

physician who was summoned and advised to remain quietly in bed until his return a little later. Not long after the husband visited the family physician and announced that his wife was better, was resting comfortably and that there was no necessity for his return. Early in the evening she complained of feeling weak and faint, and, on the arrival of a friend, the physician was again sent for, who found an anxious if not an alarming condition of affairs. I saw her at once in consultation. The patient was faint and collapsed, the pulse small, weak and thready, the temperature subnormal, the extremities cold, and a cold gray appearance had spread over the countenance. A careful enquiry elicited that the pain had become localized in the left iliac region. A vaginal examination revealed nothing which would aid in making a diagnosis—*no tumor could be felt*. After a hurried preparation she was taken to the General Hospital, where we at once opened the abdomen. The cavity was full of blood, I did not think it possible that the abdomen could hold so much, or that a person could lose so much blood and yet be alive. The left tube was first examined and a rent from which blood was still oozing was discovered in the isthmal portion about three-quarters of an inch from the uterine cornu. The ovum—about the size of a bean—was found on the anterior surface of the broad ligament between that structure and the bladder. After removal of the tube the abdomen was filled with salt solution and closed. Intravenous saline solutions were freely used, but she was too exsanguinated to react and died some four or five hours later. After operation an examination of the tube was made. There was no swelling except at the seat of the pregnancy. The part enclosing the pregnancy was thinner than usual, but without any evidence of compensating growth. The tube seemed to be fully developed, the opening through which the pregnancy escaped had the appearance as if a small pistol bullet had pierced it from within outward.

Instead of early rupture there is another cause, and if the most recent microscopical investigations into the early pathology of tubal pregnancy be correct, is the most frequent primary cause of the interruption of such forms of pregnancy, viz. the formation of what has been termed "tubal mole."

The ovum during its first few weeks of growth, depending