

greenish-yellow, specific gravity 1020, highly albuminous and alkaline, and contained granular cells, but no cholesterine. Although the tapping gave relief, she continued to get weaker and thinner, and became irritable and short-tempered. She had not menstruated since December.

On admission the patient looked extremely ill, being apparently in a dying state; her face was deadly pale, with dark, well-marked rims round the eyes; pulse 144, hard, and wiry. If allowed to sit propped up in bed, she was tolerably easy, but on attempting to lie down she had acute abdominal pain. Mucous râles could be felt throughout both lungs, and there was questionable dulness at the apices. The abdomen was much distended and tympanitic, the skin being highly stretched, thin, and glistening. On percussing the abdomen, there was resonance all over; on palpation, a slight feeling of resistance was felt in the region of the umbilicus. A wave could be obtained from one side of the abdomen to the other, as if distended bowels were floating in fluid. The bowels were confined. A catheter was passed, and two ounces of perfectly normal urine withdrawn. A full consultation of the staff was held, the unanimous feeling being that unless operative measures were speedily adopted early death was inevitable, but that operation could give only a small chance of relief.

On Feb. 4th abdominal section was performed, with full antiseptic precautions. Chloroform having been administered, an incision about two inches in length was made between the umbilicus and pubes. On exposing the peritoneum, it was found to be so adherent to the bowel immediately beneath it that had it not been for the greatest caution the gut must inevitably have been opened. On raising the peritoneum with dressing forceps, a small entrance was effected, through which, by means of the director, the bowel was gently separated, the incision being then enlarged and the finger introduced. A large quantity (several pints) of yellowish serous fluid escaped. On introducing two fingers into the peritoneal cavity, there was discovered deep down on the right side of the pelvis, a soft mass of friable rough material, which, after some separation had been effected, was found to be an enlarged and adherent Fallopian tube, the ovary being felt in its normal position and apparently healthy. A pedicle was made out on the uterine side of the enlarged mass, which was ligatured by the Staffordshire knot, the tube being then cut away beyond. The intestinal coils were much matted to one another. The pelvic cavity was irrigated with several pints of salufer lotion (ten grains to the pint). A Bantock's drainage tube was introduced, the rest of the wound being closed with silk sutures and covered with a dressing of salufer wool; jaconet was applied round the drainage tube and a sponge placed over its orifice. The mass removed was found to be the Fallopian tube, including the fimbriated extremity; it was much dilated, and must have ruptured some time previously, as the edges were everted and thickened. It was lined by a smooth membrane, and was everywhere closely studded with grey granulations of miliary tubercle.

The patient slowly rallied from the operation, and was regularly fed with nutrient enemata every four hours. She had very little sickness, and the next day could take Brand's essence and champagne, after which more substantial food was taken. Free drainage occurred through the tube, necessitating several dressings a day for the first two days, morning and evening dressings for the next three days, and then only daily changes. The Bantock tube was replaced at the end of the week by a rubber tube, which was gradually shortened as the wound contracted. The distension of the intestines subsided from the time of the operation. Flatus passed within twenty-four hours, and a natural formed motion was passed on the third day. A catheter was not required. Although the cough continued and the chest symptoms were manifestly advancing, the patient felt herself so much better during the third week as to wish to sit up out of bed, which she was allowed to do. The temperature, which before operation was constantly elevated, varying from 101° to 103°, after operation became normal every morning, rising towards evening. The chest symptoms were apparently little influenced by the relief given to the abdomen, so that her life was only saved for a month.

At the necropsy, the pleuræ showed many miliary tubercles, especially at the left base, where the lung and diaphragm were firmly connected by adhesions. The diaphragm was extensively tuberculous. There was a small amount of fluid at the right base, which had been diagnosed during life. Muco-purulent matter occupied the small bronchi.

Both lungs were infiltrated with miliary tubercles, but there was little consolidation. The peritoneum was greatly and universally thickened, and infiltrated with tubercular matter, the intestines being matted by firm adhesions.

CASE 2.—A. S—, aged thirty-one, married, was admitted during April, 1884, for pelvic pain and frequent micturition, which symptoms had existed for some months, rendering her a chronic invalid, although it was only lately that she had been obliged to take to her bed altogether. Her general health was much impaired, and she had lost weight considerably. She suffered from night sweats and an evening rise of temperature. The abdomen was distended. Abdominal examination revealed a pelvic swelling on the left side of the uterus, which was diagnosed to be a left pyo-salpinx.

On May 24th abdominal section was performed, but before the general abdominal cavity could be opened it was necessary to separate the great omentum from the pelvic brim, to which it was firmly attached. The small intestines were then found to be closely matted together in the pelvis, covering the whole of the tumour in such a manner as to render it impracticable to detach them, especially as the whole peritoneum was closely studded with miliary tubercle. After sponging out the cavity, the wound was closed by silk sutures. The patient made an uninterrupted recovery, the wound healing by first intention. The temperature, elevated previously to the operation, was normal for some days afterwards, and the patient expressed herself as feeling better than before, although the pelvic abscess had not been evacuated.

