

On Oct. 20th, as I was going through the lying-wards of the hospital on my usual rounds, my attention was called to this patient, who was still in the pregnant women's division. Her face was somewhat congested, she was slightly unconscious, and was suffering from irregular convulsive movements that seemed partly voluntary and partly involuntary. No signs of labour were to be found, but she seemed to be at full term and the foetal movements were very distinct. The substance of the history just given was then told to me. The case was diagnosed as one of puerperal convulsions occurring during pregnancy, and probably caused by a debauch. As her bowels had been already moved, and as she could not swallow, a rectal injection of thirty grains each of chloral and bromide of potassium was prescribed, to be repeated according to necessity.

I visited the hospital again in the afternoon, at 6.30 P.M., and found that the coma had deepened very much during the last half-hour; the convulsions had become more decided and epileptiform, affecting chiefly and primarily the face and arm centres for the left side, but extending often into a storm that involved the whole body. The eyes gave the faintest response to pressure, and the pulse was scarcely perceptible. Mustard to the legs, frictions, &c., had been tried without effect, and Dr. McMurray, who had watched the case carefully during the day, had already come to the conclusion that the patient was dying. A short examination convinced me that he was right, and that the "status epilepticus" into which the patient had fallen was one from which she was not likely to recover. The child was still moving, but less vigorously than at midday, and it was evident that whatever was to be done would have to be done quickly. An examination per vaginam showed that the os uteri was still firmly closed, that the vagina was dry and undilated, and that there was an entire absence of any signs of labour. The removal of the child *per vias naturales* would, it seemed to me, be too slow to save the child and relieve the mother. Abdominal section offered the best chance, especially as I am quite familiar with and very successful in the performance of this operation for various diseases. Nurses were immediately detailed to wash the woman with warm soap-and-water and with corrosive sublimate solution; the spray was got in readiness, and the sponges that are always kept at hand for an "emergency" abdominal section were brought to the lying-in ward, as this ward is very clean and was then fortunately empty of any case in labour.

The uterus was exposed by an incision four inches long. Through the uterine walls the placenta could be seen adherent to the part just beneath, and over the placenta some large veins were distinctly visible. Dr. McMurray kept the abdominal wall closely applied to the uterus, and surrounded the opening I was about to make into the uterus with sponges. This opening I made in a longitudinal direction for two inches in a spot free from large veins. A gush of venous blood was the result of the incision. This was immediately stopped by the insertion of two fingers into the uterine wound. By means of these two fingers the placenta was stripped off the uterus, and on their withdrawal the hæmorrhage had ceased. The opening was now enlarged upwards and downwards until a sufficient opening was made to enable the placenta and afterwards the child to be removed. As the child was removed Dr. McMurray expressed the womb outside the abdomen, thus closing the abdominal walls around the organ, so as to completely shut the abdominal cavity and protect the intestine. All this had been done without chloroform and without a movement of the patient. The midwife now took charge of the child and placenta, and the question was what was to be done for the mother. The screaming of the child that we now heard showed that *one* life was saved. I was disappointed that the operation had not roused the patient, which I had hoped it would, and Dr. Blackwood had been standing by ready with chloroform and watching for any sign of consciousness. As the woman was young, and all the internal organs healthy, I would have liked to have stitched the womb up and left her undeprived of any organ; but this operation would have taken time, and would have allowed some risk from hæmorrhage, which might have destroyed any remaining chance of life, and the chance seemed already a very desperate one. I therefore quickly performed a "Porro," and, covering the abdominal wound with antiseptic sponges, endeavoured to resuscitate the patient. Stimulants per rectum, subcutaneous injections of ammonia and ether, artificial respiration, galvanism, &c., were tried for about an hour, but the failing pulse gradually disappeared and death ensued.

Next morning a sister of the deceased told us that the latter had led an intemperate and profligate life, and had been beaten just before admission.

An examination of the body showed slight contusions, but none greater than she might have obtained during the convulsions. On opening the skull, a thin layer of pus was found beneath the dura mater, covering the whole of the encephalon, and extending down to the base of the skull. There were no signs of any injury to the brain or skull; the lungs were congested, and all the organs showed signs of excessive indulgence in drink, but otherwise they were healthy.

The baby is a plump healthy girl, who takes to her bottle with avidity, and seems to enjoy the life into which she was so tragically ushered.

