

the tube it is covered by a layer of albumen which the spermatozoa cannot pierce. Many other facts could be given to prove that impregnation does not occur in the uterus.

Regarding other than normal pregnancy, Tait's amended classification is probably the best yet devised, as given in the *Lancet*, Sept. 1st, 1888. He divides the different forms of gestation into

I. *Ovarian*—not yet proved, though possible.

II. *Tubal*.—In free part of tube, and is contained in tube up to 14th week, at or before which time primary rupture occurs, and then the process of gestation is directed

*Either* into abdominal or intra-peritoneal gestation, uniformly fatal either from hemorrhage or suppuration of ruptured sac and peritonitis ;

*Or* into broad ligament extra-peritoneal gestation ; when it may develop in broad ligament to full term and be removed at viable period as a living child ;

*Or* may die and be absorbed as extra-peritoneal hæmatocele ;

*Or* may die and the suppurating sac discharged at or near the umbilicus, or through the umbilicus, or through the bladder, vagina or intestinal tract ;

*Or* may remain quiescent as a lithopædian ;

*Or* may become abdominal intra-peritoneal by secondary rupture.

III. *Tubo-uterine or Interstitial*.—Is contained in that part of the tube embraced by the uterine tissue, and so far as known is uniformly fatal by intra-peritoneal rupture before the 5th month.

Of these, by far the most common form is the tubal. All agree that the majority of cases are primarily tubal.

*Causes*—Are stricture of the tube due to lessening of its calibre by old inflammation or by contraction of lymph thrown out by pelvic peritonitis and flexions of the tubes.

Tait gives us "desquamative salpingitis" as a cause ; here, catarrh of the mucous membrane leads to loss of cilia and allows of the implantation of the impregnated ovum on the surface of the denuded tube.

Lusk gives as a cause "dilatations with hernial pouches due