving further investigation in the hands of content experimenters as Drs. Burdon Sanderson and Launter Braunt, to the public and to the world, and I hope, with interest and hope." Naturally felt that I must give way before such names, and that I was virtually effaced. What publisher would look at the MS. of an obscure provincial practitioner in the face of such Committees, even though my facts were as good! He would decline it; I know this from experience. I got over the difficulty by publishing my work at my own expense.

What, after all, must we expect to obtain from collective investigation, supposing that it realised the expectations of its promoters? Individual results, which will only have their value either from the personal bias of the secretary or of the framers of the cards.

The Committee, in their first report, stated: "That the success will much depend upon the energy, perseverance, and judgment of the secretary." I said, in one of my letters, "that I had no doubt the largest share of work would fall upon him; and that he ought to be a biologist, physiologist, physician, therapeutist, and histologist." The Committee were fortunate in securing the services of Dr. Mahomed, but naturally they could not expect to retain his services long. Any man of ability would simply use this as a stepping-stone, so that we have now a new secretary, who in turn will be succeeded by another; thus we shall have ever changing opinion in the interpretation of the facts submitted. But, it will be answered, the opinions of the secretary will always be checked by the Committee or the framers of the card. True, but even then we shall be liable to individual opinions and crotchets, in the absence of the philosopher. There is no substituting this power of veto possessed by the Committee, we shall still be largely dependent on the fancy of the secretary, who will first sift the cards and draw up the report.

The Association is now spending in collective investigation a very large sum annually, and I think it is time the members should look carefully at this, and ask themselves the questions: Is such an outlay required? Will scientific medicine be benefited to a proportionate extent by such a disposition of the funds? Could we not devote our surplus money to better purposes? I have endeavoured to show that, up to the present, the outlay has not been productive of proportionate results.

I trust that before the Belfast meeting the subject will be fully ventilated in the columns of the Journal, and that my observations may lead to healthy criticism of the scheme. I would ask the members to leave on one side the man who has said these things, and simply to consider "what has been said," and to discard altogether the bugbear of authority.

We may be told that, in several countries, this scheme has been copied. Man is an imitative animal, and priud facie there is a glamour about collective investigation which appeals to some of our instincts. The result has been called forth some eloquent speeches, and I could myself write a very readable paper in favour of it. But the subject is very broad. I have taken, however, a side the facts of such a scheme have not been presented to the members.

I am as desirous of scientific advancement as any man in the profession. I am also desirous of the general good of the Association; but I hold that we are better advanced without this subsidy, and that the greatest good to the greatest number of the Association is not secured by this scheme.

Admirable scientific work and scientific research have been done in England by private workers, without any pecuniary assistance for funds. Stimulated by ambition or love of science, numbers of men have contributed to the elucidation of the problems of disease; the scientific work they have published the result of their research on the usual marketable terms.

In the future, so in the past, there will always be found men able and willing to throw themselves into scientific work, in order to clear up some of the problems which disease opens out. Such subjects, micro-organisms, and the properties of isodiform, the nature of phthisis, diphtheria, chorea, rheumatism, acute gout, are now commanding the attention of scientific workers in all parts of the civilized world; and, when that inspiration comes—which is of the poetic faculty, rare—we shall receive that light for which we longed.

The various medical societies in London and in the provinces are also engaged in the same class of work, so that there is no fear of scientific medicine being left in a neglected condition. In conclusion, then, I hold it to be unnecessary to devote from the funds of the Association:

1. £200 a year, with £100 a year for travelling-expenses, for a Secretary to the Collective Investigation Committee.

2. £200, in two endowments of £100 each, to two men selected by the Committee for some special researches. The class of work undertaken by the men thus endowed will be worked out as well by private workers. There is danger of private workers being superseded by this expenditure.

3. A sum varying from £300 to £500 a year on cards, memoranda, etc., relating to the special subjects selected by the Investigation Committee.

