

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

TWO CASES OF "ACUTE ABDOMEN."

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THE following two cases are of interest because they show the extreme difficulty of diagnosis in atypical abdominal conditions. A perusal of them will demonstrate their extreme similarity in all clinical aspects and their great divergence in pathological detail.

CASE 1.—A single woman, aged 45, was admitted to the Westminster Hospital in December, 1911. In the past she had had two attacks of "gastric ulcer" in 1906 and 1910, being laid up in the first instance five and in the second three months; in both instances she suffered from severe abdominal pain and persistent vomiting. She also had pleuro-pneumonia in 1907. There was a history of dysmenorrhœa as a young woman, but she had not suffered of late years. Two days before admission she was suddenly attacked with acute abdominal pain and vomiting which persisted up to the time of admission. When first seen the patient had a temperature of 99.4°F . and a pulse rate of 136; she had been given morphia before the journey. The abdomen was a little distended and only moved slightly on respiration; there were general tenderness, most marked on the left side, and absolutely no rigidity or any sign of fluid in the abdominal cavity. The pelvis was normal. The liver dulness was diminished. The heart and lungs appeared normal. A diagnosis of perforated gastric ulcer was made and laparotomy was performed. An incision was made in the middle line above the umbilicus but nothing abnormal was found in the upper part of the abdomen, which was then further explored below with a like result. The wounds were closed and the patient put back to bed, where her pulse-rate immediately fell to 120. With the exception of two days' pain and vomiting the patient made an uneventful recovery.

CASE 2.—A married woman, aged 34, with one child and no miscarriages, was admitted in December, 1911. Her past history showed that she had been laid up for a fortnight with "gastric ulcer" in 1903. Three days before admission she developed pain in the abdomen, most marked on the left side; there was no vomiting and the bowels were confined. When admitted the patient had a temperature of 100.8°F . and a pulse-rate of 132; morphia had been administered before the journey to hospital. The abdomen was not distended and moved on respiration; it was very tender all over, but there was no resistance or any sign of free fluid. The pelvis seemed normal. The liver dulness was present. The heart and lungs were examined and presented no abnormality. Laparotomy was performed, the incision being made in the middle line below the umbilicus. The abdominal cavity was found to contain a large quantity of pus distributed all over it; there was also an abscess cavity in the pelvis which had burst and contained a gangrenous appendix. The appendix was removed and the abdomen washed out and drained. Pus from the abdominal cavity showed on cultivation the streptococcus pyogenes and the bacillus coli communis. The patient made a slow but good recovery. The circumstances of both cases were such that no leucocyte count was possible.

The first case shows very well the impossibility of making a certain diagnosis in some abdominal conditions, which are fortunately of rare occurrence. The anomalous nature of the physical signs in the second case may have been accounted for by the recent administration of morphia. But however one may regard such cases one is forced to admit the advisability of prompt treatment.

I wish to express my thanks to the staff of the hospital for permission to publish these reports.

A CASE OF SURGICAL EMPHYSEMA DURING LABOUR.

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THE patient was a strong healthy girl, aged 20 years, a primipara, who had been in the Sheffield Union Hospital during the last two months of pregnancy.

Labour began on Feb. 14th at 1.30 A.M. when it was found that the vertex was presenting. Dilatation was complete and the membranes ruptured at 10.30 A.M.; the presenting part, however, remained high up in the pelvis. The uterine contractions were good and were supplemented by the strong voluntary efforts the patient herself made during the second stage. She had also frequent attacks of vomiting.

When seen at 2.5 P.M. her general condition was satisfactory, and the head was then beginning to make pressure on the perineum. Very shortly afterwards, however, the maternity sister reported that the patient's face was swelling, that this increased and was accompanied by cyanosis during the pains. The crackling sensation of subcutaneous emphysema was found present over the swollen area, extending over the neck and right side of the face; the right palpebral fissure was reduced to a slit. Forceps were applied and the patient was delivered of a living child.

At 10 P.M. the emphysema was found present over an area including both sides of the neck, both sides of the face up to the orbital ridges, the whole of the right side of the thorax limited by the costal margin below, the spine behind, and the sternum in front; the right upper arm to the extent of a third, and the left shoulder. Apart from some pain in the chest and at the back of the neck, of which complaint was made, the patient appeared to be little the worse. She made a good recovery, the whole of the swelling having disappeared at the end of eight days.

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A CASE OF MENINGITIS IN WHICH THE BACILLUS COLI COMMUNIS WAS OBTAINED FROM THE CEREBRO-SPINAL FLUID.

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A GIRL, 3 months old, was admitted to the East London Hospital for Children, Shadwell, E., on Jan. 25th, 1912, with obvious signs of meningitis. Lumbar puncture was performed under strict aseptic precautions and a turbid fluid, not under tension, was withdrawn. On examination four hours later the fluid showed numerous bacilli, extra- and intra-cellular, and a large number of polynuclear neutrophils. A white count the same day as the puncture was done showed the number to be 16,000 per cubic millimetre.

The child died six days after admission, and at the post-mortem examination the diagnosis of septic meningitis was proved to be correct. The brain was entirely covered—more especially the anterior two-thirds—with purulent and offensive pus. There was no localisation of pus at any point. The ventricles were dilated and full of pus, which also surrounded the cord, especially between the cervical and lumbar enlargements. The left middle ear was full of pus, while the right was healthy and dry. No thrombosed vein or caries of bone was found. During life no symptoms of middle-ear mischief had been present. The bacillus, which was remarkably plentiful in the cerebro-spinal fluid, had all the morphological and cultural characteristics typical of the colon bacillus.

Cases of meningitis due to the colon bacillus are of great rarity, and there is little doubt that in some of the recorded cases the bacillus was found either as a result of a contamination in performing the lumbar puncture or as an ante-mortem phenomenon. In this case an obvious focus of entry for the bacillus was found post mortem, and the fluid withdrawn during life was examined shortly after removal from the body and found swarming with bacilli.

In the cases recorded by D'Allocco,¹ Nobecourt and Du Pasquer,² and Concetti,³ where the bacillus was obtained from cerebro-spinal fluid by lumbar puncture, meningitis was

¹ Riforma Medica, Palermo, 1900, vol. xvi., part 1, pp. 435-437.

² Bulletin de la Société de Pédiatrie de Paris, 1902, vol. iv., pp. 371-377.

³ Congrès de Médecine de Paris, 1900, Section des Maladies de l'Enfance.