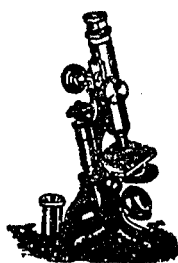


## Medical Matters.

### ANKYLOSTOMA.



A Committee of the British Association for the Advancement of Science has been conducting investigations into the question of ankylostoma (miner's worm). The Commission finds that there are many channels by which ankylostoma might be introduced into British coal mines, in which event it would in many cases become firmly established, and that in view of the expense and difficulty of eradicating the worm, it is of the greatest importance that preventive measures should be undertaken without delay.

### PERSISTENT UTERINE HÆMORRHAGE A SIGNIFICANT SYMPTOM OF EXTRA-UTERINE PREGNANCY.

Persistent uterine hæmorrhage, says Dr. Otto G. Ramsay, Professor of Obstetrics and Gynecology in Yale University, is a significant sign of extra-uterine pregnancy. Extra-uterine, or rather tubal pregnancy, is of such common occurrence that in every diseased condition of the female genital tract it must be considered. It is, however, a disease of many symptoms, none of which are pathognomonic of the condition, and many times practically all of the so-called cardinal symptoms are absent. For this reason, any symptom which may be relied on is of value in the diagnosis of the pathological condition present.

My attention has been specially called to this symptom of persistent hæmorrhage in early extra-uterine pregnancy, by three cases which I have had the opportunity of seeing and operating upon within a week or two. In all of these the only symptom of any great importance was a persistent uterine hæmorrhage, resistant to all of the usual remedies, and even to rest in bed, and though accompanied by some irregular abdominal pain, in only one of the cases was the pain at all suggestive of that found in the usual case of extra-uterine pregnancy. In fact, in two of the cases I was called in by the attending physician to curette it, as the hæmorrhage was supposed to be due to one of the hæmorrhagic forms of endometritis. Two of these three cases occurred within a year after a normal delivery, both of them following the cessation of lactation, and both of them were

ascribed by the family physician to menstruation, which was persistent longer than usual. And it was only after the hæmorrhage had lasted for several weeks that a consultation was considered necessary. In two of these three cases a sausage-shaped tumor was comparatively easily felt in the *cul de sac*, while in the third case it was impossible to outline any of the pelvic organs without anæsthesia.

The first interesting point in considering these three cases, was, the absence of practically all of the cardinal symptoms of extra-uterine pregnancy, save the uterine hæmorrhage, which we find given in most text-books as occurring in only about fifty per cent. of these cases.

The second point of interest was the extremely light adhesions which I found binding down these tubes in two of the three cases. In both of these the wall of the tube was extremely thin; in one, almost as thin as tissue paper. This would have ruptured easily under any strong manipulation, and it is easy to see how in such cases a death-dealing hæmorrhage might occur from the rough examination which is sometimes made.

This brings me particularly to the germ of what I wish to say—viz., that in every case of persistent uterine hæmorrhage, even if there are not present any other symptoms of extra-uterine pregnancy, that we should always consider the possibility of such a condition being present, and examine such patients extremely carefully, as otherwise there are certain to be some fatalities.

Along the same lines, great care should be taken in advising curettage, and in carrying out such an operation. Personally, I have seen a number of cases in which curetting was advised and done without careful examination of the pelvic organs being made, and I have no doubt that some of the fatalities which follow such ill-considered operations, are due to rupture in early extra-uterine pregnancy.

To conclude, it is safe to say that in a case of a persistent hæmorrhage, resistant to the usual remedies, especially if accompanied by irregular abdominal pains, extra-uterine pregnancy should be considered in making a diagnosis.

And that in such cases, extreme care should be taken that the examination is not roughly made, and that no patient should be curetted before examining carefully the pelvic structures with the patient under anæsthesia.—*Medical Brief.*

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