

## THE MANAGEMENT OF THE GRAVE EMERGENCY CASES OF EXTRA-UTERINE PREGNANCY.

WITH A STUDY OF 137 CASES OF TUBAL AND INTERSTITIAL PREGNANCY AT THE  
MASSACHUSETTS GENERAL HOSPITAL FROM 1902 TO 1910.

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THIS paper is based on a careful study of 137 cases of tubal and interstitial pregnancy at the Massachusetts General Hospital during the nine years from 1902 to 1910, including my own cases. The object in undertaking this study was to obtain information in regard to the wisdom of immediate operation in the desperate cases of rupture with severe hemorrhage. Inasmuch as quite recently certain prominent gynecologists in this country have seen fit to advise the dangerous method of delay in these cases I feel it of the utmost importance to contradict this teaching, believing that far-reaching and lasting harm may have been done. For this reason, therefore, this study was made and this article written. While the major part of the paper will be devoted to the question of the best management of these emergency cases, certain conclusions based on a study of all the cases will be made and some attention paid to the interstitial cases.

My interest in this subject was aroused by the symposium at the meeting of the American Gynecological Society held in Philadelphia in May, 1908, the subject of which was "Immediate versus Deferred Operation for Intra-abdominal Hemorrhage Due to Tubal Pregnancy." At this meeting certain men of prominence advised delay in the extreme cases, waiting to see if the hemorrhage would continue, advancing the idea that such patients seldom die from loss of blood, but mainly from shock; that in all the cases bleeding will stop of itself; that in most of the cases when operation is done no bleeding vessel is