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 its isthmial 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 after. 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 had 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."[5]

The ovum, during its first few weeks of growth, depending as it does for life upon very delicate chorionic villi lightly attached, is in constant danger. Hemorrhage from the tube wall 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