When I was house-surgeon at the Workhouse Hospital in 1873, a woman was brought in suffering from convulsions. Just as my colleague, the late Dr. A. M. S. Hamilton, saw her, for the purpose of locating her, she had a sharp convulsion, and died in the cab. We immediately took her into the nearest room and performed Cæsarean section. A fine, well-formed, well-matured infant was removed, but quite dead. In my last case the result has been better, although I was disappointed that the coma did not yield to the stimulation of the operation. Had the coma depended merely upon essential puerperal eclampsia, the operation, the gush of blood, and the emptying of the uterus might have done good, and saved mother as well as child. The imperfect history of the case obtained before death, and the latency of the symptoms before convalescence set in, did not prepare us for the startling lesion found at the necropsy. Altogether, I do not think any improvement could have been made either in the time of the operation or the kind of operation, and a fuller knowledge of the case would not have secured any better results.

#### ON A CASE OF TRAUMATIC TETANUS SUCCESSFULLY TREATED BY THE SUBCUTANEOUS INJECTION OF MORPHIA.

BY J. FALCONER MURISON, M.B., C.M. ABERD.

ONE of the most appalling and fatal maladies to which man is liable is traumatic tetanus. The following case, which came under my care nearly twelve months ago, will, I think, be of some interest to the profession.

On Jan. 29th, 1886, I was sent for to visit a young man whose "jaws were stiff and would not open." I found him in bed, complaining of great stiffness in his jaws, and a peculiar feeling when he attempted to swallow food or drink. He was twenty-six years of age, over six feet in height, and powerfully built. On questioning his parents I elicited the following facts: On Jan. 15th he was engaged, along with a servant lad, carting manure from the farmyard to the fields. He asked the lad to hand him a spade, which he (the lad) at once took up and threw towards the patient. The distance between them was only six yards, and the spade struck the patient severely on the inside of the left knee-joint, causing at the time excruciating pain. The part was badly bruised, but although in severe pain the patient continued at his work all that day. In the evening the pain increased and the knee-joint became swollen and stiff. For the following ten days he was confined to bed, during which time he constantly applied fomentations and poultices to the knee. The swelling and pain disappeared, and he resumed his ordinary duties, feeling nothing whatever the matter with him, until the 29th, when the first symptoms of tetanus made their appearance.

When I first saw this young man he was suffering intensely. The jaws were firmly clenched, and he experienced some difficulty in swallowing. The muscles of the temples, jaws, and neck were stiff and rigid, the features were fixed, and the countenance expressive of acute pain. *Risus sardonicus* was well marked, giving a comical expression to the face. I saw at once that I had to deal with a very serious case, and, as the patient was lying on a bed in the farm kitchen, I had him removed at once to a cool, quiet, and airy bedroom, a screen being drawn round his bed and perfect quietness enjoined. His temperature was 104°, his pulse 90, and his body covered with free perspiration.

The treatment consisted of thirty grains of hydrate of chloral, with twenty grains of bromide of potassium, given every four hours. This was continued for three days, at the end of which time the patient was in no way benefited; he did not even sleep. The symptoms increased; the muscles of the back and legs became involved; and during the paroxysms opisthotonos was well marked and excruciating pain felt at the pit of the stomach. Tincture of cannabis indica was then tried, the dose being fifteen minims at first, gradually increased to half a drachm, with inhalation of nitrite of amyl. This was also given every four hours and continued for three days, at the end of which time there was still no improvement visible to the patient. Ice was applied to the spine, and he was put under the influence of chloroform twice a day for an hour at a time. Still the paroxysms continued as bad as ever, if not worse, and as the patient had got little or no sleep for the previous week, I determined to try the effects of morphia. I therefore injected subcutaneously one grain and a half into the muscles of the right thigh, and awaited the result. In about half an hour he was dozing, and continued so for about two hours. On awaking he felt himself greatly relieved, and begged hard to have the injection repeated, as he was unable to suffer such severe pain. The medicines were now all discontinued and the subcutaneous injections of morphia thereafter solely relied on. For four days one grain was injected every four hours, for the next two days every six hours, and the next two days every eight hours. Then, as the symptoms gradually disappeared, the injections were used less frequently, until at the end of the third week only one grain was injected at night, with an occasional half-grain through the day. During the fourth week only half a grain was injected at night, and during the fifth week only every alternate night. At the end of the sixth week the patient was convalescent, and was able to be out of bed and to do without the morphia. During the whole time of his illness, which extended over a period of six weeks, his nourishment consisted of beef-tea in a concentrated form, milk, switched eggs, soups, wine, and brandy, all being given freely.

I think this case will interest not a few, owing to the marked benefit the patient derived from the subcutaneous injections of morphia, after the usual remedies—chloral hydrate, bromide of potassium, cannabis Indica, ice, &c.—had been thoroughly tried and completely failed to relieve him of a single symptom of this terrible disease. So much am I convinced of the benefit accruing from the use of morphia in this particular case that, were I called upon again to treat another case of a similar nature, I should have no hesitation whatever in beginning the treatment at once with a full dose of the solution of morphia injected hypodermically.

