CORRESPONDENCE.

Was it a Case of Subacute Peritonitis?

GRAND ISLAND, NEB., Sept. 20, 1894.

To the Editor:—I wish to report the following peculiar case and to ask the opinions of some of the many members of the ASSOCIATION as to the etiology and origin of the trouble:

Mrs. D., aged 27, widow, almost three years; mother of three children, youngest 6 years and 8 months; aside from constipation of about eight years' standing, and an occasional sick headache, was considered healthy. Was taken with sharp colic pains in the stomach and upper abdomen on the morning of August 2. Saw her about 7 A.M. She located the onset of the pain in a small spot in the median line, just below the ensiform cartilage. She had eaten nothing hurtful. There was no tendency to vomiting, or diarrhea, and the temperature was normal. The pain was quickly subdued by a hypodermic of morphia one-fourth grain. Hot turpentine cloths were applied to abdomen; hot water given to drink, and I directed that as soon as she was easy she should take half an ounce of ol. ricini. Bowels moved freely between 4 and 5 P.M., which provoked some pain, and by 8 P.M. pain was so severe as to necessitate the repetition of the morphia.

August 3. She was fairly comfortable, and having made arrangements to move to another part of the city, just before she was taken sick, and as she seemed able, on the morning of the 4th of August, she was moved that day. I did not see her again for three days, and although she had not felt right she did not think it necessary to report to me. At this visit, 9 A.M., August 8, her temperature was normal and there had been no chill, but she had an uncomfortable feeling in the rectum quite low down.

I should state here that in October and November, 1893, she had had a small abscess, which pointed, and was opened in the right side of the perineum, three-quarters of an inch from the anus. A fistula resulted which opened into the rectum above the external sphincter. I laid it open, curetted and packed with gauze Dec. 25, 1893. There was non-union of the divided muscle, but she had fair control. Thinking her present condition might be due to a recurrence of the rectal trouble I examined the parts, and found a swollen and somewhat tender condition of the anterior rectal wall with a decided tumefaction just inferior to the cervix uteri.

I prescribed syr. ferri iodid in dram doses after each meal, hot rectal and vaginal douches and liquid nourishing diet. This relieved the condition in a few days, and with the exception of a return of pain quite severe on Sunday afternoon, August 12, she continued to improve; was up and around most of the day; her appetite, which had been poor for almost two weeks, became quite good,—to use her own words "she could not get enough to eat;" bowels moving normally sometimes twice a day. She continued to improve, and on Sunday, August 26, had taken a short pleasure ride. I saw her the next day, and as she was feeling so well I dismissed the case.

Everything seemed to be doing well until 6 P.M. of August 29, when, on arising from the supper table she was seized with a sharp cramp, like pain in the same region as her first attack. It was intermittent in character, and some were not as severe as others. Thinking it would cease after a time, she did not call me until 10 P.M. Upon careful inquiry and examination I was fully convinced that the seat of the pain was in the small intestines near the stomach, and that there was total absence of pain in the region of the cecum, umbilicus or hypogastrium. I gave morphia sul. one-fourth

grain, atropia one one-hundred-and-fiftieth grain, and while waiting the effect took the temperature in the mouth, axilla and vagina, and found it normal in each place. Pain ceased without further use of a sedative, and she remained easy until 8:30 of the morning of August 30, when the pain commenced to return, which was as easily relieved as before. For several days she had been eating liberally of fruits and watermelon, but as she had assured me that her bowels had acted freely on the morning and afternoon of the day of the attack, I gave her no physic at all until Friday the 31st, when I gave Hg. chlorid mite 10 grains, sod. bicarb, 10 grains. There was as yet no rise of temperature, no chill, and no vomiting.

The rest of the clinical history I have copied from my notes taken as the case progressed.

August 31, 9 P.M. Pulse 90; temperature under tongue 101; some pain, but bearable; bowels not having moved, repeated the dose of the mild chlorid. Gave morphia and atropia; directed that she commence at 6 A.M. and take sal. Rochelle in teaspoonful doses in half a glass of water every half hour until bowels moved, or until I should see her.

September 1, 9 A.M. Pulse 90; temperature 101; no movement of the bowels, rested good all night, and is not in pain now; has vomited twice since 7 o'clock large quantities of what appears to be feces; has some pain in the descending colon above the sigmoid; says it is not severe and is not aggravated by movements of the body. Abdomen distended but symmetrical and not tympanitic. Placed her in the knee-chest posture and gave per enema over two quarts of warm soap water, which is evacuated with difficulty; discharges freely for a few seconds, then stops suddenly. The water returns unstained. She can get out of bed unaided, and without increasing the pain; continued the Rochelle.

