

as it does for life upon very delicate chorionic villi lightly attached, is in constant danger. Hemorrhage from the tube, or gestation sac, into the intervillous spaces, even though very slight, is apt to detach and crush a number of villi, and in course of time will generally cause the death of the embryo. In more severe hemorrhages the chorion is more or less completely detached from the decidua, and at once death of the embryo takes place, forming in the tube what is known in uterine pregnancy as "blighted ovum," and may be here termed "tubal mole." The blighted ovum now acts as a continuous irritant to the tube, producing hyperæmia, followed by increasing vascularity and thickening of its walls. Repeated hemorrhages occur, some of which, if the ostium abdominale be pervious, passes into the abdominal cavity, other portions of the blood form lamellated clots within the tube, which in their turn increase its size and weight. The overburdened tube now falls over backward and reaches the floor of the pelvis on its own side, dragging with it the ovary and mesosalpinx. With this displacement of the tube there is consequent derangement of the blood return. Torsion of the blood vessels increases the difficulty, and there is, as a result, increased bleeding, often very abundant, into the tube and pelvic cavity. With repeated hemorrhages there is soon formed in the pelvis a well defined tumor of varying size, composed of tube ovary and blood clot, pushing the uterus to the opposite side, and an intraperitoneal hemothecle is now formed. This by repeated hemorrhages may go on and increase to a large size, filling up the pouch of Douglas and probably rising up into the iliac fossa, or filling the whole of the lower part of the abdominal cavity.

A considerable number of ectopic gestations have a longer tubal existence than that described. The period to which the pregnancy may advance without rupture will depend much upon the direction in which the growth is greatest. The tube, subject to slowly increasing pressure from within, becomes stretched and thin, and, as it enlarges, may open up the layers of the mesosalpinx, by which space is gained in which pregnancy may develop further without interruption. But the time comes, at the furthest about the third month, when the space is altogether insufficient for the growing tumor. In this case either