

the amount of blood lost. In this way is formed an extra-peritoneal, or broad ligament, hematoma. This brings us to the consideration of the third form of hematocele, and the oft repeated statement that every hematocele is the outcome of an ectopic gestation, and that when no foetus has been discovered in it, nor any remnants of a previous gestation, it is no evidence to the contrary. While an intra-peritoneal hematocele may be said to be almost always due to an ectopic gestation, the existence of a broad ligament pregnancy is not always to be considered as having existed when a hematoma is discovered in it. On the contrary, I believe that they are so formed in a minority of cases, and that the majority of them are owing to menstrual irregularities, arrest of menstruation, or to chronic pelvic inflammatory diseases.

The fourth subdivision in the classification of ectopic gestation, although it cannot be said to be extra-uterine, deserves some slight separate consideration. In tubo-uterine or interstitial pregnancy the impregnated ovum develops in the portion of the tube which lies within the uterine wall. It is recognized by all observers as being exceedingly rare. In a collection of 1324 cases⁶ but 40 were said to have been interstitial. The cause of this form will in all cases be found to be owing to contraction of the ostium uterinum, either permanent or muscular, so that it refuses to admit the passage of the fertilized ovum. On account of the situation primary rupture may be delayed as far as the fourth month, or even longer. When rupture takes place it may be into the uterus and will then become, if we follow up the classification initiated, secondary intra-uterine pregnancy. This classification seems to be largely theoretical, as I am unable to find any positive demonstration of its ever having taken place. The only rupture that is known to have taken place is into the abdomen. Because of the thicker wall and the greater vascularity of the sac, intra-peritoneal rupture is usually more rapidly fatal in this variety than in the ordinary tubal pregnancy. Taylor says "hitherto this has always proved fatal in a very few hours." This form of pregnancy is apt to be confounded with pregnancy of the rudimentary horn. The diagnosis is said to be exceedingly difficult, if not impossible, previous to opening the abdominal cavity.