The reasons of my objection is well expressed in the phrase, Le jus ne va pas la chaloupe. The funds of the Association might be devoted to more useful and universal objects, whereby science would be equally advanced, and the general bulk of the members benefited.

FIVE CASES OF EXTRA-UTERINE PREGNANCY OPERATED UPON AT THE TIME OF RUPTURE.

By Lawson Tait, F.R.C.S.Ed. &c., Surgeon to the Birmingham and Midland Hospital for Women.

PENDING the discussion on the pathology and treatment of extra-uterine pregnancy, which is to take place at Belfast, I desire to place on record this, the first series, as I believe, of cases of extra-uterine pregnancy operated upon at the time of rupture; that is, from the tenth to the thirteenth weeks. Most of us are familiar with such dramatic incidents as that of the actress in the Beis de Boulogne, where sudden or very rapid death has occurred from hemorrhage due to the tear of a venous sinus in the rupture of an early Fallopian pregnancy; these have developed in a large number of them, live or six and twenty, and of late I have been encouraged by my success in other abdominal diseases to try what surgery could do in these cases.

For this treatment, of course the difficulty was the diagnosis, but as I have now completely adopted the principle of always opening the abdomen when I find a patient in danger with abdominal symptoms, this barrier no longer exists. The diagnosis is, however, not so very difficult after all, for in many cases the existence of pregnancy has been suspected before the rupture occurred. It may be in the majority, however, that this misleading feature is present; the patient has not been pregnant, or has not been so for many years, and then the arrest of menstruation attracts no particular attention. If, however, it be found that the patient has been eight weeks or more without a period, that there is a pelvic mass fixing the uterus and on one side of it, and that sudden and severe symptoms of pelvic trouble and hemorrhage came on, the rupture of a tubal pregnancy may be at once suspected, and if an operation is to be done—and it clearly ought to be done—it must be done without delay. Early interference is clearly a chief element of success in modern abdominal surgery.

The first case to which I was called after I had made up my mind as to the line to be adopted in such cases, occurred on January 17th, 1883, in the practice of Mr. Spackman of Wolverhampton. He had already made the diagnosis, and I was of opinion that he was perfectly correct. The patient had not had a child for many years; menstruation had been arrested for eleven weeks, and symptoms of rupture had been present. When I saw her she was blanched from hemorrhage, and her skin had the peculiar staining which is characteristic of the extravasation of blood into the peritoneum. The contents of the
pelvis were fixed, and there was a distinct mass on the left side. The abdomen was distended, and the patient in a good deal of pain.

Though I feared that interference might have come too late, still I advised operation, and immediately proceeded to carry it out. I opened the abdomen, and found a quantity of clot derived from a tubed Fallopian pregnancy. I stitched the rent to the abdominal wound, but every touch caused hemorrhage, so that I had to desist without doing much save removing the uterus and some of the placenta. The patient never regained consciousness, and died shortly after being removed from the operating table.

On March 1st, 1883, I saw, with Dr. Page of Solihull, a patient who had not been pregnant for many years, in whom there was a fixed mass in the pelvis, and whose menstruation had been arrested for about three months. She had a high pulse and an excited temperature and great pain. I advised abdominal section, and found the abdomen full of clot. The right Fallopian tube was ruptured, and from it a placenta was protruding. I tied the tube and removed it. I searched for, but could not find the fetus, and I suppose it got amongst the folds of intestine and there was absorbed. Certainly it has not since been seen. The patient made a very protracted convalescence, but she is now perfectly well.

On April 9th, 1884, I opened the abdomen in the case of a patient whom I had seen a few days previously with Dr. J. W. Taylor, of Moseley, Birmingham. She had symptoms of acute pelvic inflammation, the organs being fixed, and there was a distinct mass behind and to the right of the uterus, which had been pregnant for many years. I admitted her to my private hospital; and during the removal, douloubs, the rupture occurred. At the operation, I found the abdomen filled by a quantity of blood-serum and free clot. The left tube was distended by a placenta, which protruded through a rupture, and removed the tube, and tied and removed the clot, but I could not find the fetus. She made an easy recovery, and now has almost completed her convalescence.