Twelve days after the laparotomy, aspiration through the left side of the roof of the vagina was performed, three ounces of extremely fetid pus being withdrawn. She was so much relieved, both locally and generally, that she was able to return to her home on June 13th, within three weeks of the abdominal section. Her health improved, and she was soon enabled to undertake some of her household duties. When heard of some months afterwards, she was in feeble health and subject to diarrhoea. Although inquiries have been made, no news has been received of her since.

*Remarks.*—At the present time the treatment of tuberculosis is engaging the attention of the profession to such an extent that the reporting of the two preceding cases will, I trust, need no apology. In the second example, the presence of miliary tubercle studding the whole surface of the peritoneum did not in any way add to the dangers of the abdominal section, which, on the contrary, seemed to be followed by a temporary arrest of the disease and a decided improvement of the patient, who recovered sufficiently to be able to resume her household duties, although when heard of six months afterwards she was still in feeble health and subject to diarrhoea. In the first case, the acute peritonitis, for which the operation was undertaken, seemed to be the result of a rupture of a cystic tubercular Fallopian tube, the removal of which, together with the irrigation and drainage of the abdominal cavity, undoubtedly prolonged the life of the patient for a month; and, as the necropsy proved, more could not have been hoped for, as the lungs and other organs were extensively tuberculous. It is interesting to note how the extreme intestinal distension subsided within twenty-four hours of the operation, and that the bowels recovered their tone sufficiently to act naturally within forty-eight hours of being acutely inflamed and distended.

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## ON A MILD FORM OF SEPTIC TOXÆMIA OCCURRING AFTER ENEMATA.

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THE absorption into the blood and lymph streams of elements from decomposing masses in the intestine is a common result of habitual constipation. The condition is chronic, and its effects are slowly induced. I wish to call attention to a form of toxæmia, similar in origin, but suddenly induced and characterised by symptoms, at least in pronounced cases, peculiar to septic intoxication of a mild type. Inspissated but decomposing fæcal masses, frequently associated with an arid, scarcely secreting mucous membrane, are innocuous so long as their dryness is maintained.

If in such case a quantity of warm bland fluid be suddenly introduced from without into the gut, solution of some of the organic products of decomposition is effected, osmosis goes on even during the short period of temporary retention, and lymph channels and blood stream are charged with a dilute diffusible septic poison. As from other parts of the alimentary canal, the effect of such general diffusion is exhibited often as a sharp attack of urticaria; but as here the diffusible poison is specially noxious, mild septic symptoms are sometimes superadded.

CASE 1.—A girl aged twenty-one, with marked gouty diathesis and intractable constipation, was under treatment for chronic endometritis. Enemata were freely administered, with the usual results, from time to time; but at length, after some days' constipation, an enema was followed by a general erythematous rash, excessively irritable, diffused over the trunk and extremities. There was also some congestion of the tonsils and fauces, but no rise in temperature was recorded. In the course of the day the rash declined, and after forty-eight hours it had quite subsided. There were no further symptoms of note.

CASE 2.—Mrs. C—, aged thirty, also under treatment for endometritis, had various mild aperients ordered for troublesome constipation; these were finally supplemented by an enema. Within a few hours a diffuse rash appeared, decidedly urticarial in type, and with considerable irritation. A sore throat with swollen tonsils further accompanied the rash. The latter gradually subsided, and in forty-eight hours was gone; but the faucial engorgement lasted some four days.

CASE 3.—Mrs. S—, aged thirty-six, convalescing from Emmet's operation, had an enema administered, and this was followed next day by a diffuse and well-marked urticaria, the wheals being very pronounced. No sore throat accompanied this eruption. In two days the skin was again quite clear, and no trace of the attack was left. Some time afterwards a second enema was necessary, and this also was followed by a similar rash, but much less pronounced and less diffused. A third enema, after a further lapse of time, had no sequelæ whatever. No pyrexia was recorded during these attacks.

CASE 4.—Mrs. A—, aged thirty-two, after dilatation of the cervix, had an enema administered, which was followed in about twelve hours by a diffuse papillary rash, with no obvious wheals, although highly irritable. In about two or three days this rash had quite subsided, and there were no further symptoms to record. The patient declared that she was never subject to rash of any kind.

CASE 5.—Miss H—, aged thirty, convalescing after operation for division of the cervix, had an enema given, subsequent to which there appeared a red rash of the urticarial type, chiefly involving the extremities and trunk. No throat symptoms or pyrexia were present. After forty-eight hours the rash had quite disappeared. Another enema, administered some time antecedently, had not produced any such effects.

