

REMARKABLE CASE OF PERITONEAL INFLAMMATION.

To the Editor of THE LANCET.

SIR,—The following case of peritoneal inflammation having given rise to much interesting discussion at the London Medical Society, I have been induced to forward it to you, that it may obtain more general circulation, trusting that your readers will excuse the diffuseness with which I have recorded the daily reports.

I am, Sir, &c.

RICHARD LAWTON.

3, Commercial Buildings, Great Surrey St.,
October 20, 1829.

CASE.

On Saturday, 15th of August, two A.M., my attendance was requested to Elizabeth Wray, ætæ 23, a patient of the *London and Southwark Midwifery Institution*, in the absence of the gentleman engaged for the occasion. On my arrival, I found she had been in labour about twelve hours, and the liquor amnii discharged eight hours; pains continuing at intervals of a quarter of an hour. On examination per vaginam, the os uteri was found to be fully dilated, the head presenting, and resting upon the arch of the pubis, cramp of the lower extremities. This state of parts continuing, the head, upon the return of each pain, being forced against the pubis, and no progress having been made during four hours, I requested the attendance of Mr. Doubleday, the consulting accoucheur to the institution. Labour had somewhat advanced; and the soft parts, hitherto rigid and unyielding, began slowly to dilate. Mr. Doubleday, on his arrival, finding the labour advancing, the face resting on the perineum, (this part, with the frænum labiorum, being greatly upon the stretch,) the patient was left in my charge, and was finally delivered of a male child by the natural process, fourteen hours after the discharge of the liquor amnii.

The patient feeling exhausted, some slight stimulus was administered, and I awaited the expulsion of the placenta, which being retained longer than usual, I waited an hour and a half, and then employed friction, kneading of the uterus, introducing the index and middle fingers along the funis, and feeling its insertion gently pulled downwards and backwards, rather soliciting than forcing its expulsion; this I repeated occasionally, and each attempt was attended with slight hæmorrhage, of not more than half an ounce, which led me to believe that the placenta was still attached to the uterus, and that it would be hazardous to tear it away.

This inertness of the womb I could in no way account for, there being no diminution of general muscular strength; pulse 95, at which it continued; skin warm and moist; tongue moist, but coated; the patient took nourishment, and even slept without the administration of an opiate; indeed, had her strength flagged, or any untoward symptom supervened, I should have employed such measures as the circumstances of the case would have justified.

The placenta having been retained four hours, I again requested the attendance of Mr. Doubleday, [understanding that the pupils of the institution were not allowed to administer the secale cornutum, which I here thought requisite, unless under the direction of the consulting accoucheur;] he being from home, I awaited his arrival, which did not take place before five P.M., nearly nine hours after her delivery. Mr. Doubleday finding the uterus thus remarkably inert, and so little disposed to contract, employed cold affusion to the abdomen, and kneading the uterus with some degree of force, eventually succeeded in detaching the placenta, and occasioning contraction of the uterus, which, for a short period, seemed to remain uncontracted longitudinally; the fundus being distinctly felt just under the diaphragm.

The mist. anodyn. was administered, and the patient slept during the whole of the night.

Second day. No after pains. Much refreshed from sleep; pulse 86; skin warm and moist; tongue moist; *no pain even upon pressure*; voided her urine freely, and without inconvenience; lochial discharge, and secretion of milk commenced. This was the first full-grown child.*

Third day. On visiting my patient this morning, I learnt that, in the course of the night, she had had a convulsive fit, which lasted for an hour and a half, attended with profuse perspiration and a hot skin, continuing the whole time of the fit, unattended with a sensation of chilliness; there was a remarkable quickness of eye and manner, anticipating, as it were, and answering questions before they were asked; pulse 170, small and compressible; skin hot; tongue moist; *abdomen entirely free from pain*. Bowels not having been moved for twenty-four hours prior to delivery, I considered these symptoms might arise from some irritating matter in the intestinal canal, in which opinion I am borne out by the authority of Dr. Blundell, who, in his *Lecture on puerperal fever*, observes, "accumulation and irritation in the bowels may

* About two years since, this patient miscarried at the period of quickening, and suffered greatly.

give rise to symptoms like puerperal fever, the pulse rising to 110, 120, or more, and the abdomen becoming tender. A prompt purgation is the best diagnostic." This was resorted to, and *ol. ricini*, \mathfrak{zvi} .; *t. hyoscyam*, \mathfrak{mxxv} , ordered to be taken immediately. In the evening, I found the pulse fallen to 120; skin and tongue moist; no return of the paroxysm; bowels moved three times; the two first evacuations, consisting of scybala, dark and offensive.*

Fourth day. Eleven A.M. Pulse 132, irregular; tongue moist, but coated with a light-brown fur; lips dry and dark-coloured; skin hot; complains of slight pain in the head; countenance anxious; some pain between the right hip and spine; *capiat calomelanos*, gr. j.; *opii*, gr. $\frac{3}{4}$ in pil. 4tâ quâq. horâ. Vespere; pulse 116; pain in the head continues; applic. *hirud. viij. temporibus*.

