REPORT OF A CASE OF ECTOPIC PREGNANCY. RUPTURE, OPERATION, RECOVERY.

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Abdominal sections, so far as *our* experience here goes, have been done almost exclusively for the removal of large tumors, mainly ovarian. The Chinese have had a great fear of opening the abdomen, and many are still possessed of so many fears in this direction that it is a most common thing to be asked if it is our intention to open the abdomen when a women gets on the table for a most simple examination, and while the knowledge of the sucessful removal of tumors may inspire confidence in one class of patients, with many it certainly does make them very fearful of us.

Hence we are not surprised that so long as the woman is not inconvenienced and can get about and do her work, if *poor*, she will not seek relief, and it is usually because she has become a burden to herself and to her family that she and they are willing for the operation to be done. Even then the majority wait until they suffer greatly from weight or pressure and become, as has been stated, "a burden to everybody."

One case operated upon here some years ago had not walked for two years. Her husband's family got tired of her and gave her barely enough to eat. She lived in spite of them. Wonderful powers of endurance. She lived through her operation, and her son, a lad of nine years, born after her operation, came to see us not long since, and her father-in-law has just brought us about a bushel of peanuts. While at first it was the poorer class, the ones who had to work for their living so to speak, who came for operation, now we have different classes—well educated and wealthy. Conservatism is giving way, as will be seen by the fact that of the four abdominal sections done since the middle of July, three were on private patients. Two others, also private, came for operations, but were found to be inoperable cases, one because of a bad heart. It is difficult to make the Chinese believe what they cannot see. Being deceived for centuries, and deception still going on, why should they believe when told their condition. Christianity and education will bring confidence and belief, as was the case in the subject proper of this paper, namely a case of ectopic pregnancy which came under our care recently and of special interest because the first patient to be operated upon for this condition, although there have been several others in the past. In two cases, complicating normal pregnancy, the tumors

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that were most distinct disappeared; other symptoms, apart from the boggy masses felt, were shock, hemorrhage, pain. Both patients came into the hospital, were under observation for some time and recovered without operation, for we know that after rupture if all the blood supply, or nearly all, is cut off from the fetus, it loses its life and if very small may be absorbed.

One of these cases Dr. Garner saw with me some years ago. The patient came in in collapse. The boggy mass on the posterior cul-de-sac was so large—a hæmatocele—that the midwife thought the woman was about to be confined. This woman's friends were told of the gravity of the case and the possibility of necessity for operation. The mass was absorbed, the woman having fever for some weeks, no doubt septic. She went on to confinement, however, and had no sepsis at that time.

The other case entered the hospital May 16th of this past year. Last child born two years ago; not menstruated since, except a month ago a few times bloody discharge. Two nights before admission "fell down in a dead faint," her husband said, who speaks excellent English and who is a wealthy educated gentleman. Patient had been having pain in the lower part of the abdomen for the past ten days; most severe the last three days, and it was the excruciating pain that caused her to faint. Dr. Newell saw this case with me. A boggy mass was felt to right of uterus. Uterus large. Patient was kept in bed and the husband was willing for the operation. Mass disappeared, and about a month ago a son was born; no sepsis.

While in these two cases cited, there were no operations to prove the diagnosis, the symptoms were so marked that there was no doubt in our minds as to their being ectopic pregnancies. In a recent number of the *American Journal of Obstetrics and Diseases of Women and Children*, Dr. Thos. Kelly reports a number of cases of ectopic pregnancy, and after saying that "ectopic pregnancy is a condition in which the fertilized ovum is prevented from reaching the uterine cavity and develops to a greater or less extent at the point of arrest," he further remarks that "nearly all these gestations are primarily tubal, but may become abdominal, or broad ligament, pregnancies by rupture of the tube, or tubal abortion. The pregnancy may occur in any part of the tube. Interstitial when in that part of the tube which penetrates the uterine wall; isthmic when near the middle of the tube; ampullar when near the outer end, and this last mentioned is said to be the most common, and may terminate in tubal abortion; the ovum being extruded into the peritoneal cavity. The isthmic is more common than the interstitial, and usually terminates

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by rupture of the tube." The case to be reported is of the isthmic variety and is as follows:

Mrs. S., aged 33, was first seen by myself about 9 p.m. on December 17th. When her husband came for me he said he feared his "wife was having a miscarriage and would I go and see her." She had not menstruated for seventy days and had had a decided hemorrhage that afternoon. Attributed the miscarriage, as it was that, to the lifting of a trunk several days before. I found the patient fairly comfortable. Pulse and temperature normal. Uterus was large; some pain, not much. No appetite and not able to sleep, was what she complained of mainly. On inquiry found she had two children: one fifteen years old, one nine, and it was when she said "no children for nine years," that ectopic pregnancy suggested itself. Mrs. S.'s pain had begun the 15th. A Chinese doctor was called the 16th, another one the 17th. Neither did any good; the pain continued. When I saw her the night of the 17th, as I said, fairly comfortable, I gave her a pill of opium and camph. ½ gr. each, and strongly advised coming to the hospital, so that she could be watched. I did not then think it was ectopic pregnancy, as I had not examined thoroughly. Only satisfied myself there was nothing in the uterus that would have to be removed immediately. Saw the patient again the morning of the 18th and told her husband to bring her to the hospital, for if anything happened she might die before I could get to her, living so far away. She came the afternoon of the 18th; very comfortable that day and the next; no fever, pulse normal, only no appetite and unable to sleep. Bowels moved with small doses of calomel. Some slight vaginal discharge. Patient was kept in bed awaiting developments. I could get no history of any membrane coming away at any time. While it would have been more satisfactory to have made a thorough examination as soon as admitted, in the light of our present knowledge I am glad nothing more was done, for I feel sure the woman's condition later would have been said to have been caused by manipulations. Morning of the 20th, about 10 o'clock, after getting up to urinate, she was seized with severe pain, vomiting, and developed almost immediately numbness of hands and feet. Pulse very feeble, 120. Sent for husband at once, and while waiting, injected both breasts with normal saline solution. Below the umbilicus and occupying the left side of lower abdomen was a mass dull on percussion and showing rigidity. About noon got the husband's consent to operate, although he was told his wife might die on the table. He was most intelligent; had lived in America some twenty years, and fully understood what was to be done and was in the operating room during the operation. The patient

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was not told of the operation, neither were her daughter or any of the other women relatives. The husband evidently did not feel called upon to tell them.

No radial pulse when anæsthetized. Had been given brandy by mouth and strychnine hypodermically while waiting for husband to arrive. Operation about 1.30 p.m. Just before the operation both breasts again filled with normal saline solution. As soon as the abdomen was opened a number of large clots appeared and a number of others were removed—from the left side, mainly. Pulse steadily worse. Patient in Zeudelenberg position from beginning. Left tube and ovary removed. Tube found ruptured about at middle. Tissues very friable. A quantity of normal saline was left in the abdomen after all clots that could be found were removed ; the abdomen well flushed. After the abdomen was closed both breasts again filled with normal saline. Pulse 180, imperceptible at wrist. By 4 p.m. slightly felt at wrists and 162. Nothing special about the after-history. As the patient had not been told she was going to have an operation, knew nothing about it. Thought she was given the anæsthetic because of the strange feeling in her head. It was not until the following morning when she wanted the abdominal bandage removed that she was told her abdomen had been opened.

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