

which its magnitude and gravity demands, and which this meeting, from its very importance, should expect.

A study of medical literature, past and present, goes to show that correct ideas of the causation and earlier changes consequent upon ectopic gestation, as well as a real working knowledge of its management, date back less than twenty-five years. Previous to that time deaths were reported from so-called accidental hemorrhage into the peritoneum, and from intraperitoneal and extra-peritoneal hematoceles. Many cases were reported of fetus found in the abdominal cavity, and of lithopedions discovered many years after the pregnancy from which they dated their origin. A few years ago the profession at large could not but regard as extraordinary the diagnostic acumen of the men who could make the diagnosis of tubal pregnancy on the occurrence of rupture. At the present time, with the increase of literature on the subject, and with our better knowledge of its pathology and symptomatology, every physician is expected to make a correct diagnosis on such occurrence and, in a fairly large proportion of cases, to make a diagnosis before the occurrence of rupture.

Classification.—Every pregnancy is the result of the impregnation of an ovum of the female by the spermatozoon of the male. The normal place for the development of the impregnated ovum is the cavity of the uterus. The channel through which the ovum must pass from the ovary, in order to gain the uterine cavity, is the Fallopian tube. Just where impregnation normally takes place is still an unsettled question. By some the situation is claimed for the uterus alone, by others for the ovary, and some times for the tube.¹

On the one hand there is not much evidence for the belief that the seat of normal impregnation is limited to the cavity of the uterus; on the other hand facts are known concerning the invasion of the tubes by spermatozoa, which unmistakably point to the conclusion that normal fructification of the ovum may occur at any stage of its passage from the ovary to the uterus. It may thus be stated that an abnormal arrest, whether mechanical or special, of a fructified ovum in its progress toward the uterus is the determining factor of an extrauterine, ectopic, or misplaced pregnancy. Theoretically this arrest may occur (*a*) in the ovary, (*b*) in the abdominal cavity between the ovary and tube, (*c*) within the tube, and (*d*) between the tube and the uterus. The first seems to be theoretical only. Many writers deny the possibility of the ovum becoming impregnated within the Graafian follicle and continuing to grow there, while others quoting from various observers acknowledging the existence of such fecundation, freely admit that there are but few indubitable cases on record. Howard Kelly² describes it as "one of the greatest