

to protrusions of mucous membranes through the separate bundles of muscle fibres of the tube."

*The Diagnosis.*—Cases proved by abdominal section or post-mortem show that diagnoses have been made before rupture, but it is rarely done, and in any case can only be presumptive, because the same symptoms are present in cases of "retroflexed gravid uterus," in "ovarian cyst," "uterine fibroid," "hemato-salpinx," or pregnancy in the rudimentary horn of a bicornate uterus. All these conditions, at different times, have been diagnosed as extra-uterine pregnancy.

Want of diagnostic skill may by some be assigned as the cause of mistaken diagnosis. Such cannot be charged against Dr. Mann of Buffalo. Yet Dr. Mann diagnosed a case as one of extra-uterine pregnancy, and, as he supposed, killed the embryo by electricity. That same case, a short time afterwards, fell into the hands of Dr. Wylie of New York, who operated and found a large purulent sac containing a pint or more of fluid, but nowhere any trace of an extra-uterine pregnancy ever having been present.

Dr. Mundé diagnosed a case as one of extra-uterine pregnancy and operated, only to find a normal pregnancy in the rudimentary horn of a bicornate uterus. This mistake in diagnosis would surely not be attributed to want of diagnostic skill on Dr. Mundé's part.

From the nature of things, most cases rarely come under observation before the period of rupture, because there are seldom symptoms, or, if any, not alarming enough to lead the patient to seek medical aid.

The symptoms of the period prior to rupture are indefinite and indistinct, as best given by Dr. Joseph Price, are :

I. As partial or complete cessation of menstruation for one or more periods, generally accompanied by other rational symptoms of pregnancy, though occasionally all these are wanting.

II. Pain which is peculiar, being generally severe, paroxysmal and long continued ; a *sickening* pelvic pain which is neither cramp-like nor colicky, though it is often described by these terms ; these pains, probably caused by distension of the tube, are apt to subside for a time, only to recur again.