SELECT CLINICAL REPORTS.

(Under this heading are recorded, singly or in groups, cases to which a special interest attaches either from their unusual character or from being, in a special sense, typical examples of their class).

I.

On Perforation of the Stomach and Small Intestine as a Sequel to Ovariectomy and Hysterectomy.

By JOHN BLAND-SUTTON.

IN 1887 I assisted a colleague at the Middlesex Hospital to perform bilateral ovariectomy on a stout multipara, aged 33. The patient was three months advanced in pregnancy. There were no difficulties in the operation, and an old umbilical hernia containing adherent omentum was dealt with at the same time. The woman died eight days after the operation with all the symptoms of acute perforative peritonitis. At the postmortem examination two ulcers were found in the jejunum, two metres from the duodenum; one of these had perforated. Between the region of these ulcers and the duodenum a large number of petechiæ, several of old date, existed in the mucous membrane. Many of these petechiæ were eroded. The stomach contained a few submucous petechiæ. There is no note as to the anæsthetic employed in the operation. I was present at the autopsy.

In January 1902, I removed, under ether, at the Chelsea Hospital for Women, a large ovarian adenoma, which had grown in the right ovary of a spinster aged 30 years. A few hours later her condition indicated the occurrence of internal bleeding. On re-opening the abdomen I found that the ligature (silk) had slipped from the pedicle: it was re-tied, and the blood removed. We then performed intravenous transfusion to three pints, and she quickly rallied. Five days later, when the patient appeared to be recovering satisfactorily, she was suddenly seized with acute pain in the umbilical region. Gradually the pulse increased in frequency and the abdomen became distended. Twenty-four hours later there were unmistakable signs of peritonitis, and the patient died on the eighth day after the operation. At the postmortem examination there were the usual signs of acute septic peritonitis, including a quantity of offensive fluid which

trickled from the upper parts of the belly. This led to a careful examination of the stomach: on inspecting its mucous surface three ulcers, each with a diameter of 0·5 cm., were found in the region of the greater curvature: one of these had perforated. There was a history of gastric trouble one month before the operation.

In a third case, a spinster, 42 years of age, was submitted to a subtotal hysterectomy, in a nursing-home, for a very large sub-mucous fibroid. In preparing her for the operation I noticed a distinct tint of jaundice across the brow and in the conjunctivæ. The operation was performed under ether without difficulty and the patient's condition continued good until the third day, when she complained of a sudden attack of pain in the epigastrium. Twelve hours later she was very ill, had a high temperature, rapid pulse, and a very distended belly. Thirty-six hours after this attack, the patient's condition became very serious, and yielding to her urgent request and pressure from her relatives, I re-opened the abdomen, and to my surprise found that the septic fluid came from the upper part of the abdomen, and that it contained flakes of clotted milk. This clearly pointed to a perforating ulcer of the stomach or duodenum. The patient's condition did not admit of a prolonged investigation, so I had to be content with simply draining the abdomen. Death followed the operation in ten hours, and consent to a postmortem examination could not be obtained.

I have read carefully reports of operations on the pelvic organs and have not succeeded in gathering much information on this question. In 1899 there was an interesting discussion on the *Treatment of Uterine Myomata* in Berlin on the occasion of the eighth meeting of the Deutsche Gessellschaft für Gynäkologie: in the course of discussion von Rosthorn stated that he had lost a patient from a perforating ulcer of the stomach after hysterectomy for myoma. Olshausen also stated that he could call to mind at least four instances in which patients had died after such operations from perforating ulcer of the stomach or small intestine. He did not furnish particulars.

I have ventured to draw attention to this matter with the hope that gynæcological surgeons, who have had similar experiences may be induced to record them. My own impression is that they are rare, but impressions are often very misleading.