

OF OBSTETRICS, October, 1895, one of my cases is recorded that ruptured at a very early stage—I thought about two- or three-weeks gestation. A plate is there given, drawn from nature, but the plate does not exactly represent the size of the tube at the uterine end. It was smaller than it is there represented and corresponded more nearly with the condition of the tube on the distal side of the rupture.

The bleeding from an ectopic gestation may be either intraperitoneal or extraperitoneal. Intraperitoneal hemorrhage may occur in two ways: first, by direct rupture of the tube into the peritoneal cavity; second, by the tubal drip or a leakage, drop

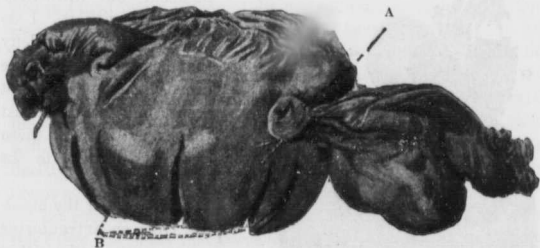


FIG. 2.—Interstitial pregnancy, very early rupture (Case 34). A, site at which uterine wall was ligated to control hemorrhage; B, cervical portion of uterus cut at various points.

by drop, of blood through the fimbriated end of the tube. When extraperitoneal it becomes so as a consequence of rupture through the mesosalpinx into the layers of the broad ligament. A great deal of stress has been laid upon this latter form of rupture, but in my experience I have not met with it.

In the table it may be noted that I found distension of the broad ligament on a certain side after opening the abdomen, but that the sac was peeled out as the operation proceeded. Had the rupture been into the layers of the broad ligament it would have been impossible to have peeled out the sac in this way.

On superficial examination many of these cases will simulate a mass in the broad ligament, just as those cysts do that were