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A CASE OF EXTRA-UTERINE PREGNANCY.*

BY E. L'H. MCGINNIS, M. D.

On the morning of April 15th last there came to my office Mrs. X., a large, rather heavily built woman about thirty-three years of age, married about eighteen years, having had three children in that time. She had menstruated pretty regularly every twenty-eight days, the flow lasting, however, from only half a day to a day and accompanied by nothing more than ordinary discomfort. Her flow had been decidedly more free and normal since the laceration of her cervix was repaired and the uterus curetted by the late Dr. James B. Hunter, from whom she came directly to me. Her general health was far above the average and she seemed to complain only of a backache and headache occasionally, which were caused by a retroflexion and which did not bother her when she wore a pessary. The perinæum was somewhat relaxed and a rectocele was making its appearance.

Her object in coming to my office at this time was to ascertain the cause of a dull, severe pain in the left inguinal region and a wretched feeling of nausea which she had noticed for a couple of weeks previous to her visit; she had also had only about a half-day's flow five weeks before and none one week before.

My nurse having arranged her on the back upon the table I examined her very carefully and found a fluctuating mass to the left of the uterus exquisitely sensitive on pressure and giving a distinct sensation of something floating in the mass. Taking into consideration the lack of flow and nausea as well as the pain, I became convinced that she had a tubal gestation and, being an unusually sensible patient, I explained to her my fears. She was perfectly satisfied to accept what I told her but, at my own request, she consented to see Dr. Clement Cleveland in consultation, which she did; he fully verified

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my diagnosis, agreeing with me that it was probably in the ninth or tenth week.

As you may know, my belief in the use of the galvanic current for the destruction of fœtal life in the tube up to the end of the third month of gestation and my previous success in seven cases when I used it led me to recommend it in this instance and, with the acquiescence of Dr. Cleveland, I proceeded as follows: A ball electrode was placed to the left of the cervix and connected with the positive cord of the galvanic battery, and the negative cord was attached to the clay pad and placed on the abdomen to the left and over the mass. The current was then turned on till it reached sixty milliampères and was administered for ten minutes, being broken at intervals of about one second. This I did daily for four days, using a milder current each séance, and at the end of that time I substituted the faradaic current, my idea in doing so being to hasten absorption. At the end of ten days I asked Dr. Cleveland to see her again with me, and we agreed that there had been a rapid diminution in the size of the mass to about two thirds of its original dimension (which I neglected to say was somewhat larger than that of a hen's egg), and the patient had suffered very little if any pain, even seriously objecting to remaining in bed although I should have preferred to have had her do so.

I continued this treatment daily until May 23d, when the mass had diminished sufficiently to warrant my belief that it would be safe to operate on her rectocele, which I did with the assistance of Dr. Bissell and Dr. Adams. All went well, so far as the operation was concerned, and the patient had no temperature or pulse above 100° and no symptoms of septicæmia. On the evening of the fifth day after operation the nurse told me that the patient had had one sharp, cramp-like pain in the left groin, followed ten minutes later by the discharge *per vaginam* of about a half-ounce of black, putrid matter, resembling decomposed flesh and a few drops of clear blood with some odor, which continued to come away by drops for about twelve hours. There was no pain *following* the expulsion of this broken-down pabulum and no symptoms of shock or rupture of the tubes nor of septic trouble.

Some days after, when removing the sutures from the perfectly healed perinæum, I very carefully examined the seat of the gestation and was delighted to find the mass had entirely disappeared, only a moderate tenderness on pressure being left. This was on June 1st, and before my departure for Europe (July 1st) all tenderness had dis-

appeared and the patient has been a well woman ever since, with the exception of a metritis caused by sudden exposure to cold about six weeks ago while unwell.

The time allowed me to-day is limited to but three minutes or I would follow the description of this case by another similar one which I treated at the same time that I was occupied with the one herein narrated and with perfectly satisfactory results.

Now, there may be those of you who will say that the diagnosis was incorrect or such a happy result could not have been reached. To those I will simply say that, had *they* seen the patient, there is no doubt in my mind that they would agree with Dr. Cleveland and myself, and the result proves the correctness of the diagnosis and also the fact that this method of dealing with ectopic gestation before the fourth month is certainly to be resorted to by those conservative men who have their patients' welfare at heart. I can not close without reference to the excellent and exhaustive report and statistics of Dr. Brothers, published in the January number of the *American Journal of Obstetrics*, showing but one death (Janvrin, 1886) in *seventy-eight* cases of ectopic gestation treated by electricity without puncture, and in his case there were marked symptoms of hæmorrhage before the current was resorted to, as Dr. Brothers says. *After* the expiration of the third month, or when there are symptoms of rupture, surgery is of course imperative, and one should always be prepared to operate at once should necessity arise while treating with electricity.

