

## OBSTETRICS AND GYNECOLOGY.

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### On Tubal Moles.

The formation of a mole in the Fallopian tube, that is to say, the conversion of a tubal gestation into a mass resembling a common carneous mole, is a not infrequent termination of an ectopic gestation. It is a far commoner occurrence than rupture of the tube, and it is quite possible that it happens more frequently even than we know of. It is only in the cases which end by extrusion of the mole from the abdominal ostium of the tube accompanied by peritoneal hemorrhage (tubal abortion) that the condition is evident, though moles are occasionally discovered when an operation is undertaken for "unruptured tubal gestation." The knowledge acquired in recent years of the pathological anatomy of ectopic gestation, and of the method of embedding of the fertilized ovum in the uterus as well as in the tube, has done much to clear up the difficult points in connection with the fate of a gestation sac in the Fallopian tube. Formerly rupture of the tube was looked upon as the usual fate of a tubal gestation, but now we know that this is a comparatively infrequent ending, and that mole formation, with or without extrusion from the abdominal ostium, is the commonest termination.

To understand this conversion of a tubal gestation sac into a mole, we must have a clear understanding of its anatomical relations to the tube. Recent research has shown that the fertilized ovum embeds itself in the wall of the tube in exactly the same manner as in that of the uterus. The early embryo is covered by a sheet of protoplasm, full of nuclei, but devoid of cell divisions, which is known as trophoblast; and having what may be called "phagocytic" powers, the trophoblast eats away the tissues in contact with it. Thus the embryo bores its way into the actual wall of the tube, beneath whose epithelium there is a very thin layer of connective tissue, so that it soon reaches the muscular coats. During this process the embryo and its coverings enlarge, so that the chorionic sac is soon larger than the hole through which it entered the tube wall. Thus the margins of this hole become expanded over the chorionic sac, and a kind of reflexa now known as the "capsularis"