CASE OF ABDOMINAL WOUND, WITH PROTRUSION OF THE ENTIRE STOMACH.

BY C. BUCHANAN HUNTER, M.B. GLASG.

THE following case may be of interest to those who concern themselves with abdominal surgery, in that the whole stomach protruded through a very small opening on the right side of the body, the result of an accident. The patient was a little girl, aged eight years, who was running on an errand for her mother, carrying a pint bottle in her right hand. She appears to have tripped and fallen forward on to the neck of the bottle, which caused a V-shaped wound at the lower part of the ribs, in a line with the right nipple, into the abdominal cavity. It was stated that immediately afterwards there was protrusion of something which had increased to more than twice the size of what it was at the time. She was brought to hospital two hours after the accident. The child was seen at once, when the entire stomach was found protruding, with a small part of the first portion of the duodenum. The stomach was very much distended with gas and quite tense. The child was suffering from shock slightly and a little pain. She was at once put under chloroform, the stomach and surrounding parts were cleansed with soap and water and mercurial lotion, and an attempt was made to return the displaced organ, without avail, which necessitated an incision being made about two inches long from the inner side of the wound towards the mesial line, through the abdominal wall; after this the stomach was replaced and the wound was closed. After completion of the stitches it was found that the dimensions of the original wound were three-quarters of an inch in one direction and half an inch in the other. The patient made a good recovery, the temperature being normal all the time of her residence in the hospital. The wound was dressed with iodoform and healed by first intention.

Secunderabad.

NOTE ON WIDAL'S REACTION IN THE INFANT CHILD OF A MOTHER WHO DURING GESTATION HAD CONTRACTED TYPHOID FEVER.

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THROUGH the courtesy of Dr. Ringer I have been enabled to forward for publication the following observations. A woman was admitted to the Yates Ward of University College Hospital on Feb. 22nd, 1897, with symptoms of typhoid fever. The diagnosis was confirmed by Widal's reaction, and during the patient's six weeks' stay in the hospital the test was repeated several times, and always with positive results. The patient was also found to be in about the fifth month of pregnancy. The illness followed the usual course and without complications. The patient was discharged on April 4th. The child was born on June 14th—i.e., a little more than four months after the mother came under observation. Unfortunately the blood was not tested until the child had reached five weeks of age owing to a misunderstanding on the part of the mother. On July 21st Widal's test was tried. The mother's blood reacted well and at once; the child's blood failed to give the least reaction, and a similar negative result was given by my own blood. In about twenty-one hours, however, both the latter specimens showed very slight clumping, the unaffected bacilli being, however, very active. On the 24th the mother's blood reacted very well in seven hours, and after the same interval of time, some clumping, though very little, was seen in the child's blood. No control experiment was made. On the 27th neither the mother's nor the child's blood gave typical reaction at once, and even after twelve hours' waiting only slight clumping was found in both specimens. At the end of twenty-one hours the reaction had not advanced, and without looking at the labels it was quite impossible to distinguish one specimen from another by the reaction which had occurred. A control experiment with the blood of a case of typhoid fever in another ward gave a distinct reaction at once. On the 30th the mother's blood reacted in a very short time and in about eight hours the clumping was most marked. With the same interval of time, the child's blood failed to react at all, nor when examined twenty-one hours later was there any reaction; a control experiment on another case of typhoid fever gave reaction readily and much quicker than the mother's blood did. Thus, out of the four sets of observations, two—those of July 21st and 30th—were in favour of the infant's blood not giving Widal's reaction. The other two experiments—July 24th and 27th—were not so definite; that of the 24th merely showed that there was slight reaction on the part of the infant's blood, not nearly so marked as in the case of the mother. In the experiment of July 27th the observation was valueless as it was found that the mother's blood did not react when the blood from a known case of typhoid fever reacted perfectly. In conclusion, I may say that the child was quite healthy and was being fed at the mother's breast.

Oban.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb*, lib. iv. Prooemium.

ST. GEORGE'S HOSPITAL.

A CASE OF PERSISTENT HÆMOPTYSIS IN PHTHISIS RELIEVED BY VENESECTION.

(Under the care of Dr. W. EWART.)

