

es the life of any married woman in constant jeopardy. This theory not only explains sufficiently well the cause of extra uterine pregnancy, but places our opinion of normal gestation where they ought to belong. We may conclude, therefore, that all ectopic pregnancies are originally tubal pregnancies, and that it will depend upon several conditions what the future history of any such pregnancy will be. Should impregnation take place in that part of the tube that passes through the uterus, we get what is called the interstitial variety. This form is one of the most difficult to diagnose from normal pregnancy. Such pregnancies invariably rupture into the peritoneal cavity, and are universally fatal. A feature quite noticeable in the histories given in such cases is that the woman has shown a previous inaptitude for conception, or if she has given birth to a child there has been a long interval of sterility an ectopic pregnancy in any part of the tube necessitates rupture sooner or later. This may take place any time before the third month. It is generally between the eighth and the twelfth week. According to the direction in which the rupture takes place, you will have a disastrous catastrophe or one of comparative safety; that is, a rupture upward into the peritoneal cavity or downward between the folds of the broad ligament. The former variety is known as the intra peritoneal and the latter as the extra peritoneal.

Much discussion has taken place as to the early diagnosis of this anomaly. A feature quite noticeable, and one that is suggestive in these discussions, is that the men who have had experience

in the matter sufficient to enable them to speak from a practical standpoint are unanimous almost in their declaration that accuracy in the early stages of such diagnosis is far from being satisfactory; whereas, the parties who confine themselves to literary work and the those who have had little experience, are quite agreed in their assertion that the diagnosis should be accurately made. Many of those cases who consult the physician are either wanting entirely in symptoms or give such an erratic and irregular history of the case as to render it absolutely untrustworthy. It is accepted that the rapidly growing foetus so dilates the tube as to cause rupture at some period. The symptoms of ectopic pregnancy are sometimes very irregular. Occasionally the patient presents all the symptoms of normal pregnancy, but generally many of the usual signs are entirely lacking. Frequently menstruation ceases, and subsequently returns irregularly. One symptom that is generally accepted as being pathognomonic is the expulsion of a decidual membrane. This, however, does not always take place, or if it does it is not recognized. When rupture takes place, there should be no difficulty in coming to the proper conclusion as to what the condition is. When this takes place into the peritoneal cavity, there are alarming and characteristic symptoms of pain and collapse. There will be colic, distention, vomiting, thin, rapid pulse, coldness of the hands and feet, and the patient will faint away. By the aid of rest and sedatives she may recover, only to be taken with a similar attack later. So that we may state that a woman having an extra uterine preg-