September 1, 9 P.M. Pulse and temperature normal; has had no sedative for twenty-four hours, and is not in pain. Bowels have not moved; gave two enemas of the soap water, and the second was followed by the evacuation of about one quart of liquid feces, normal in odor and appearance. Another enema immediately following this brought away a small cluster of grape seeds, skins, and some fecal matter. Stopped the enema for the night, gave morphia and atropia, and left her at 10 P.M. feeling fairly comfortable.

September 2, 9 A.M. Pulse 80; temperature 98½. No pain, no action of the bowels, constant nausea but no feces vomited.

September 3, 8 A.M. Pulse 90 and weak; temperature 98½. Said she had had a fairly good night; still vomits. Matters vomited are mixed with bile. Discontinued the soap water, and commenced with clear warm water with a view of using a glycerin enema; she can not expel more than one-half of the water injected.

September 3, 9 P.M. Gave an enema of about one quart when she felt an urgent desire to stool, and succeeded in evacuating about three quarts of clear water; gave glycerin 6 ounces, water 12 ounces per rectum; patient in the knee-chest posture. She could retain it but a few minutes, although she tried hard to do so. It was evacuated without result. Gave mild chlorid 10 grains, sod. bicarb. 10 grains and left her with a pulse of 90 and temperature 98½.

September 4, 8 A.M. No action of bowels; a little vomiting but not fecal; no pain and the tenderness much lessened. She feels hungry and had taken a part of a glass of milk at 7 o'clock which she retained. Gave calomel in grain doses every hour; was called at 5 P.M. on account of pain in stomach and bowels. Think it due to the calomel. She thinks there had been quite a high fever from 2 to 4, at which time she vomited freely and felt some relief; at time of my visit, 5:45, the temperature was 100 and pulse 120. Morphia one-fourth grain, gave perfect relief in a few min-

utes. Ordered the salts in dram doses well diluted every hour. 9 P.M. She is free from pain and the temperature is normal.

September 5, 2 A.M. Was called on account of the return of pain. The usual dose of morphin soon relieved her. Then gave her per enema ol. petroliæ, 16 ounces; had her stand upright to favor the oil rising as high as possible in the intestines; placed her in bed and had her lie upon the right side. She remained quiet about five hours; at the end of which time she had a slight movement of the bowels, but voided nothing but clear water. She took a small quantity of milk and one dose of the salts between 6 and 7, and had retained them. She looks rested and says she feels comfortable. Gave her per enema two quarts of clear warm water which brought away the oil but no feces. Repeated the petroleum and directed the salts to be continued as before.

September 5, 2 P.M. Upon consultation with two other physicians she was given gtts. iss of ol. tigllii in capsule every two hours until she had taken four doses, or six drops in all. Then gave ol. olive in four ounce doses every four hours. She did not retain the first dose but did the next four, taking the last at 4 P.M. of the 6th.

September 6, 7:30 A.M. Pulse 120; temperature 101½. Having decided at the consultation of yesterday to open the abdomen and examine the small gut, provided the indications were favorable, I visited her at 7 on the morning of the 6th, found her as above described, gave an enema of about one quart of warm water, which was immediately evacuated, and with it came about three quarts of water, brownish feces, with oil on the surface, the entire evacuation amounting to about one gallon, in which was a rope of mucus exudate, about one-half inch in diameter, and about fourteen inches long. She immediately exclaimed, "What a relief," and upon returning to bed, took long inspirations, and said she felt good. I immediately telephoned the physicians who came at once, and after they were informed as to the recent facts, and having examined the contents of the evacuation, concurred with me in the opinion that an operation would not benefit the case, as it was evident that the obstruction was due to a diseased condition of the small gut, and involving a considerable portion of it, and not due to mechanical obstruction. By this time, (half an hour after her return to bed), she was much exhausted; hands and feet cold and damp; external heat was applied; digitalis and hot milk punch administered internally, and strychnia hypodermically.

September 6, 1 P.M. Pulse 120 and very weak; temperature 102¼. Has muttering delirium; hands and feet getting warmer. At 8 P.M. Pulse 120; temperature 101¼; has vomited but little since morning; stomach and bowels full of liquid which emits a splashing sound when she turns or gets up. Voids urine normally and it is normal both in quantity and appearance. At 9:30 P.M. Had a small fecal movement, brownish in color and oil on the surface; although not much pain, I gave the usual dose of morphia and one thirty-third grain of sulphate of strychnia, and she rested good until 2 A.M. of the 7th.

September 7, 8:30 A.M. Pulse 105; temperature, 101; no further action of the bowels; gave a small enema of hot water, which was evacuated without result. She is clear in her mind, can get out of bed and walk without assistance. Gave a sponge bath and changed her clothes.