THE extent of the employment of venesection at the beginning of the century is only equalled by its practical disuse now that the century is drawing to its close. Yet we cannot think that a practice which was held in such high estimation by the most careful physicians can have been entirely valueless. Venesection was the recognised treatment for hæmoptysis. For instance, George Burrows writes: "The treatment of hæmoptysis, occurring as an early symptom of the development of tubercles, will not essentially differ from that recommended when it results from general plethora; we must employ general bleeding until an impression is made upon the activity of the circulation and the pulmonary hæmorrhage is arrested."[1] How venesection acts it is difficult to say; the slight increase in the coagulability of the blood and the temporary diminution of blood pressure can have but little effect.

A man, aged thirty-two years, suffering from hæmoptysis, was admitted into St. George's Hospital under the care of Dr. Ewart. Six years previously he was an in-patient suffering from pneumonia and pleurisy, and two months after leaving the hospital, and also occasionally since, he has had hæmoptysis. In December, 1896, he was admitted again into the hospital on account of the same symptom. He has never had rheumatic fever, and has had no other illness. There was no family history of tubercle. On the evening of April 15th, 1897, he coughed up about half a pint of blood and went to the hospital, and was immediately admitted. It was then noticed that the pulse was strong and tense and the patient was flushed. The hæmoptysis continued, and on the evening of the day of admission he was ordered a hypodermic injection of half a grain of morphia, ice was given him to suck, and a saline aperient was ordered. On account of the patient's condition no examination of the chest was made. On April 16th the hæmorrhage still continued, and as the bowels had not acted the saline aperient was repeated and two minims of croton oil in two ounces of castor oil were given, followed by a soap and water enema. Copious evacuations ensued, but the hæmoptysis was still severe, therefore a third of a grain of morphia was given hypodermically, and this was repeated in the evening. On auscultating the chest abundant râles were heard at the right apex, where also there was a distinct

[1] A System of Practical Medicine, edited by A. Tweedie, vol. v., p. 32

increase in the vocal fremitus. On the 17th, in the morning, the hæmoptysis was somewhat less, and the saline aperient was continued. In the afternoon suddenly a large amount of blood was coughed up, and Dr. Ewart, finding that the high tension of the pulse had not yielded to the purgatives and the morphia, and bearing in mind the favourable results reported by Dr. Huggard, of Davos, determined to bleed the patient. Accordingly eight ounces of blood were withdrawn from the arm. Immediately the patient expressed himself as feeling much easier. On the 18th there was decidedly less blood in the sputum, but the cough was very troublesome and there was much expectoration. By the 23rd the expectoration had much diminished in quantity, and no blood had been noticed in the sputum since the 21st. Except for a little blood in the sputum on the 24th there was no further hæmoptysis. The cough became much less severe, but the physical signs indicating tuberculous disease at the right apex were unaltered.

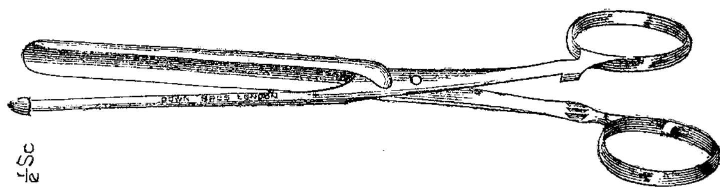
WESTERN INFIRMARY, GLASGOW.

A CASE OF EXCISION OF THE CÆCUM FOR MULTIPLE FISTULÆ, WITH USE OF MURPHY'S BUTTON; RECOVERY.

(Under the care of Dr. J. CRAWFORD RENTON.)

WHATEVER may be the verdict of posterity as to the desirability of employing Murphy's buttons in intestinal anastomosis, cases like the following conclusively demonstrate that the button is a rapid and simple method for uniting two portions of bowel. The untoward occurrences which sometimes accompany the use of the button may in time be found to be preventable, or some other method to which no objections can be raised may be devised. Dr. Renton's case is especially noteworthy on account of the long duration of the fæcal fistulæ and their rapid cure by operation.

