GASTROTOMY IN A BABY AGED 6 MONTHS.

By C. P. G. WAKELEY, M.R.C.S., L.R.C.P. LOND.,
HOUSE SURGEON, KING'S COLLEGE HOSPITAL; SURGEON, R.N.

THE patient, an infant aged 6 months, swallowed an open-clasp brooch two days before being admitted to hospital. On admission the child was X rayed and the brooch was seen to be situated in the lower third of the œsophagus; it was noticed that the brooch was open with the head of the pin projecting towards the mouth. An attempt was made to close the brooch with the aid of a bronchoscope, but it was pushed down into the stomach, as was verified by a second X ray photograph. The condition of the patient was not very good. She had not taken the breast well since the brooch had been swallowed and had vomited at intervals. The next day the baby became very collapsed, but her condition improved on subcutaneous saline infusion; however, her temperature suddenly went up to 107·2° F., pulse 192, and respirations 84. It was decided to operate.

A median incision was made above the umbilicus, the stomach was found and carefully drawn out of the wound, and the rest of the peritoneal cavity packed off with hot sterile towels. The pin part of the brooch was seen projecting through the anterior wall of the stomach near the greater curvature. There were some isolated flakes of coagulated lymph covering the peritoneal surface of the stomach near the site of perforation. An incision was made over the brooch in the long axis of the stomach and the foreign body removed. The interior of the stomach was very congested and in a semi-ulcerated condition. The stomach wound was

closed by Czerny-Lembert sutures and the abdominal wound closed without drainage. The baby was kept in a tent-bed for the next five days, and was fed by her mother 12 hours after the operation.

A drachm of the following mixture was given every four hours for the first five days after the operation to relieve the ulcerated condition of the stomach: Bismuth carbonate, 5 gr.; sodium bicarbonate, 1½ gr.; spirit of chloroform, 1 minim; tragacanth, in powder, ⅓ gr.; water to 1 fl. dr.

The child was fed by her mother every four hours, night and day; she vomited slightly after the operation. The abdominal wound healed well, and the little patient left hospital three weeks after the operation with a normal temperature and pulse. The hyperpyrexia on the day of the operation is very

interesting, and the child was very fortunate to pull through after such a condition. I have to thank Mr. A. Boyce Barrow, not only for kindly allowing me to publish this case, but also for permitting me to perform the operation in his absence.

Medical Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION OF THERAPEUTICS AND PHARMACOLOGY.
Discussion on "Soldier's Heart."

A MEETING of this section was held on Jan. 18th, Lieutenant-Colonel W. HALE WHITE, R.A.M.C. (T.F.), the President, being in the chair. The subject under discussion was "Soldier's Heart."

Sir JAMES MACKENZIE, in opening the discussion, said it may well be recognised that the trying life to which a soldier was exposed placed a strain on his heart, and found out impaired hearts, whether they had a detectable lesion or not. During and after the American Civil War it was shown that there was a form of heart trouble to which soldiers were particularly liable—namely, that which was known as "irritable heart." Shortly after the outbreak of the present war, soldiers who had been invalided because of heart trouble began to consult him, and at the later stages of the conflict they had appeared in increased numbers. When he was asked to take charge of the inquiry into disorders of the heart for the Medical History of the War he had an object in view which would give their researches a profitable aim. Dr. R. M. Wilson and he had examined 400 cases. In 90 per cent. of the cases which had been certified as having heart affections they were found not to be primarily heart cases, so that the principles of treatment applicable to those cases differed widely from those appropriate to real heart failure. There was a good

deal of variation in their appearance and symptoms, but they were usually spare, with drawn faces, and showed great vaso-motor instability. Sometimes the hands and fingers became pale, while at other times they were thick and red; and the nose became red, sometimes even blue, on slight exposure to cold. Even after treatment by rest and feeding they were pasty-faced and cold and seemed to be scant of breath. Asked how they felt, a common reply was "Rotten!"; they easily became exhausted, were breathless on moderate exertion, and frequently there was pain in the region of the heart. Often the frequency of the heart beat was not increased, but in some it maintained a rate of 120 per minute. Exercise might cause undue rapidity, and it was in consequence of this excitability that the term "irritable heart" had been used. A slight increase in the size of the heart was not uncommon in this condition; in acute cases there was some œdema of the legs. The mental condition of these patients also varied; depression was not infrequent, and often they became generally irritable and restless. Some

Temperature Chart of Mr. C. P. G. Wakeley's Case of Gastrotomy.