

The formation of a decidua within the uterine cavity, while the early changes are taking place in the tube, is also a matter of considerable importance from a diagnostic standpoint. Death of the ovum, in whatever way brought about, is often associated with the shedding of the decidua which may be cast off in its entirety, or more usually in small pieces or as a shreddy like material.

With the growth of the ovum the tube distends, but from its structure and anatomical relations it is very evident that it cannot long keep pace with the growth within it, and consequently most tubal pregnancies end in abortion through rupture of the tube. Many, however, become abortive by hemorrhage from their own blood vessels and the formation of a tubal mole within the tube. In only a very small proportion of cases does the fœtus, after rupture of the tube, go on to full term within the maternal organism. A pregnant tube may rupture very early—within the first four or five weeks—or it may continue to distend for several weeks longer, three months being about the outside limit.

Very early rupture has only recently received the attention the great dangers attending it deserve. It not infrequently occurs in those cases in which ectopic gestation has not even been suspected, or in which, from the paucity of the symptoms, the physician has had no material to guide him in that line of thought. There has been no history of ill health or of pelvic disease; no early signs of pregnancy, unless possibly some ill defined irregularities at the last menstruation.

I take the liberty of briefly quoting a case which came under my observation some three years or more ago, as a means of picturing the clinical history of such cases.

Mrs. B. aged about twenty, a fine healthy looking girl, without history of previous illness of any kind, and married only a few months, was on her return home from a short trip on the steamer seized with rather sharp pains in the abdomen, similar to an attack of intestinal colic or acute indigestion. Nausea and vomiting soon followed, the vomited matter being made up of a full dinner which had been partaken of an hour or two before. The general history of the patient elicited nothing special, she had menstruated twelve days before quite naturally as far as she knew. She was given a hypodermic of morphia by her regular