

fetus might easily have been mistaken for broad ligament at the time of operation. The placenta after rupture may remain within the main gestation sac, or it may be partially extruded and, with the continuance of its growth, may spread out over the neighboring viscera.

When tubal abortion occurs the placenta is of course extruded into the abdominal cavity, and under such circumstances it seems hardly probable that it can have any power of taking on new adhesions to continue its life. If the placenta remains entire within the gestation sac after the extrusion of the fetus, there will then be two sacs, one containing the fetus and the other the placenta, and the cord will pass through an opening communicating from the one to the other.

SOME OF THE RARER CONDITIONS.—*Interstitial pregnancy* is but rarely met with. I have met with it in one case, of which the following is a report: Mrs. S. (No. 34 in table). Patient of Dr. Bryans, of Toronto. She had missed one period; had slight hemorrhage from the uterus. Before the doctor saw her she had fainted three or four times. Had been taken ill at noon on the previous day with sudden, severe pain in the abdomen. She was sent into the hospital under my care, and the case was, unfortunately, not correctly diagnosed by the house surgeon, as he thought the patient was threatened with a miscarriage. In the morning, when I saw her, she was almost moribund. Operated, however, and found the abdominal cavity full of blood. It was very difficult to make out the point from which the hemorrhage was coming. Drew up one tube, found it healthy; drew up the other tube, found it healthy, and was for a moment at a loss to know what to do. On raising the uterus I found a small spot on its anterior wall behind the junction of the round ligament with the uterine fundus. On sponging this off I could make out distinctly a small cavity about the size of a small pea, with dark edges, and from which blood oozed. It was evidently a rupture of an interstitial pregnancy of but very short duration. The patient died the same afternoon and I have here the specimen to show you (see Fig. 2).

Interstitial or tubo-uterine pregnancy may, however, continue to grow for several weeks, up to the end of the fourth month, or even longer. Rupture may take place either downward into the cavity of the uterus or upward into the abdomen. We have no positive evidence that a downward rupture has ever taken place without coincident rupture into the abdomen, but rupture into