

from an early abortion, as the blood at first is bright, often very profuse and coming away in large clots. Later, in cases of incomplete abortion, the color of the blood is dark and moderate in amount, but there is usually an odor of decomposition about it. The consistence of the discharge is an important point. *It is thickish*, in fact it has a mucous tenacity, which is not the case with menstrual blood, or in incomplete abortion. There is still another point to be gained from an investigation of the discharges, viz., *the odor*. There is accompanying abortion an odor which can always be recognized in its highest intensity in labor at full term, but which is not recognized in the uterine discharges of an ectopic gestation. In ectopic gestation the odor does not differ from that of the ordinary vaginal secretion.

In making a physical examination I shall pass by those early symptoms of normal pregnancy, and which may be present in ectopic gestation, such as changes in the breast and the color of the vaginal mucous membrane. Sometimes they are scarcely recognizable, sometimes absent altogether. Much stress is often laid upon enlargement of the uterus "bearing," as some writers say "a strong resemblance to that of the subinvolted uterus."¹ The symptom is often misleading. Not infrequently the uterus is scarcely perceptibly enlarged even when measured by the uterine sound. In what is known as the Jessop case¹ the uterus at a full term abdominal pregnancy is described as feeling somewhat enlarged, and on measurement by Simpson's sound its cavity was found to be two and a half inches in length. The uterus will, however, always be found softer and more rounded off than an unimpregnated one. The condition of the cervix is also an important means of diagnosis. The os has a velvety feel, the cervix is softer than normal, and when there is uterine hemorrhage the cervical canal somewhat expanded, thus differing from a normal menstruation. I leave out intentionally those forms of dysmenorrhœa which are described as mechanical and membranous, in that on careful enquiry there will be in such cases a history of one or other form of dysmenorrhœa on many previous occasions. Again, while it is noticed that the cervical canal is somewhat dilated and the cervix softened, the extent of dilation is never very marked, nor is the angle between the cervix and body of the uterus obliterated. This affords another point in differentiating ectopic gestation from early abortion.