

*Symptoms.* In early rupture—the most fatal form if we take frequency into consideration when comparing it with interstitial pregnancy—there may be no pelvic or abdominal signs of definite importance. Very rarely is there any evidence to be obtained from the condition of the breasts. Often the earliest and only symptom is sudden abdominal pain, confined for the most part to one or other iliac region, and associated with symptoms of shock and hemorrhage. While many cases are of this sudden and wholly unexpected type a large proportion of ectopic gestations have well defined symptoms, if carefully and diligently sought for. There are four links in the chain of symptoms which should receive the most earnest consideration, and which I think, if properly followed up, will aid in no small degree in arriving at an early diagnosis. They are:—

1. The pre-pregnant history.
2. The menstrual history.
3. Uterine hemorrhage and the nature of it.
4. Localized pain in the inguinal region.

1. *The pre-pregnant history.* In a large proportion of cases there is a history of several years having elapsed since the last pregnancy, or the patient has been married a number of years without conception. In a moderate proportion of such cases there accompanies this history one of pelvic disturbances, it may be simply of dysmenorrhœa in some form; or it may be of a more serious or constant type, pointing to tubal or ovarian inflammatory disease. But whether one or both of these be present, a point that may often be elicited is that for a short time at least there has been a lull in these symptoms, the patient expressing herself as feeling better for some time past than she had perhaps for years before. This point is well to remember, for it will aid materially in making a differential diagnosis, in that there is a history of illness rather than of improvement in health immediately preceding the formation of a tumor with which the condition might be confounded.

2. *The menstrual history.* This link in the history possesses two distinct types. (a) The patient gives an unquestionable history of amenorrhœa, she declaring that she has exceeded her normal time by one or two months. Such cases facilitate diagnosis, in that our suspicions are at once aroused to the strong