On May 25th, 1884, I operated upon a patient in the Hospital for Women, aged 27, who had had two children, the last having been born three years ago. She had menstruated regularly till three months previously. Pelvic pain had become very severe for some weeks, and had become steadily more distressing. I found the uterus fixed, and a larger tender mass on the left side; and I diagnosed the case as possibly one of pyosalpinx. At the operation, I found the left Fallopian tube had burst, and that there was a quantity of loose clot in the pelvis. The uterus was lying in the pelvis, attached to the placenta, which remained in the tube. The tube was adherent to surrounding structures, but was easily detached, tied, and removed. She made an easy recovery; but I could not find the fetus. The wound has completely healed, and she has left the hospital.

The fifth case has just occurred, an illustration of the curious sequence of exceptional cases often seen in practice.

A. M., aged 34, married fifteen years, had had four children, the last having been born six years and a half ago. Her last menstruation had been November 1st, 1883, and she had had no other period since. On March 1st, 1884, I saw her, with Dr. Page of Solihull, a patient who had not been pregnant for many years, in whom there was a fixed mass in the pelvis, and whose menstruation had been arrested for about three months. She had a high pulse and an excited temperature and great pain. I advised abdominal section, and found the abdomen full of clot. The right Fallopian tube was ruptured, and from it a placenta was protruding. I tied the tube and removed it. I searched for, but could not find the fetus, and I suppose it got amongst the folds of intestine and there was absorbed. Certainly it has not since been seen. The patient made a very protracted convalescence, but she is now perfectly well.

On May 25th, 1884, I operated upon a patient in the Hospital for Women, aged 27, who had had two children, the last having been born three years ago. She had menstruated regularly till three months previously. Pelvic pain had become very severe for some weeks, and had become steadily more distressing. I found the uterus fixed, and a larger tender mass on the left side; and I diagnosed the case as possibly one of pyosalpinx. At the operation, I found the left Fallopian tube had burst, and that there was a quantity of loose clot in the pelvis. The uterus was lying in the pelvis, attached to the placenta, which remained in the tube. The tube was adherent to surrounding structures, but was easily detached, tied, and removed. She made an easy recovery; but I could not find the fetus. The wound has completely healed, and she has left the hospital.

The fifth case has just occurred, an illustration of the curious sequence of exceptional cases often seen in practice.

A. M., aged 34, married fifteen years, had had four children, the last having been born six years and a half ago. Her last menstruation had been November 1st, 1883, and she had had no other period since. On March 1st, 1884, I saw her, with Dr. Page of Solihull, a patient who had not been pregnant for many years, in whom there was a fixed mass in the pelvis, and whose menstruation had been arrested for about three months. She had a high pulse and an excited temperature and great pain. I advised abdominal section, and found the abdomen full of clot. The right Fallopian tube was ruptured, and from it a placenta was protruding. I tied the tube and removed it. I searched for, but could not find the fetus, and I suppose it got amongst the folds of intestine and there was absorbed. Certainly it has not since been seen. The patient made a very protracted convalescence, but she is now perfectly well.

On May 25th, 1884, I operated upon a patient in the Hospital for Women, aged 27, who had had two children, the last having been born three years ago. She had menstruated regularly till three months previously. Pelvic pain had become very severe for some weeks, and had become steadily more distressing. I found the uterus fixed, and a larger tender mass on the left side; and I diagnosed the case as possibly one of pyosalpinx. At the operation, I found the left Fallopian tube had burst, and that there was a quantity of loose clot in the pelvis. The uterus was lying in the pelvis, attached to the placenta, which remained in the tube. The tube was adherent to surrounding structures, but was easily detached, tied, and removed. She made an easy recovery; but I could not find the fetus. The wound has completely healed, and she has left the hospital.