CASE 6.—L. S—, aged fifty-three, after ablation of a lympho-sarcoma from the abdominal wall, made a slow recovery, during which aperients were perpetually required and enema occasionally given. After the last enema a rash rapidly developed, diffuse, irritable, erythematous, and with distinct symptoms of general malaise. The latter lasted a few days, although there was no pyrexia and no sore throat. The rash soon disappeared, being quite gone in two days, and did not recur.

CASE 7.—Mrs. G—, aged twenty-nine, convalescing from amputation of the cervix uteri. The administration of an enema in this case was followed in a few hours by a typical urticaria, diagnosed as such before the cause was discovered. This rash was diffused over the trunk and extremities, was excessively irritable, and with wheals minute but obvious. No further symptoms appeared, and the skin affection subsided in the usual time. Subsequent enemata were not followed by similar results.

CASE 8.—Mrs. D—, under treatment for cervical erosion and catarrh, had an enema administered, and a few hours afterwards a diffuse erythematous rash appeared, universal and pronounced. Coincident with this was a rise in temperature, and a sore throat sufficiently marked to require special medication. The rash soon declined; the pyrexia and sore throat abated in three or four days, with no recurrence. The temperature did not rise above 102°.

Three other cases, which were at the time diagnosed as suffering with rash after the administration of enemata,

but where the details were imperfectly recorded, I can adduce. Miss A—, suffering with chronic pelvic cellulitis, had a pronounced rash, but no other symptom, after the enema. Mrs. G—, aged twenty-two, convalescent after removal of vaginal cysts, had a similar rash, ephemeral in duration. Mrs. B—, with menorrhagia from fibroid, also showed similar symptoms, confined to the skin eruption. In each of these cases a true post-enemal rash of erythematous type, ephemeral and localised, was noted, but with no further constitutional symptoms.

The foregoing cases constitute an ascending series, in which the symptoms become progressively more pronounced and extensive. Commencing with a simple erythematous rash, localised in distribution and mild in type, the next grade presents a typical urticaria, with minute but obvious wheals, diffused over the trunk and extremities, and lasting about forty-eight hours, with sometimes some concomitant malaise. Finally, the severest form has superadded to these skin symptoms such undoubted signs of mild septic intoxication as subacute pyrexia and a concurrent sore throat, the latter existing for from three to four days. These sequences presented themselves on the average after from 3 to 4 per cent. of the enemata administered. They are particularly liable to ensue if enemata be given within three or four days after the administration of ether, in cases where the intestines have not been thoroughly cleared out beforehand. They may appear indifferently after the use of any ordinary fluid as injection, provided it be used in sufficient quantity. With glycerine enemata, where very small quantities only are used, and which of late have been largely used in the Hospital for Women, no such results have accrued. I have seen cases where these post-enemal appearances have been diagnosed as mild scarlatina or rotheln; and it is with a view of eliminating this from the category of doubtful eruptions that I have cited the foregoing cases as illustrative of a hitherto undescribed condition, as well as to record clinical observations regarding the influence of altered alimentary secretions on intestinal resorption.

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## PENETRATING WOUND OF ABDOMEN; RECOVERY.

By G. R. E. BONSALE, L.R.C.P., L.R.C.S.

ON Jan. 4th last I was called to see J. L—, aged sixteen years, son of a labourer living in a remote part, who had met with an accident about an hour previously by jumping from a height on to the handle of a pitchfork. He had been carried to his home, was undressed, and laid on a bed. The following account was given by the man working with him at the time. "The boy was on the top of some hay in a barn about fifteen feet high, and on being called threw down his pitchfork, fixing it in the ground, and sliding down became impaled on the handle. The man heard the boy's screams, and found him standing, leaning forward, with the handle of the pitchfork fixed firmly in his abdomen. He at once attempted to extricate him, and succeeded after using considerable force. The boy then walked about two hundred yards, but, feeling faint, was carried to his home, which was near."

The handle of the pitchfork had passed through the lad's trousers at the fork, slitting up the left side of the scrotum in the whole of its length to the abdominal ring, where it entered, taking an oblique course to the left hypochondriac region. A faint red line on the skin appeared on the second day, indicating the direction the handle had taken. When I first saw him, the countenance was flushed, and he complained of acute pain extending from the external abdominal ring as far as the sixth rib. Only slight hæmorrhage took place from the wound. The edges of the scrotal wound were brought together by sutures, with the exception of the abdominal opening, into which I passed my finger and did not detect any foreign body. There was hæmaturia during the first three days. The trousers were carefully examined by myself and others, but, owing to the loose texture of the cloth and frayed edges of the tear, it was not possible to make out that any piece was missing. A large fluctuating abscess formed about the seventh day in the left iliac region. Linseed poultices were applied constantly, and opium pill (half a grain was given every