TWO UNUSUAL CASES OF ECTOPIC PREGNANCY

ONE A TRIPLET

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Ordinary cases of ectopic pregnancy are of no scientific interest whatever, but occasionally a case occurs so much out of the ordinary run as to be worthy of permanent record. The following two cases, I think, come under that head, the first case being almost unique because of its accidental discovery, and the presence of the triplets. So far as I know, only two other cases of triplets have been reported, one by Cruzen, the three being in one tube, and the other by Launay¹ with twins in one tube and a single fetus in the other. The second is notable because of the symptoms being rather those of the menopause than of a pregnancy, the presumptive diagnosis being made entirely by the character of the pelvic mass.

CASE 1.—Mrs. M., aged 37½, married 19½ years, referred by Dr. Tracey, had two children, the youngest aged 16; labors natural. Miscarriages one, thirteen years before at six weeks; no assignable cause; no trouble. Patient consulted me Dec. 2, 1912, for relief of the precidentia which had been very annoying for the previous two years. Had had a good deal of local treatment, but without benefit. Had menstruated regularly and normally two weeks before. My own examination showed what seemed to be a hyperplastic uterus, with almost complete precidentia. I advised the usual repair from below, and then probably a hysterectomy with implantation of the ligaments into the stump. The operation was made the next day.

I first curetted, removing a good deal of debris, but nothing characteristic. The vaginal walls and perineum were then carefully repaired. When the abdomen was opened, the dark color of the peritoneum as it was reached caused both my assistant and myself to remark that it looked like an ectopic pregnancy. When the uterus was reached both tubes were found distended, and the right one leaking. The tubes were removed in the usual way, and then because of the long-standing uterine trouble, and the hyperplastic condition, a supravaginal hysterectomy was made in the usual way. On examination two fetuses were found in the left tube, and one in the right. The embryos were of the same size, about as large as peas. They were turned over to the hospital pathologist for more minute examination, who reported that all three were embryos and of the same age. The patient was greatly surprised when told of the find, as she had not suspected the possibility of a pregnancy.

CASE 2.—Mrs. G. L., aged 47, married twenty-five years, had two children, the youngest 16; no miscarriages. Had been operated on seven years before for ectopic pregnancy of about twelve weeks. Only the affected tube was removed, with the corresponding ovary. Consulted me Jan. 4, 1913. She stated that she had failed to menstruate in the previous June, had the usual flow in July, missed in August, flowed again in September, missed in October and November, but flowed again early in December. The flow was a mere dribble, and she had been dribbling from that time to the date of her consultation. Had had a good deal of pain through the lower abdomen, but no history of sudden pain with any collapse.

On examining the patient I found the uterus high up and pushed forward by a mass in the culdesac. This mass was boggy and tender. Its general "feel" was that of an ectopic pregnancy. I explained to her that except for her age, and the "dodging" menstruation for several months, I should have made a positive diagnosis of ectopic pregnancy, but that under the circumstances I should make no positive diagnosis since operative intervention was clearly indicated. At the

operation next morning, a fetus 2 inches in length was removed from the remaining tube. The uterus itself was bedded in extensive adhesions, and the operation was therefore completed by a supravaginal panhysterectomy with implantation of the ligaments.

Each of these patients made an uneventful recovery.

LACTIC-ACID BACILLUS SPRAY FOR DIPHThERIA

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A spray of lactic acid bacilli was recently used in available diphtheria cases in Rochester with the view of clearing up refractive diphtheria carriers and in an attempt to find for spraying some organism which is not foreign to human tissues and is not regarded as pathogenic.

The success was rapid and marked, but with only a few trials no definite statements can be made. This suggestion is hereby offered that others may try the lactic acid bacillus spray, as the staphylococcus is now being used for overriding local bacterial infections, so that its usefulness may be measured or the inadvisability of its use demonstrated.

