

the expanded tube, but mainly by the layers of mesometrium." Mr. Taylor, on the other hand, states that the pregnancy often becomes directly "abdominal," and that the requisites for the survival are an unruptured amnion, which forms the sack, and a placental attachment to tube.

Chapter VIII., on tubo-ligamentary or broad ligament pregnancy, is a most interesting exposition of the subject "Hematomata of the broad ligament is in only a minority of cases, due to extra-uterine pregnancy," is a statement that is not universally accepted. There is a little confusion in the author's use of the term "intra-peritoneal," *e.g.*, "It must be remarked that every normal intra-uterine pregnancy is, from an anatomical standpoint, entirely sub-peritoneal throughout, and yet the distended uterus forms an intra-peritoneal tumor." It is not clear what standpoint the author takes.

Chapter X., devoted to review and classification, is excellent.

Chapters XI and XII deal with the diagnosis. In the section on diagnosis proper, fourteen signs and symptoms are enumerated, and the difficulties attending their proper recognition are well dealt with. In cases of early rupture the author says of the evidence to be obtained from the breasts and areolæ: "These are always feeble and more often wanting in the early stages of extra-uterine pregnancy, and any search for them with reliance on their importance will probably increase doubt at a time when certainty and action are of the utmost value."

The section on differential diagnosis makes evident the necessity of the "tactus cruditus." In diagnosing from a retroflexion of the gravid uterus at a comparatively late period, "In one way or another the position of the fundus must be ascertained: its presence or its absence in front of the tumor must be satisfactorily determined." Again, in diagnosing from blood tumors of the tube or ovary with twisted pedicle, "The tumor itself, however, is not so intimately connected with the uterus as a tubal pregnancy would be." The latter part of the section on diagnosis deals with cases of growing, full-term, and dead pregnancies, and of interstitial pregnancy.

In Chapters XIII. and XIV., treatment is taken up. This is almost entirely operative. The author recognizes that where there is cessation of growth, cessation of hemorrhage, and cessation of pain, a certain percentage of cases may recover, and absorption take place: but he finds that this process of cure is rarely satisfactory, and contrasts unfavorably with operative interference. In cases which have advanced nearly to term he prefers to operate at the most convenient date in the ninth month, but not to wait for the occurrence of spurious labor. The vaginal and abdominal operations, and the after treatment are all carefully described.