

is formed. This capsularis may contain muscle fibers, showing that the embryo and chorion have entered the muscle layers. During this embedding process blood-vessels are of necessity encountered, and in general, the eating away of their walls gives rise to the formation of small "blood islands" in the trophoblast itself, completely surrounded by trophoblast, and forming the earliest evidence of a maternal blood sinus, into which the villi afterwards dip. If this process of eating away the wall of the tube goes on sufficiently long, it must of necessity happen that the tube wall is at last quite destroyed on one side, and consequently rupture occurs and hemorrhage follows. But before this happens, in the majority of cases the opening up of blood-vessels gives rise to hemorrhage, not only into the trophoblast, but outside its area into the potential space between the advancing trophoblast and the tube wall. This blood coagulates around the villi of the trophoblast, compresses the small amniotic sac and eventually forms an almost solid mass, whose structure is essentially similar to that of a uterine carneous mole.

The great and sudden accession of bulk thus produced in the tube leads to distention and consequent pressure on nerve endings, and is the cause of the premonitory pains in the pelvis which are classical and which herald the final end of the condition. It is this pain, together with an unusual lump in the pelvis, with perhaps one missed menstrual period, which make up the clinical picture and provide grounds for operations in certain cases. We know very little about the fate of tubal moles which remain *in situ* and do not cause peritoneal hemorrhage. It is highly probable, however, not only that they do occur, but also that after a period of pelvic discomfort they are slowly absorbed, with complete restoration of the tube lumen. The more common fate of a tubal mole, however, is extrusion from the abdominal ostium, or hemorrhage into the peritoneum through the lumen of the tube and formation of a hematocele without actual extrusion of the gestation sac. In cases when the gestation sac is situated in the ampullary end of the tube, the gradual enlargement of necessity opens up the abdominal ostium. Sooner or later the gestation sac must protrude through the ostium, and when the greatest diameter is past the ostium the tube wall retracts by muscular action or elasticity, and the embryo and its coverings are extruded (tubal abortion). This means separation from its attachments and consequent hemorrhage. The amount of peritoneal hemorrhage