September 7, 12 M. Pulse 110; temperature 102; gave ol. olive 4 ounces and repeated this dose at 2 P.M. At 7 P.M., pulse 104; temperature 101¾; has not vomited since 12 M. At 8 P.M. gave per enema glycerin 6 ounces, water 12 ounces, which resulted in a movement of one quart of liquid feces. Two more movements followed in a short time but less in quantity than the first. She vomited at the same time of the first stool and it was much more feculent than the stool. At 3:35 P.M., pulse 120; temperature 102; delirium more profound.

September 8, 3 A.M. Much worse to all appearances; still recognizes acquaintances, but is much weaker and it is difficult to obtain an accurate count of the pulse. Temperature 102¼ in axilla. Bowels more distended; tongue has been clean and moist throughout the entire sickness, is now dry and it is with difficulty she can put it out.

September 8, 12 M. No material change. Temperature 102¼; has not vomited since the night previous; has taken and retained ol. ricini 1 ounce and ol. terebinth x gtts. Hot turpentine cloths applied to abdomen reddens the skin; 4 P.M., delirium more profound. At 7:30 P.M. Stupor deepening but will answer when her name is spoken; put out her tongue when asked, and drank a little water. She slowly sank and died from exhaustion at 9:30 P.M., September 8.

Postmortem.—Thirteen hours after death; body much emaciated and muscles shrunken. Abdomen uniformly distended. Upon opening the abdomen a fine, whistling noise was heard and seemed to come from the left side. Intestines much distended and red at the flexures. No fecal staining noticeable anywhere. Omentum adhered to the intestines and almost atrophied. No disturbance of the relations of the viscera. An attempt to push the intestines to one side caused a free pouring out of feces from the descending colon at a point just above the crest of the ilium. A gangrenous spot and a perforation was found in the gut at this point. A ragged gangrenous spot and perforation was found upon the anterior and external aspect of the cecum, a little above the ileo-cecal valve, which had the appearance of having been caused by pressure from without inwards, as the perforation in the mucous coat was not larger than a small pea, while the ulcerated opening through the other two coats was as large as a silver dime, and had a distinct and elevated margin. No other perforations were found. Small intestine distended throughout its entire length, full of feces and reddened at the flexures. Colon also distended and full of feces but not so red. Stomach also full of liquid, one-half of which was fecal matter. The liver enlarged and rather pale in color; the left lobe lying almost wholly to the left of the median line but in other respects it was normal. Spleen and kidneys normal. Uterus small, firm, and occupying a normal position. Bladder not being noticeable was not examined. The feces were of uniform consistency, ash-blue in color and free from foreign bodies or scybala, except a few very small fragments of grape seed, and they were floating free in the feces. No stricture or narrowing of the caliber of either the small or large intestines. Stomach and pylorus normal except they evidenced the signs of the recent inflammation.

And now come the questions: What was the matter? Where the origin and what the cause? Did the beginning of the fatal sickness date from August 2? If so, why that interval of apparent convalescence? If the second attack was a relapse what caused it, and why was there such a sudden and obstinate change in the function of the bowels? For ten days prior to the last seizure the bowels had been moving once or twice daily without the use of physic or laxatives, except she was perhaps eating more fruit than just prior to the first attack. There had been increased ingestion for the last ten days but not what could be called unnatural. Neither was the action of the bowels any approach to a diarrhea. What could have caused such intense pain in the pit of the stomach and so sudden in onset without a rise of temperature for over forty-eight hours? Then it was only 101, and may have been the result of the dose of mild chlorid given eight hours previous. At no time did it require more than a quarter of a grain of morphia combined with a hundred-and-fiftieth of atropia to relieve the pain, and keep her easy six, eight, and twelve hours, and on the fourth day (Saturday September 1) she had no sedative for over twenty-four hours. Several times the hypodermic was used more for its relaxing effect on the bowels than for the relief of pain. At all times she could lie with the limbs extended, could rise suddenly to the sitting or standing posture without increasing the pain, and often when asked to locate the pain would reply: "I have no particular pain," and only once, about the sixth day of the last attack, did she refer to pain in the region of the cecum, yet the postmortem revealed a gangrenous spot, a perforation at this point and a general peritonitis. At no time did the temperature rise above 102¼ when it was taken, and three different thermometers were used. Drs. W. B. Hoge and M. J. Gaham were the consulting physicians in the case, and were present at the postmortem—Dr. Hoge being the principal.

I have been somewhat tedious perhaps in going into the details and giving the clinical history daily and sometimes hourly, as the case progressed, but I can substantiate the accuracy and authenticity of the same, as I have given it, and my excuse for the length of this article is the peculiar features of the case, together with the utter inutility of the remedies, and different methods employed for freeing the intestinal tract.

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