We might here, with some degree of profit, draw attention to the different formation of the two varieties of intraperitoneal hematocele, which, when fully formed, would appear to be identical. In the first variety—that which is formed as the outcome of a tubal mole—it will be noticed that the early formation was the result of a constant dribbling from the tube, partly consequent upon the irritation produced in the tube by the presence of the mole, and partly by the distorted blood vessels, varied by an occasional free bleeding at irregular intervals. In the second the hemorrhage is sudden, relatively copious, and arises directly from the tear in the tube, or from separation of the placenta.[3]

Should the gestation sac in its growth separate the layers of the mesosalpinx, especially if the site be near the centre of the tube, it will ultimately give way in that direction, and the fetus is extruded into the connective tissue space between the layers of the broad ligament, forming what is usually termed "tubo-ligamentary" or "broad ligament pregnancy." With this rupture there is usually considerable hemorrhage, but it is limited in amount by the attachment of its dense and unyielding walls, and consequently cannot attain any very great size. In this way is formed an extraperitoneal, or broad ligament, hematoma. This brings us to the consideration of the third form of hematocele, and the oft-repeated statement that every hematocele is the outcome of an ectopic gestation, and that when no fetus has been discovered in it, nor any remnants of a previous gestation, it is no evidence to the contrary. While intraperitoneal hematocele may be said to be almost always due to an ectopic gestation, the existence of a broad ligament pregnancy is not always to be considered as having existed when a hematoma is discovered in it. On the contrary, I believe that they are only so formed in a minority of cases, and that the majority of them are owing to menstrual irregularities, arrest of menstruation, or to chronic pelvic inflammatory diseases.

The fourth subdivision in the classification of ectopic gestation, although it cannot be said to be extrauterine, deserves some slight separate consideration. In tubo-uterine or interstitial pregnancy the impregnated ovum develops in the portion of the tube which lies within the uterine wall. It is recognized by all observers as being exceedingly rare. In a collection of 1,324 cases but forty were said to have been interstitial.[6] The cause of this form will in all cases be found to be owing to contraction of the ostium uterinum, either permanent or muscular, so that it refuses to admit the passage of the fertilized ovum. On account of the situation primary rupture may be delayed as far as the fourth month, or even longer. When rupture takes place, it may be into the uterus, and will then become, if we follow up the classification