

into the broad ligament produce stricture of the rectum; and in recording such a case, the only evidence that he brings to bear to prove that the effusion of blood was in the left broad ligament is the fact that the floor and the posterior wall of the abscess were found to consist of old laminated blood clot. In his zeal to establish the new theory he goes so far as to state that effusion of blood into the broad ligament may be produced by a sudden arrest of menstruation, and, further, that numbers of cases in which this effusion occurs do not think it worth while to ask for medical assistance and get quite well without it. "And, still further," Tait says, in discussing a case, that was supposed to be one of ovarian pregnancy, reported by Hildebrand, "the very fact that it was discharged by the rectum is conclusive evidence that it rested in the broad ligament."

Such is the argument he uses to prove his case. Do not abscess of the ovary and abscess of the tube burst into the rectum without going through the diverse channel of the broad ligament? I have reported one case, in the Transactions of the Michigan State Medical Society, 1892, of secondary suppuration of an ectopic gestation that ruptured directly into the abdominal cavity itself, and I feel satisfied that these intraperitoneal hemorrhages, producing organized masses, may rupture either into the rectum, bladder, or abdominal cavity at will, and that they are not influenced in any way by the presence or absence of the broad ligament.

If the fetus dies and the placental structures become inactive, recovery may occur whether the hemorrhage has been into the layers of the broad ligament or into the peritoneal cavity, as a consequence of absorption of the masses. If the placenta remains active, a further hemorrhage either into the broad ligament or into the pelvic cavity may occur and serious and dangerous symptoms may supervene. Or, further, suppuration may take place with the formation of a pelvic abscess.

If the fetus lives it may develop in the abdominal cavity, in the layers of the broad ligament, and—but very rarely—in the tube itself. When it develops in the abdominal cavity the fetus is really surrounded by amnion, though it may be difficult to make it out. In one case on which I operated the fetus had escaped from a bicornuate uterus that had ruptured. The pregnancy reached full time and a secondary rupture of the sac occurred at the end of the ninth month. Primary rupture did not take place into the broad ligament. The sac surrounding the