A man, aged thirty years, was admitted to Professor McCall Anderson's wards in 1891 with a hard swelling on the right iliac region, and in the absence of Professor Buchanan the patient was seen by Dr. Renton. It was agreed that an abscess had formed, and this was opened. On the second day after the operation a free discharge of fæcal matter took place. The discharge, although diminishing, never completely stopped, and in 1892 Dr. Renton attempted to close the opening by dissecting away the infected skin and closing the opening which passed into the cæcum. This diminished the opening, but the man found it troublesome, and in 1894 Dr. Renton again tried to close it, but without success. Circumstances prevented the patient from returning until July, 1896, when it having been explained to him that Dr. Renton wished to remove the diseased portion of bowel entirely, he agreed to the operation, and entered the infirmary. Assisted by Dr. Burnside Buchanan and Dr. Walker (Professor McCall Anderson was unable to be present), Dr. Renton opened the abdomen freely, and found, on clearing away all the diseased skin, that there were several openings into the cæcum, in one direction so extensive that it was decided that it must be removed. This involved a good deal of laborious dissection, but after some trouble the diseased parts were isolated along with the appendix, which was ulcerated and adherent. Having clamped the ileum and colon with the clamp made for Dr. Renton by Messrs. Down Brothers, of London, and which is shown in the accompanying woodcut, he divided the



bowel above and below the disease. The ends of the Murphy's button were now inserted in the usual manner and joined together, the mesentery being stitched with catgut and the bowel returned to the abdominal cavity. Owing to the number of previous operations, and the amount of ulcerated skin that had to be removed, the gap to be closed was considerable. This was done successfully, and the wound has healed well, leaving very slight bulging of the abdominal wall. The patient was fed on soups and barley water, and progressed favourably (passing the button with some difficulty on the seventeenth day). He was kept at rest for six weeks, which in a serious operation such as this is of great importance. At the end of three months he commenced his work, and has continued to be quite well, so that he may now be regarded as recovered.

Remarks by Dr. RENTON.—Being a non-tuberculous ulceration of the cæcum it was a favourable case for operation by excision. Murphy's button is quickly applied, and when it passes easily supplies a most efficient means of end to end union of bowel. At the same time it is fortunate that we have several ways of uniting bowel, as each case must be treated according to circumstances. It is important when using the button to be sure that it is not too tight, as it would lead to too much gangrene of the bowel and failure of the operation. The clamp used I have found very efficient, and I have pleasure in recommending it. This patient had an attack of jaundice on each occasion that he had chloroform, which is one of the results which from time to time is met with, but he is the first patient I have had who regularly has had a distinct attack.

Reviews and Notices of Books.

Pathologie und Therapie der Perityphlitis Von Dr. ED. SONNENBURG. Dritte Auflage. Leipzig: F. C. Vogel. 1897. Preis 10 Mk. (*The Pathology and Treatment of Perityphlitis* By Dr. ED. SONNENBURG. Third edition. Leipzig: F. C. Vogel. 1897. Price 10s.)

THIS monograph, by Professor Sonnenburg, director of the Surgical Department of the Moabit Hospital at Berlin, is one of the most useful and practical that has been written upon the subject of appendicitis, which has now quite a literature of its own. The plan of the work is excellent. An introductory chapter deals with many points of interest, as, for instance, the rarity of typhlitis stercoralis as a primary condition, the author remarking that of 230 cases operated upon by him in not one was there any typhlitis proper found, although the symptoms were such as were wont to be attributed to that condition. He does, indeed, give one case where the appendix was found to be unaffected, but a portion of the cæcal wall was inflamed and thickened. This was not due to tuberculosis or syphilis, and the cause of the lesion could not be satisfactorily explained. The outcome of wide experience upon the varying conditions found at these operations is to the effect that perityphlitis is essentially a disease of the vermiform process, usually of slow progress, often extending over years, frequently spontaneously recovering, but in the great majority extending, often characterised by acute exacerbations which ultimately lead to perforation or gangrene of the part. Thus if once affected it remains a continual source of probable discomfort and danger. Yet in some cases of relapsing typhlitis the appendix does not undergo any profound disorganisation, but apart from adhesions retains the form and character of the normal structure, some thickening of the mucous membrane alone indicating the recurrent attacks of inflammation to which it has been subjected. The classification adopted by Professor Sonnenburg is simple. He divides the main conditions met with into the three groups of Appendicitis simplex, Appendicitis perforativa, and Appendicitis gangrenosa, and his experiences enable him to subdivide those groups according to the various complications that may be met with. His records of 209 cases, each of which is detailed, and in each of which an operation was performed, comprise 51 cases of the "simple" variety, all of which recurred; 132 cases of "perforation," of which 30 died, the deaths being almost wholly comprised of those cases in which there was peritonitis (general) or multiple abscesses; and, lastly, 26 cases of "gangrenous" appendicitis, 9 of which