Glasgow.

## A Mirror

OF

### HOSPITAL PRACTICE, BRITISH AND FOREIGN.

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.

#### MIDDLESEX HOSPITAL.

##### PYLORECTOMY FOR CARCINOMA; DEATH; NECROPSY.

(Under the care of Mr. HENRY MORRIS.)

The following instance of operation for carcinoma of the stomach, in which the growth was situated at the pylorus, appears to have been performed in one of those cases which are especially adapted for the operation of pylorotomy. The growth was limited in extent, free from adhesions to the surrounding parts, there was no affection of the glands in secondary deposits, and the patient was comparatively young, being only thirty-nine years of age. The progress after operation was for a time satisfactory, and although the patient died, few surgeons of experience would hesitate to adopt the same line of treatment in a similar case in preference to the alternative operations of gastro-enterostomy, duodenostomy or jejunostomy, which are only palliative

For the report of the case we are indebted to Mr. W. Roger Williams, surgical registrar.

The patient, a very emaciated woman of dark complexion, aged thirty-nine, was admitted under the care of Dr. Finlay on July 9th, 1885, with the following history:—She has suffered from dyspepsia since youth. Symptoms of the present disease began nine weeks ago with an attack of jaundice, which lasted for a month. During this illness constipation, nausea, and vomiting were marked symptoms, and have continued so ever since. A month ago she first noticed a "lump" in the upper part of the abdomen, which was much the same size then as now. During the last five weeks she has lost much flesh. She has never had good health. In addition to dyspepsia, she has frequently been subject to a hacking cough, with much expectoration, and shortness of breath. Twenty years ago she had rheumatic fever. She married at twenty-six, and has had seven children, four of whom died in infancy, and of the others one has a "weak chest."

On admission she complained of a sinking feeling at the pit of the stomach, constipation, and flatulence, with nausea and vomiting after taking food. The bowels had not acted for a week. The conjunctivæ were slightly yellow, but there were no other signs of jaundice. On examination of the abdomen, a freely movable, hard, nodulated mass, the size of a hen's egg, was felt a little above and to the left of the umbilicus; sometimes its position shifted to the right of the umbilicus. There was dulness on percussion over the tumour, to which all her pain was referred. The tumour was not affected by movements of the chest. The liver dulness extended from the sixth rib to the costal margin; the splenic area was normal. The urine was free from albumen, and its specific gravity 1016. A loud blowing bruit, which replaced the first sound of the heart, was heard at the apex and at the angle of the scapula. A loud systolic bruit was also heard over the second right costal cartilage. After admission the vomiting continued, and on July 20th she ceased to retain nutrient enemata. Death from starvation seemed imminent.

At a consultation on July 24th it was decided to make an exploratory abdominal section, with a view to pylorotomy, in the event of the tumour being free from important adhesions, and the adjacent glands &c. uninvolved; otherwise gastro-enterostomy or jejunostomy was to be done.

On July 26th and 27th the stomach was washed out with a warm weak solution of boracic acid. This was repeated on the morning of the 28th, shortly before commencing the operation. At 9.30 A.M., assisted by Mr. Gould and Mr. Paul (the house-surgeon), Mr. Morris proceeded to open the abdomen by a longitudinal incision, four inches long, made a little to the right of the umbilicus and having its centre over the tumour. On opening the peritoneal cavity, the enlarged and hard pylorus was at once reached. It was quite free from adhesions, and was readily withdrawn through the wound. No enlarged glands could be felt, and the adjacent parts seemed normal. The omentum above and below the diseased part was ligatured with two rows of catgut sutures, and then divided between the rows. The pylorus and the adjacent parts of the stomach and duodenum being thus completely freed from their omental connexions, a flat sponge was placed beneath the diseased area, and the division of the stomach was then commenced at the small curvature and carried obliquely downwards and to the right, just along the anterior and then along the posterior surface for about half the distance between the great and small curvatures. All bleeding points on the cut surface being stopped by pressure forceps, the incisions were extended by a succession of short snips. As soon as the stomach was sufficiently laid open, its contents were removed by the introduction of sponges on long forceps; thus extravasation of its contents into the peritoneal cavity was avoided. Before completing the section of the stomach some occlusion sutures were introduced. As soon as the separation of the stomach from the diseased mass had been completed, a couple of silk loops were passed through its sero-muscular coats, and the cut edges were retained outside the abdomen whilst the separation from the duodenum was being effected. Finally, the divided duodenum was united to the stomach by numerous sutures, the posterior ones being introduced first. Part of the duodenum, through which the section passed, was devoid of peritoneal investment; so that in effecting the union of the divided viscera, for a certain extent, the apposition of serous surfaces was interfered with. This