

or a stricture of the tube, a result of inflammation in the tube itself or in the pelvic peritoneum. The ovum thus arrested, and in contact with a membrane similar to that of the uterus, attaches itself, forms a placenta and begins its dangerous development. If this arrest takes place in the course of the tube, the pathological result is that, notwithstanding the attempt to accommodate the growing ovum, the muscular structure becomes gradually thinner, until in the course of one, two or three months a rupture takes place, and the whole contents with a varying quantity of blood are discharged into the abdominal cavity. A hæmatocele is thus formed, the patient generally becomes collapsed and dies, rarely escaping by absorption of the blood and encapsuling or discharge of the foetus.

Interstitial pregnancy is much less frequent and less dangerous than the variety just described. It is more likely to advance to full term, and while it may result in death, through rupture into the abdomen, yet it may discharge into the uterus and be expelled through the natural passages.

The abdominal variety, although perhaps not so dangerous as the other two, yet usually results in death. Its *locus habitandi* is not so confined, occupying the whole peritoneal cavity, and the placenta, in its struggle for sustentation, attaches itself to the bladder, intestine, and anything else within its reach. The results of this form are the following: First, the foetus may die in the early months, become encysted and in time be cast off through the rectum, the bladder, or the abdominal walls. Secondly, the pregnancy may advance to full term, when nature makes an effort of expulsion. This being impossible through want of a means of exit, the child with all its attachments is retained and becoming encysted remains quietly for years in its dishonestly acquired possession. Thirdly, the child thus shut up in its unruptured membranes may act as an irritant, create a disturbance in its home and become surrounded with pus instead of liquor amnii or the liquor amnii becoming absorbed, the foetus becomes strongly compressed by the walls of the cavity, acts as an irritant, resulting in the formation of pus and thus leads to hectic fever and death.

The following may be given as causes of death in all the forms of extra-uterine pregnancy, viz., shock, hæmorrhage, septicæmia, peritonitis, hectic fever and perforation of important viscera by bones.

The early symptoms of extra-uterine pregnancy are usually obscure. A suspicion arises in some cases, if a woman passes one, two or three