MORRISON (W.H.)

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EXTRA-UTERINE PREGNANCY SIMULATED BY A SMALL TUMOR OF THE OVARY; OPERATION; RECOVERY.

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THE possibility of diagnosticating extra-uterine pregnancy before rupture of the sac has in the past received considerable discussion, but at present the generally accepted opinion is that such a diagnosis cannot be made with any great degree of certainty. A case on which I recently operated illustrates with such force the uncertainties attending the diagnosis of ectopic gestation that it seems worthy of record.

The patient, Mrs. X., thirty years of age, the mother of four children, has been under my personal observation for a number of years. In November, 1893, that is five months ago, she had a miscarriage at two or three months, from which she recovered without incident, with the exception that a slight tendency to bleed continued. For this I curetted the uterus some two weeks later. In the repeated examinations made at this time, nothing abnormal was detected in the pelvis. Following the miscarriage, menstruation recurred every twenty-four days, until February, when the period which should have commenced February 27th did not appear until March 11th, twelve days overdue. It, however, presented nothing unusual as far as the patient observed. Two weeks later, March 27th, she was taken with sharp recurring pains in the lower part of the abdomen, some-

presented by the author

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what more severe on the right side. After a few hours these passed away, to reappear on the following day. With the pains there was a slight discharge of blood from the vagina. It was at this time (March 28th) that I was called. The pain, while acute, did not seem to be of great severity. There was no shock, no alteration in temperature, no disturbance of pulse. There was tenderness over the whole of the lower part of the abdomen not especially localized. There was no gastric or intestinal disorder to explain the abdominal tenderness.

Vaginal examination showed the uterus to be slightly enlarged. On the right side of the pelvis nothing abnormal could be discovered, but to the left of the uterus and low down was a globular mass, apparently one and a half or two inches in diameter, which seemed to be a cyst. It was quite tender on pressure, but could be displaced upward to a certain extent. This mass while in contact with the uterus was distinct from it. A sound introduced into the uterus gave a measurement of three inches, and as it was removed brought away two or three shreds of thin membranous tissue.

A diagnosis of cystic tumor in the pelvis, probably an extra-uterine pregnancy, was made, the condition of affairs explained to the patient and her husband, and operation advised. This was acquiesced in, and on March 31st I opened the abdomen and removed a tumor which was found to be the left ovary in a state of cystic degeneration. The tube was normal. The right ovary was brought to the abdominal incision, but as it was small and presented no evidence of disease, it was allowed to remain. The after-course of the case was uneventful and the recovery complete. The enlarged ovary was ovoid in shape, and about two inches in its longest diameter. It contained three cysts. At its outer extremity was a small cavity containing about twenty minims of dark fluid blood, evidently due to a recent hemorrhage. This probably was the explanation of the

sharp abdominal pains. A second small cyst at the opposite extremity was filled with clear, watery fluid, while the bulk of the tumor was made up of a cyst containing amber-colored gelatinous material.

While this case presents nothing unusual from a pathologic point of view, it does offer features of interest from a diagnostic and therapeutic standpoint. The points bearing upon diagnosis may be stated as follows:

1. A woman in whom the more common causes of suppurative tubal disease, namely, specific infection and septic contamination, could be excluded.

2. The fact that she had been submitted to examination within a few months and no pelvic tumor found. This I consider a strong point in connection with the diagnosis.

3. A delay of nearly two weeks in the appearance of the menstrual flow.

4. The occurrence of repeated, sharp, intermittent, abdominal pains, with a bloody discharge from the uterus.

5. Enlargement of the uterus and the removal of shreds of membrane from its interior.

6. The presence of a movable, globular, elastic, sensitive mass at one side of the uterus.

These facts, while rendering the diagnosis of unruptured tubal pregnancy sufficiently certain to demand prompt interference, were, as the sequel shows, not sufficient to justify an absolutely positive diagnosis.

In the treatment of ectopic gestation, aspiration of the sac, the injection of various agents into it, and the application of electricity, have been recommended and are still advised by some. In the present instance, such treatment, on account of the close relation of the tumor to the vaginal wall, would have been readily applicable, but, as the operation demonstrates, would have been useless if not injurious.

The lessons which this case teaches are: first, that an

absolutely positive diagnosis of unruptured extra-uterine pregnancy is not possible, no matter how distinctive the symptoms and physical signs may appear to be; and second, that until an absolutely positive diagnosis is reached, such treatment as aspiration or injection of the sac is not to be considered.