Four cases of diphtheria appeared in the Rochester State Hospital for the Insane between Jan. 18 and Feb. 9, 1913. The last patient, a nurse in the isolation infirmary, showed no symptoms and was a secondary case. The other three patients, two of them nurses, appeared within eleven days. An appeal was made to the health officer for assistance. There was only one possible connection between any two of these cases; the patients had all had their meals prepared in a certain kitchen. Cultures were made from fifteen cooks and kitchen attendants, and a carrier was promptly located. She denied ever having had diphtheria. After her isolation no more cases developed in the institution.

To clear this normal throat of virulent diphtheria bacilli antitoxin was given subdermally followed by the daily local application of solutions of silver nitrate, phenols and iodine, but without avail. For the first two weeks the bacilli were found only in the throat-cultures. After eight positive cultures had been obtained in seven weeks under various treatments, the nose and throat spray of *Bacillus acidilactici* was commenced. At the suggestion of Dr. A. H. Sanford, bacteriologist to St. Mary's Hospital, this lactic acid bacillus was employed because it is a good grower and not foreign to man, and is not classified as a pathogenic pus-producer. A one-day or two-day culture on agar was washed off in sterile normal salt solution and used in a sterile atomizer. The live organisms were required; hence, no antiseptic was used in the spray or on the mucous membranes. The spraying in the first case was continued one week and negative cultures were obtained, without subsequent positive growths.

The method was next employed in four cases in May, 1913. Two of the patients, adult brothers, after administration of antitoxin, were given daily pharyngeal swabs of full strength or of 50 per cent. tincture of iodine for twenty days, but with variable cultural results. Antiseptics were then discontinued and the use of lactic-acid bacillus spray was instituted. From these and another case, sprayed one noon, the next noon and the same evening, cultures were made the following morning, no diphtheria bacilli being found; without further spraying the second negative culture was obtained two days later.

1. Cruzen and Launay: Cited by McDonald, Ellice, and Krieger, William A.: Bilateral and Multiple Ectopic Pregnancy, THE JOURNAL A. M. A., June 7, 1913, p. 1766.

An adult with a severe case of diphtheria in which the entire pharynx was blocked with membrane which extended over the uvula and tonsils, was given 33,000 units within forty-eight hours. Tincture of iodine was then used locally but without effect on the membrane within ten days. Thereon the lactic-acid bacillus spray was used three times within thirty hours, the membrane rapidly decreasing and practically disappearing within three days. Even with small vestiges of the membrane present on the tonsils reports of negative cultures were returned from the state laboratory.

In order not to lose time in advancing preventive medicine, these few results and suggestions are offered, but without too much enthusiasm. It seems advisable for others to assist in working out the question of employing the lactic-acid bacillus spray, not only for the clearing of diphtheria carriers and convalescent cases, but also in the treatment of the disease. When unexpectedly encountering a case of rural diphtheria, the physician, if without antitoxin or antiseptics, may perhaps find some advantage in swabbing or douching the nose and throat with ordinary sour milk.

TONSILLITIS FOLLOWING USE OF STAPHYLOCOCCUS SPRAY

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In view of the recent numerous reports regarding the use of staphylococcus cultures for the purpose of clearing the throat of diphtheria bacilli, it seemed that a report of the following case might be of interest.

History.—L. L., aged 18, schoolgirl, on Oct. 26, 1912, sought medical advice for the relief of continuous colds and constant nasal discharge. The immediate family of the patient were well and had never suffered from any throat or nasal diseases. There were three cases of cancer in the mother's family and there was history of Bright's disease on the paternal side. The patient was well and strong. She had had whooping-cough, measles and mumps and had always suffered from frequent colds and tonsillitis. Four years previously she had had adenoids removed and tonsillotomy done, with partial relief of the condition. She had had no attacks of tonsillitis since. For the last three months, following acute rhinitis, there had been constant nasal discharge.

Physical Examination.—The patient was a large, well-developed girl; both tonsils were large and the crypts contained cheesy exudate. Nasal examination showed a markedly deflected septum with obstruction of left nasal passage.