The fifth case has just occurred, an illustration of the curious sequence of exceptional cases often seen in practice.

A. M., aged 34, married fifteen years, had had four children, the last having been born six years and a half ago. Her last menstruation had been November 1st, 1883, and she had had no other period since. On March 1st, 1884, I saw her, with Dr. Page of Solihull, a patient who had not been pregnant for many years, in whom there was a fixed mass in the pelvis, and whose menstruation had been arrested for about three months. She had a high pulse and an excited temperature and great pain. I advised abdominal section, and found the abdomen full of clot. The right Fallopian tube was ruptured, and from it a placenta was protruding. I tied the tube and removed it. I searched for, but could not find the fetus, and I suppose it got amongst the folds of intestine and there was absorbed. Certainly it has not since been seen. The patient made a very protracted convalescence, but she is now perfectly well.

On May 25th, 1884, I operated upon a patient in the Hospital for Women, aged 27, who had had two children, the last having been born three years ago. She had menstruated regularly till three months previously. Pelvic pain had become very severe for some weeks, and had become steadily more distressing. I found the uterus fixed, and a larger tender mass on the left side; and I diagnosed the case as possibly one of pyosalpinx. At the operation, I found the left Fallopian tube had burst, and that there was a quantity of loose clot in the pelvis. The uterus was lying in the pelvis, attached to the placenta, which remained in the tube. The tube was adherent to surrounding structures, but was easily detached, tied, and removed. She made an easy recovery; but I could not find the fetus. The wound has completely healed, and she has left the hospital.

The fifth case has just occurred, an illustration of the curious sequence of exceptional cases often seen in practice.

A. M., aged 34, married fifteen years, had had four children, the last having been born six years and a half ago. Her last menstruation had been November 1st, 1883, and she had had no other period since. On March 1st, 1884, I saw her, with Dr. Page of Solihull, a patient who had not been pregnant for many years, in whom there was a fixed mass in the pelvis, and whose menstruation had been arrested for about three months. She had a high pulse and an excited temperature and great pain. I advised abdominal section, and found the abdomen full of clot. The right Fallopian tube was ruptured, and from it a placenta was protruding. I tied the tube and removed it. I searched for, but could not find the fetus, and I suppose it got amongst the folds of intestine and there was absorbed. Certainly it has not since been seen. The patient made a very protracted convalescence, but she is now perfectly well.

On May 25th, 1884, I operated upon a patient in the Hospital for Women, aged 27, who had had two children, the last having been born three years ago. She had menstruated regularly till three months previously. Pelvic pain had become very severe for some weeks, and had become steadily more distressing. I found the uterus fixed, and a larger tender mass on the left side; and I diagnosed the case as possibly one of pyosalpinx. At the operation, I found the left Fallopian tube had burst, and that there was a quantity of loose clot in the pelvis. The uterus was lying in the pelvis, attached to the placenta, which remained in the tube. The tube was adherent to surrounding structures, but was easily detached, tied, and removed. She made an easy recovery; but I could not find the fetus. The wound has completely healed, and she has left the hospital.

The fifth case has just occurred, an illustration of the curious sequence of exceptional cases often seen in practice.

A. M., aged 34, married fifteen years, had had four children, the last having been born six years and a half ago. Her last menstruation had been November 1st, 1883, and she had had no other period since. On March 1st, 1884, I saw her, with Dr. Page of Solihull, a patient who had not been pregnant for many years, in whom there was a fixed mass in the pelvis, and whose menstruation had been arrested for about three months. She had a high pulse and an excited temperature and great pain. I advised abdominal section, and found the abdomen full of clot. The right Fallopian tube was ruptured, and from it a placenta was protruding. I tied the tube and removed it. I searched for, but could not find the fetus, and I suppose it got amongst the folds of intestine and there was absorbed. Certainly it has not since been seen. The patient made a very protracted convalescence, but she is now perfectly well.