

Third. The tubo-uterine, or interstitial variety, where the gestation takes place in that portion of the tube lying within the uterine wall.

The danger to the life of the patient differs in degree according to the situation of the impregnated ovum. Those cases in which the ovum is arrested in the isthmus being less frequent, but more dangerous, than those in which implantation of the fecundated ovum is in the larger and softer portions of the tube or towards either extremity, where, in the case of the outer end, tubal abortion may eventuate; or if it is in the inner end, the ovum may find its way into the uterus or its cornu, and so continue its growth and terminate its career along the more natural par-turient canal.

I have been struck with the amount of pain, shock, loss of blood, and traumatism that a woman under these varied conditions will endure, and, after all, make a good recovery. The remark made long years ago by Keith, that "although the condition is most alarming, the patient does not necessarily die," is well borne out by our experiences of the present day. We have all seen most alarming and hopeless looking cases recover rapidly under the skilful aseptic methods of modern surgery.

Extra uterine pregnancy may take place during any part of the child-bearing age, and, though it more often happens with those who have passed a period of sterility, it may occur in those who are regularly bearing children, and even a short time after a confinement has taken place. I myself have seen one case where it took place concurrently with a normal uterine pregnancy in a middle-aged woman who had been regularly bearing children, the uterine child being born in the usual way, the extra-uterine child being removed subsequently by abdominal section.

Though the most common cause of ectopic gestation is said to be disease of the tubes, there are many cases in which the closest scrutiny and the most searching microscopical investigations have failed to demonstrate disease, so we are often in doubt as to the cause of the condition.

After the ovum in its passage towards the uterus becomes lodged in the tube, though the tubal walls are thickened at first, they are gradually weakened by the ingrowth of the chorionic villi. The outer extremity of the tube thickens also, and its opening narrows until, by the end of the eighth week, it is entirely closed. In the cases where the ovum lodges in the outer end of the tube and where tubal abortion takes place, it must do so before the above mentioned time of closure of the outer end of the tube; and so it is that, after the eighth week, escape of the ovum in these cases can only take place by rupture.