A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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. Proœmium.

KING'S COLLEGE HOSPITAL.

TUBERCLE OF THE LUNGS AND INTESTINES; PERFORATION OF THE ILEUM.

(Under the care of Dr. BEALE.)

PERFORATION of any part of the alimentary canal into the peritoneum, when recognised during life, is of fatal significance. Recovery is so rare that when it does occur it is strictly exceptional; and, perhaps, the explanation of this is, that it is towards the termination of some exhausting malady the lesion generally takes place. Every hospital physician is familiar with peritonitis resulting from the foreign matters thus introduced into the great serous sac of the peritoneum, and the treatment pursued by nearly all is for the most part the same—namely, fomentations, opiates, and stimulants in the stage of collapse. At one time calomel, or other mercurial, combined with opium, was much used in peritonitis, and this practice is still relied upon by some practitioners. In a destructive complication, such as intestinal or gastric perforation, are there no new modes of treatment likely to hold out a better prospect of recovery, or even of prolongation of life, than those we now employ? Venesection, at one time so prevalent, is replaced by leeches; but unfortunately the collapse consequent upon the shock resulting from the perforation is oftentimes so sudden and so extreme, that death occurs before time is given to apply the remedies of our art. The treatment of many diseases is now much simplified, and it is highly desirable that those hitherto looked upon as hopeless should receive fresh consideration and attention at the hands of physicians having the opportunity in large hospital practice; and in this class we would include the malady forming the subject of our present series of reports. We possess the details of four cases in which perforation of the intestinal canal occurred in King's College Hospital, kindly furnished by Dr. H. L. Kempthorne, the late house-physician; two of these we give on the present occasion, together with instances of gastric perforation at Guy's and St. George's Hospitals. We could easily have extended the number of examples of such cases, but our object will be best gained by the few that follow, in drawing attention to the subject of treatment in cases that may hereafter occur.

We may observe that it is somewhat remarkable, in the following case, that there should have been an absence of diarrhoea and tormina, considering the presence of tuberculous ulcers of the bowel, some of which encircled the intestine. Independently of the occurrence of perforation, which induced the fatal collapse, their presence is commonly associated with extreme misery and suffering for some time before death, dissolution being hastened by the exhausting diarrhoea concurrently with the pulmonary disorganization.

Deborah J—, aged fifty-four, admitted Jan. 21st, 1864. By occupation she is a laundress. There is no history of hereditary disease. She has been a great drinker. Was in good health until the beginning of December, when she was troubled with cough and expectoration and loss of appetite. She has never been subject to winter cough. The legs have been swollen, red, tense, and inflamed since Jan. 4th.

On admission the legs were found to be red and swollen, with vesications, especially over the middle third of the tibia; the feet, legs, thighs, and back very œdematous; pulse 124; respiration 24; heart and lungs normal; urine turbid, with lithates; no albumen. The treatment consisted of brandy, ammonia, and chloric ether internally, and warm fomentations to the legs.

Jan. 27th.—Scarcely any redness of legs now remaining; more or less delirium after this date; pulse 126, very feeble; tongue dry and brown; retching and vomiting.

28th.—Pain in abdomen and tympanitis, relieved by hot

fomentations; bowels open; no diarrhoea; no blood in the motions; œdema of legs much increased; some tenderness along the course of the femoral veins.

29th.—In the evening a sudden accession of pain in the abdomen, followed by collapse; and on the morning of the 30th she died.

At the autopsy, the upper lobes of both lungs were found to be studded with tubercle, in places breaking down; the lower lobes were congested. The surface of the small intestines, especially the ileum, was very red and injected. In the lower part of the peritoneal cavity was some sero-purulent fluid, and at the junction of the upper two-thirds with the lower third of the ileum was a small perforation, and a small quantity of feculent matter had escaped. On slitting open the ileum, three or four large ulcers were disclosed, evidently of long standing, one being perforated; the edges were thickened, and some of the ulcers extended completely round the bowel. At the ileo-cæcal valve was a large ulcer, almost encircling the gut, and extending along the fræna of the valve, but not encroaching on the large bowel. Several minute circular ulcers were seen here and there, and also small spots of tubercle beneath the mucous membrane. The mitral valve was thickened, the heart in other respects being healthy. Liver large and very fatty. Spleen small. Kidneys normal. Nothing abnormal could be discovered in the iliac or femoral veins.

STRICTURE OF RECTUM; PERFORATION OF CÆCUM.

(Under the care of Dr. GEORGE JOHNSON.)

Could the stricture of the rectum, situated some six inches up the bowel, have been discovered some time before the constipation occurred in the subjoined case, it is extremely probable that suitable means of relief might have obviated the supervention of perforation of the bowel at the cæcum, which was mainly induced by distension from feculent matter.

James Y—, aged forty-four, admitted December 23rd, 1863. He has suffered from constipation for a long time. The bowels have not been open for the last twenty days, during which time he has experienced pain in the belly, and during the last fourteen days there has been frequent vomiting. About six A.M. on the morning of admission, after drinking some milk, he was suddenly seized with severe pain in the abdomen. On admission (half-past eleven A.M.), face pale and anxious; the extremities cold; body damp, with a cold sweat; pulse almost imperceptible. He lies on his back, with his knees drawn up, and there is evidently violent pain in the abdomen, which is tense, tender, and tympanitic. He vomited some dark bilious fluid shortly before his death, which occurred at half-past two P.M.

Post-mortem examination.—Lower lobes of both lungs dark and congested. Left ventricle of the heart firmly contracted; slight thickening of one of the corpora Arantii. Spleen small and contracted; liver 2lbs. 14oz.; gall-bladder full; kidneys normal. On opening the abdomen the intestines were seen to be very red, their surface granular, and matted together by recent lymph. The small intestines were full of gas, and the large bowel greatly distended with fæces. At the anterior surface of the cæcum was a small perforation, through which a considerable quantity of fæces had escaped into the cavity of the peritoneum. Viewed from within, the perforation consisted of two small oval apertures (each a little larger than a caraway-seed), separated by a narrow band; the gut at this point was thinned, and of a deep-red claret colour. There were no other perforations or ulcerations in the colon. A stricture of the rectum was found about six inches above the anus. Viewed externally, it appeared as if a tight ligature had been placed around the bowel. Internally, the rectum for half an inch above and below the stricture was of a dark-red colour and ulcerated, the edges of the ulcers being indurated and everted. The stricture just admitted the point of the fore-finger; its structure was distinctly fibrous. It may be noted that this patient had never been abroad, and there was no history of diarrhoea, dysentery, or syphilis.

ST. GEORGE'S HOSPITAL.

HYDROTHORAX; CHRONIC ULCER OF THE STOMACH PERFORATING THE PERITONEUM AND CORONARY ARTERY.

(Under the care of Dr. PITMAN.)

In the two cases of perforating gastric ulcer which we now record the patients were males, of the ages of forty-one and fifty-four; although, as Dr. Brinton has pointed out in his