

Dr. Perkins, of Denver, gives an interesting explanation of how an ectopic may take place in healthy tubes. He says that in these cases the woman had imagined herself pregnant, and took medicines intended to contract the uterus and to expel its contents. Ten days or two weeks later she would suffer from a ruptured tube. In all probability the pregnancy had taken place in the tube, and while the ovule was making the descent toward the uterus it was arrested at the cornu, where the tube was closed temporarily by the contractions of the uterus produced by the drugs taken, and that before relaxation occurred sufficiently to allow the impregnated ovule to pass into the uterus it had developed sufficiently and had become sufficiently adherent to the tube that it could not pass.

*Varieties.*—The usual classification is into 1, Interstitial; 2, Isthmic; and 3, Ampullar pregnancy. The name sufficiently describes the location in each case. These three forms increase in frequency as they approach in nearness to the fimbriated end of the tube, but they increase in seriousness as they approach in nearness to the uterine end of the tube. The Ampullar variety is most apt to end in tubal abortion, and here the hemorrhages are usually intermittent and, consequently, the hematocele is separated from the general peritoneal cavity by adhesions. It might be well to mention here that at least 95 per cent. of cases of pelvic hematocele is ectopic in origin, in fact, the condition is so seldom due to other causes that one is justified in diagnosing all pelvic hematoceles as ectopic pregnancies.

The Isthmic variety nearly always ends by the ovum eating its way through the tube into the abdominal cavity. I have said eating or eroding its way through, as the theory of rupture of the tube by over-distension is almost abandoned. Have we not all seen an ovum not larger than a hazel-nut, which could not have ruptured the tube by distension, find its way into the abdominal cavity. It must have eaten its way into the tubal musculosa, as first described by Fuëth, and established, as a fact, by the researches of others. Goffe says certain tissues possess the property of attacking and destroying other tissues. This faculty consists of a process of digestion, and is supposed to be chemical in character, from which the tissue itself does not suffer, but which will destroy other tissues with which it comes in contact. We also know that other pathological conditions of the tube—pyosalpinx and hydrosalpinx—distend that organ to a much larger size, and, yet, without rupture.

The Interstitial variety is, fortunately, not very common, but it is the most dangerous of all. This is the kind where the patient is apt to die of the initial hemorrhage unless she be so situated that operation can be performed without delay. These cases are very difficult to diag-