

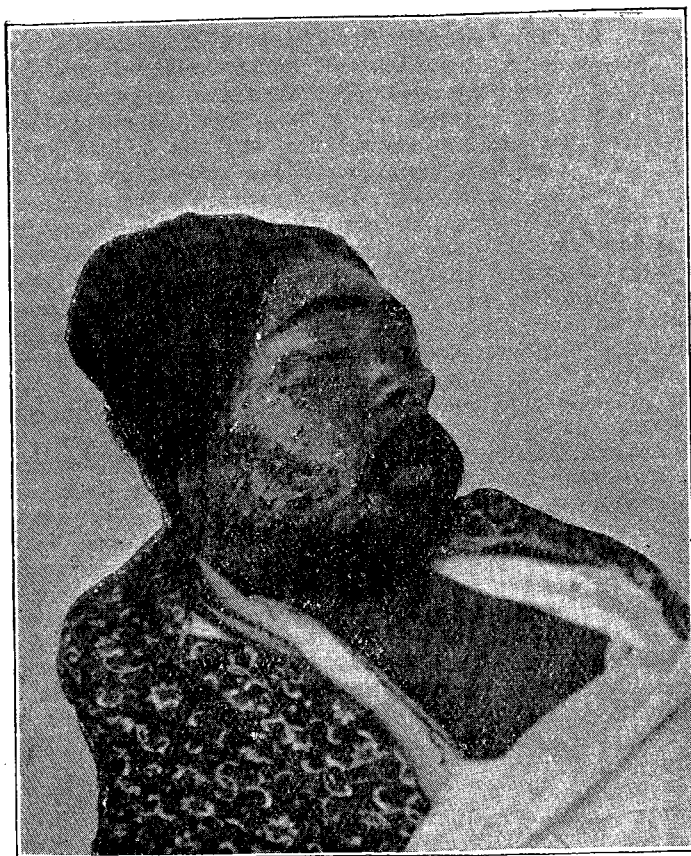
Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

AN ACUTE INFECTIOUS CONDITION (? GLANDERS).

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THE patient, aged 29 years, a carriage driver between Isfahan and Shiraz, was admitted to hospital on Feb. 16th of this year. He gave the following history. A fortnight previously while on the road he got a severe attack of shivering and fever, which was followed four days later by pain and swelling of both feet. On the 12th, that is, four days before admission to hospital, he became much worse. On admission to hospital the following features presented themselves. The patient, obviously very ill, was unable to walk. Both his feet and ankles were considerably swollen and very painful; his right hand and lower part of forearm were similarly affected. He had a bad cough and some bronchitis; the lungs were clear. He complained of frontal headache and moaned incessantly. The temperature was 102.6°F . and the pulse was 112. Thinking the case was one of acute rheumatic fever I treated him with salicin and ordered the painful joints to be wrapped up with cotton-wool. During the night his temperature came down to 101.2° , his pulse, however, was faster (124) and his respirations, which were 30 per minute on admission, were now 40. During the day (the 17th) numbers of small pustules, of the size of a pin's head, came out over his neck and



chest, and his face began to swell towards evening. He was restless and tried to get out of bed during the night and his temperature, 103.6° in the early part of the night, again fell towards morning to 102° . His pulse was now 140 and his breathing was rather more rapid. The first symptom that gave any hint as to the true nature of the malady was an amber-coloured exudate from the nose, at first slight and later copious; this was on the morning of the 18th. Quinine, strychnine, and iron in large doses were administered at frequent intervals during the day and the patient was isolated. On the following morning (the 19th) the patient was much worse. The accompanying reproduction of a photograph taken two hours before death gives but a faint

idea of the spectacle which he presented. Large blebs came out during the day on his face and neck and, breaking down, exuded the same amber-coloured fluid that flowed from his nose. His face was extremely cedematous, while the swelling of his feet had somewhat subsided. Several patches of dulness appeared over his lungs and just before death, which occurred at 8 o'clock on the evening of the 19th, his temperature was 104.8° , his pulse was 160, and his respirations were 56.

I could obtain no history of an outbreak of glanders among the post-horses, but the disease does not infrequently occur, and little or no precautions are taken in Persia against its spread.

Isfahan, Persia.

A CASE OF ABERRANT FUNCTIONAL (?) CHRONIC INTESTINAL OBSTRUCTION.

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THE following is an account of a condition which is so uncommon as to seem worthy of being added to already published cases of the same or an allied nature.

The patient was a child, five years of age, admitted into the Royal Albert Hospital on Oct. 20th, 1906, under the care of Mr. A. G. Rider, for chronic constipation of a most obstinate nature which dated from birth. It was not by any means an unusual event for the patient to go two or three weeks without anything being passed from the bowel; indeed, this was only effected after the constant administration of aperients and enemata. The evacuations were of a hard consistency and made up of small separate masses. Before operation was undertaken nothing had been passed by the rectum for three weeks despite the use of aperients and enemata. On Oct. 29th the abdomen was opened under ether anæsthesia. The sigmoid portion of the colon was then found markedly distended, whilst its wall, besides being unduly red, was relatively much thickened having regard to its distension—showing absence of pressure atrophy. Palpation of this viscus was rendered very difficult owing to the great tension to which all the abdominal contents were subjected. In the pelvis the rectum could be felt as a small hard tube contrasting strikingly with the bowel above the site of the obstruction. The nature of this obstruction, whatever it was, could not be discovered either then or subsequently, and a Paul's tube was therefore inserted into the sigmoid portion of the colon after fixing the bowel to the wound in the usual manner. When the colon was opened considerable quantities of a semi-fluid material were removed which had an exact naked-eye resemblance to quicksand. After this relief the distension became less and less and the abdomen was again quite flaccid in a day or two. On several occasions following the colostomy the fæces became impacted in the bowel above the opening necessitating their removal; this condition produced quite a localised tumour at the part implicated, visible to the naked eye. On Nov. 9th the wound in the bowel was sewn up by Czerny-Lembert suture, this undertaking being rendered somewhat difficult owing to the numerous and soft granulations covering the involved peritoneum; the bowel was replaced in the abdomen and a second search was instituted under more favourable conditions as regards room than on the former occasion, but in vain. Several hard fæcal masses, which were present in the rectum, were now expelled therefrom by pressure. The abdominal wound was then closed, as nothing further seemed possible, leaving a small aperture for drainage below. After the second operation the patient's general condition became bad, distension of the abdomen ensued, notwithstanding the frequent response of the bowels to evacuants, whilst pressure over the said part produced pain; vomiting followed. There was no dyspnoea, however, at any time. Death occurred on Nov. 14th.

At the necropsy the peritoneum was found to be covered with extravasated intestinal material, for the intestinal sutures had yielded. The bowels were adherent to one another with acute kinks here and there. No obstruction nor any abnormal condition of the rectum or pelvis could be found in spite of careful search.

Previously to the above operative interference the patient had some time before been in hospital but was discharged unrelieved. The medical treatment included the use of