Treatment and Course.—October 31, the septum was straightened by Dr. M. L. Cushman. Recovery was rather slow and there was slight persistence of nasal discharge. November 14, the patient had a chill and complained of severe sore throat; November 16, a small patch of membrane appeared in the nasopharynx, culture from which, November 17, showed pure growth of Klebs-Loeffler bacillus. The membrane by this time had extended forward in the nose and was present on the right tonsil. The uvula was extremely edematous but showed no membrane.

Three thousand units of antitoxin were given with immediate improvement; November 22, the throat and nose were free from membrane. The patient's general condition was excellent throughout and at no time did she feel particularly ill. Swabs from the nose and throat on November 26 and December 2 both showed pure culture of Klebs-Loeffler.

As the patient was anxious to get back to boarding-school at the earliest possible moment, a pure culture of *Staphylococcus aureus* emulsified with sterile normal salt solution, prepared by Dr. M. L. Holm, state bacteriologist, was given her with directions to spray the nose and throat three times

a day. She began the use of this at 8 a. m., December 3, the throat being normal in appearance.

December 4, at 10 a. m., the patient had a slight chill and sore throat. December 5, she was confined to bed, had complete anorexia, was nauseated and vomited; the bowels were constipated; temperature was 101.7; pulse was 120; there was profuse nasal discharge; there was no membrane in the throat and nose but the tonsils were much swollen and covered with discrete yellowish spots. At 7 p. m., the temperature was 103, pulse 122, and the cervical lymph-nodes were markedly enlarged.

One grain, broken doses, of calomel and five-grain doses of aspirin every three hours were ordered; during the night, the temperature steadily dropped to 99.5 and the pulse to 92. Recovery was uneventful but slow. The cervical lymph-nodes were enlarged and tender for about ten days. The nasal discharge continued profuse during this time and about five days after the beginning of the attack there was some swelling of the uvula. The patient felt much sicker during the attack of tonsillitis than during the initial attack of diphtheria.

Smears and culture from the throat and nose, December 5, showed abundant staphylococcus growth with a few diphtheria bacilli from the culture in the throat; December 10, the culture showed no diphtheria bacilli but showed numerous staphylococci with a few pneumococci and streptococci.

Thanks are due Dr. M. L. Holm for furnishing the staphylococcus spray and making the cultures.

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AN ANOMALOUS CASE OF WHITE-SPOT DISEASE *

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The following case is so interesting, both clinically and histologically, that it seems worthy of being reported in detail, especially as it may help to throw some light on the rather obscure relationship existing between certain cases of morphea guttata and lichen planus atrophicus et sclerosus.

History.—May 13, 1912, Dr. J. J. Richardson of Washington referred to me a white woman aged 32, who complained of some spots on her neck. The past and family histories were unimportant save that the patient had lived in Porto Rico, under the most favorable circumstances, for the past ten years. In spite of the most careful questioning no trace of syphilis could be elicited. Her husband had died twelve months before from an acute attack of appendicitis, and she had been considerably prostrated by the shock and had been somewhat depressed ever since.

In August, 1911, she first noticed some white spots on the back of her neck. As they gave rise to no symptoms she was unable to say just how long they had been present; but considering how conspicuous they were it seems improbable that they could have been of long duration without her attention being called to them. She was not aware of the presence of any other spots. The present condition of her neck is well shown by the unretouched photograph (Fig. 1).

Examination.—The most striking feature of the lesions was their snow-white color, not at all the color of an ordinary scar, but whiter and more glistening. On the neck there were two groups of spots, one just at the hair margin and the other about 8 cm. below. Both groups were almost in the midline. The upper patch contained about a dozen lesions and the lower patch about forty. The spots varied from 1 to 5 mm. in diameter, were sharply defined, more or less angular and

* Read in the Section on Dermatology of the American Medical Association, at the Sixty-Fourth Annual Session, held at Minneapolis, 1913.