ovum has occurred previously and may take place after an ectopic gestation, abundant evidence is at hand. Investigation of 280 cases finds 243 to have been normally pregnant from one to eight times, and in only 37 cases were the women pregnant for the first time. A long period of sterility preceding the ectopic gestation is also negatived by the report of patients who had been pregnant from three to two years previously. That normal pregnancy may coexist with the ectopic type is abundantly proven by the report of more than 100 such instances.

Signs and symptoms of pregnancy may all be present, or present only in part, or they may be entirely wanting. From the histories of 223 cases, fifty per cent. show great irregularity in menstruation, both as regards time duration and amount. In some the bleeding was profuse and continuous, in others intermittent, in some described as spotting. Ten per cent. of cases had lost one or more periods, and 25 per cent. had no menstrual irregularity. In a series of 30 cases no decidua was shed in 16 cases, and no irregular uterine hemorrhage occurred in four cases. The uterus was found to be enlarged in the majority of cases. Out of 27 cases eight had marked symptoms of pregnancy and eight showed none whatever. In 60 cases changes in the breasts occurred nineteen times, and decidua was cast off in 11 cases. In a series of 30 cases, 6 had all the symptoms of pregnancy, and 11 had only nausea and vomiting.

Shock, feeble and rapid pulse, have occurred in nearly all cases of profuse hemorrhage into the peritoneal cavity. From the reaction of the peritoneum to the presence of blood, nausea, vomiting and intestinal stasis, with consequent meteorism, are described again and again. Shock and nausea without pulse changes have been found frequently with the occurrence of fresh hemorrhage into a hematosalpinx, hematoma or hematocele. A few cases have been recorded of severe intra-abdominal hemorrhage and slow pulse.

Depending upon the location and size of the gestation sac, the uterus will suffer displacement in various directions, or may become fixed by adhesions to the tumor. The tumor may be located so as to be influenced by change in the volume of bladder and rectal contents, when the acts of micturition and defecation will be associated with pain.

Coitus, for similar reasons, may be accompanied by pain. Coughing, sneezing, laughing or any other act which increases the intra-abdominal pressure, is not infrequently associated with pain at the site of the tumor, for reasons already mentioned.