

III. The appearance of uterine hemorrhage, which is again peculiar, in that it is usually irregular both as to time and quantity, generally lighter in colour than the normal discharge, and contains shreds of tissue which are portions of decidua vera.

Physical examination further shows the uterus slightly enlarged, cervix soft and patulous, and to either side and slightly behind is found a painful mass.

Histories are not to be relied upon in making a diagnosis in extra-uterine pregnancy before rupture. It is only after repeated examination and watching the enlargement of the tumour that we can even make a presumptive diagnosis. There is one point, however, in the history of most cases that should be of some assistance—that is, there has been a long period of sterility either with no former pregnancy or following one or more confinements. Parry says, “Women who have become pregnant with the child outside the uterine cavity frequently show a previous inaptitude for conception. If the woman has borne children a period of sterility frequently precedes the extra-uterine pregnancy.” This was the case with my patient; she had already borne five children, and then did not become pregnant for nearly ten years; during which time she suffered with continuous pelvic trouble.

Now, a *diagnosis of extra-uterine pregnancy* having been made, how are we to treat the case for the best interests of the patient? If diagnosis be correct, and the tumour left undisturbed, it will continue developing until about 12th week, when rupture takes place, which in the majority of cases means death to the mother, unless relieved by operation. Of 149 cases of intra-peritoneal rupture reported by Parry, 145 proved fatal.

Reading the mass of literature on this subject which has appeared within the past few years, it is plainly seen that the only scientific and certain treatment is by abdominal section and extirpation of sac and contents. I am aware that this view is disputed by the advocates of electricity, among whom may be numbered men who are not lacking in experience, diagnostic skill, or sound judgment. In the hands of competent men the removal of these sacs should be neither more difficult nor dangerous than that of a “cystic ovary” or “pus tube.”