

formerly recorded, and that are perhaps still recorded, by the inexperienced as intraligamentous cysts. The cysts referred to

are now known to be under the broad ligament—subligamentous and not intraligamentous. They can be readily distinguished owing to the fact that the tube will be found stretched along their upper surface. On closer inspection they will be found doubled under the ligament, but intimately associated with it. I do not for one moment deny that hemorrhage into the broad ligament does not occur, but I must insist that very few of these cases are brought to the operating table.

I take it that the bleeding from an extrauterine pregnancy may be either slow or rapid. When slow the blood coagulates; when rapid it does not coagulate to such an extent. When the blood coagulates it produces a mass; when it does not coagulate no such mass is produced. When the hemorrhage is slow and the blood coagulates adhesions are rapidly formed around the site of the hemorrhage, and in a short time just as much

tension will be produced in this way as can be exerted by the loose layers of the broad ligament. After a time the amount of blood

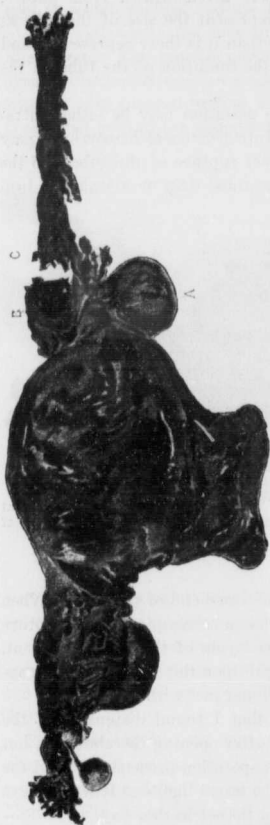


FIG. 3.—Very early rupture of tube containing ectopic gestation. (From AMERICAN JOURNAL OF OBSTETRICS, October, 1895.)