shock, only to be attacked again within a few days, when from repeated hemorrhages death ensues unless surgical steps interfere. In the diagnosis of this form we must not expect to find a definite tumour, for the blood is unlimited by any membrane; it can be felt as a soft bag bulging into the vagina No tumour can be detected above the rim of the pelvis.

In the "extra-peritoneal" variety the symptoms are not marked, the shock slight, pain is not so severe, and power is soon regained; there is, however, more bearing-down sensations, difficulty of micturition, and defæcation is increased. If examination be made at once, a boggy condition of the pelvis is encountered; if examined after a few days, the distension will have disappeared from the spreading of the effused blood into the connective tissue of the pelvis.

About three-fourths of all "extra-uterine gestation" die, and more than half die shortly after rupture. The condition is one of concealed hemorrhage from the rent in the tube, the blood vessels keep pouring blood into the peritoneal cavity, here it is diluted by peritoneal lymph and thus prevented from clotting; there is nothing to check the hemorrhage, which continues until the patient is exhausted, or temporarily stopped by nature's means—fainting. In treatment, the same principle applies here as in other parts of the body—surgical; the hemorrhage demands that you cut down and tie the bleeding point.

The "extra-peritoneal form" should be treated as a simple hæmatocele; if possible, it should be left alone or such palliative and sedative treatment adopted as pelvic pain, obstructed defæcation or obstructed micturition may call for. The only dangers the woman is subjected to during this period are from secondary rupture into the peritoneal cavity, from inflammation and suppuration in the sac, and when the fœtus having died, Nature trying to eliminate the fœtus by fistulous openings in various directions.

When secondary rupture has taken place into the peritoneum the abdomen should be opened and blood removed, then sac incised, contents scooped out (fœtus may be present or may have been absorbed); any hemorrhage still going on in the sac stopped;