

of the epithelium and numerous fimbriæ projecting on all sides. Between the tube itself and the superimposed ovary no peritoneal coat could be found, the prolonged stretching, with its accompanying hyperplasia of connective tissue, evidently obliterating all such distinctions. The ovary then, as these sections clearly showed, was flattened out upon the sacculated tube, and helped to form a part of the wall of the sac, but its participation was obviously purely passive, and the condition cannot, by any means, be regarded as a true ovarian pregnancy.

Sections from the smoother, thinned-out portions of the sac showed no special features of interest. Those specimens, however, which included the placental remains showed the usual appearances of the villi, with the blood sinuses, decidual cells, hemorrhages and what has been regarded by Hubrecht, Webster and others, as remains of fetal epiblast. These cells or collections of cells are massed together, their nuclei staining deeply, as in the case of all embryonic tissue, and their protoplasm absorbing a diffuse eosine stain. They occupy what seem to be indifferent sites in various portions of the placental tissue.

The case then is of interest as showing how easily one may conclude the presence of an ovarian pregnancy, a condition which has been time and again denied, and certainly never been absolutely proven. While ectopic gestation is thought by many to occur primarily not only in the tubes and the ovary, but also on the abdominal peritoneum, the question seems recently to have been more fully studied by Webster, who bases his views on a variety of different methods of examination of a large quantity of material. By means of careful dissection, examination of gross frozen sections and microscopical specimens, he was enabled to show that many cases previously regarded as abdominal or ovarian were really after all but modifications of the tubal form; cases that might under ordinary conditions have been described as truly ovarian in origin were thus shown to be after all merely one or other form of tubal pregnancy, and he is led to consider that ovarian does not exist. Hence, he classifies all ectopic gestation cases under the three simple headings of ampullar, interstitial and infundibular, our own case being included in the last of these three varieties.

It has been granted by most authorities that the ordinary uterine and tubal mucosæ play, but a very minor rôle in the occurrence of pregnancy, and that the subepithelial connective tissue is that upon which the true fertilization occurs; it is for this reason that Orth and many other European authorities still believe in the possible occurrence of an abdominal pregnancy, arguing that the peritoneum itself contains tissue quite analogous to that beneath the uterine mucous membrane.