Tait, in 1888, wrote on ectopic pregnancy and pelvic hematocele. The work is based on an experience of forty cases.

Since the time when these writings were given to the public several points have been noticed: First, the less frequent rupture of ectopic pregnancy into the broad ligament than was supposed by Tait to occur; second, the ease with which the condition may be diagnosed before rupture; third, the frequency with which the disease occurs a second time in the same patient. It will be my aim to lay stress upon these three points in the present lecture.

I have a record of 45 cases (including one case of ruptured cornual pregnancy) operated upon. They include 3 cases operated on before rupture, 41 cases operated on after rupture, 1 case operated on after full time (ruptured cornual pregnancy), 5 cases after suppuration, 1 case of double ectopic gestation, 3 cases in which ectopic gestation occurred twice in the same patient, 1 case of interstitial pregnancy in its very earliest stage. I will endeavor to give you the outcome of this experience, not embellished in flowery language, but as a simple statement of facts. It will be well, however, to take the subject up systematically.

CLASSIFICATION.—The classification that I adopted in 1892 requires no change. Ectopic gestation may be met with in any part of the tube, from its intrauterine opening to its abdominal end. When the pregnancy is developed in the tube as it passes through the wall of the uterus, we call it interstitial or tubo-uterine; if developed in the middle portion of the tube, tubal; if developed at the ovarian end of the tube, tubo-ovarian or tubo-abdominal.

A pregnancy originating as an abdominal pregnancy has not been proved to exist. Tait says that he cannot believe that a fertilized ovum may drop into the cavity of the peritoneum and become developed there, because the powers of digestion of the peritoneum are so extraordinary that an ovum, even if fertilized, could have no chance of development. If it is possible for the peritoneum to digest live structures so rapidly, why do we find intraperitoneal worms, and how can spermatozoa exist in this region? I have seen intraperitoneal worms free in the cavity of the peritoneum in fish, and I presume that it is the existence of life in the worm that prevents this digestion. The stomach