Fifth day. Eleven A.M. Pain in the head and loins entirely ceased; pulse 130; skin dry and hot; less anxiety of countenance; tongue moist and white.

\mathcal{R} *Liq. ammon. acet.*, \mathfrak{ziss} .;
Syr. papav., \mathfrak{zss} .;
M. camph., \mathfrak{ziv} .;
Potass. nitra., \mathfrak{zi} .;
Capt. coch., ij. maj. 3tâ quâq. horâ.

Vespere. Bowels confined; pulse 126; tongue moist, but darkly furred. *Capt. hyd. subm.* gr. iij.; *opii*, gr. j. h. s. s. et *ol. ricini*, \mathfrak{zss} . primo mane.

Sixth day. Ten A.M. Slept well during the night; pulse 120; bowels twice freely moved; skin and tongue moist. Thinking that this variable state of pulse was kept up by some mischief lurking in the system, Mr. Doubleday's assistance was again requested, and one P.M. appointed for meeting me with the patient, whom we found at this time much improved, having just taken nourishment. Pulse 112; tongue moist and clean; skin, natural warmth and moisture; no pain in the head; pupils of the eye contract and dilate freely; *no pain in the abdomen* upon the most minute examination; lochial discharge sufficient and healthy; secretion of milk sufficient; urine free, higher coloured than natural; bowels thrice moved since

morning. *Continuatur mist. salin.* Mr. Doubleday directed, should the pulse increase in volume as well as frequency on the morrow, that blood should be taken from the arm proportioned to circumstances.

On the morning of the seventh day, nine A.M., I was sent for, and found, on visiting my patient, that diarrhoea, accompanied with *gripping* pains, had supervened the preceding evening, and continued throughout the night. Pulse 105, small and feeble; great prostration of strength; hectic flush; skin hot, with profuse perspiration; tongue moist. *Capt. opii*, gr. ij. statim. At noon, Mr. Doubleday again saw her with me. Pulse 126; diarrhoea and accompanying pain ceased; patient had dosed two hours, and taken nourishment; lacteal secretion and lochial discharge stopped; under these circumstances, the use of the lancet was rendered doubtful, the cause of the diarrhoea not being very apparent.

\mathcal{R} *Mist. cret.*, \mathfrak{zvi} .;
Conf. arom., \mathfrak{zj} .;
Liq. calcis, \mathfrak{zij} .
M. capt. cochl., iij. maj. 4tâ quâq. horâ vespere.

Pulse 140; countenance expressive of anxiety; nausea; skin moist; tongue moist and clean; wheezing at the chest, which the patient had had more or less both before and since her confinement, at this time increased.

\mathcal{R} *Opii*, gr. i. 4tis horis.

Eighth day. Visited the patient four times, twice with Mr. Doubleday, and continued to do so until her dissolution, in order that any favourable change might be more readily taken advantage of. Continues nearly in the same state as last night; pulse varying from 116 to 142, irregular, being full and hard, feeble, *undulating*, as it were, one beat running into another in the same minute, this state of pulse continuing so after the commencement of the attack; sleeps well, appears very cheerful, takes nourishment, and is *entirely free from pain*; abdomen slightly distended. *Continuatur opium ut antea*.

Ninth day. Saw her with Mr. Doubleday at half past nine A.M. Finding no improvement; pulse 134; tongue dry and brown; insomnolency, probably induced by the opium, of which she had taken eight grains; it was thought advisable to call in the assistance of Dr. C. J. Roberts, the consulting-physician to the institution, who met us in consultation at half past twelve. Dr. Roberts's decided opinion was, that peritoneal inflammation was present, and had existed some time, as effusion had taken place; pulse 136. Venesection ad $\mathfrak{z}xiv$. Blood drawn in three separate cups, each presenting the following appearances: se-

* I was afterwards given to understand that, on the preceding day, the patient had been indulged by her friends with porter, of which she partook freely. Had I been aware of, or even anticipated this, the observation of Dr. Armstrong on the accession of the fever would have occurred to me:—"When it arises from a depressant, the woman has a shivering or cold fit first; but when it arises from a stimulant, she has mostly no shivering fit at all."—*Vide Lancet*, vol. vii. p. 389.

rum, two parts; crassamentum, one part; the latter being very firm, much cupped, bony coat, about one-sixth of an inch in thickness.

Emp. lyttæ camplum abdomini.

R *Calomelanos*, gr. xij.;

Opii, gr. i.;

Cretæ pptæ, ℥i. M. pulv. in chart, iv. divid, quarum sumat j. 6tā q.q. horā.

R *Inf. digital.*

Aq. piment. aa. ℥iij. M. mist. enjus capt. coch. ij. mag. 4tā q.q. horā.

Enema Comm. statim injiciendum.

Vespere. Bowels thrice evacuated; pulse full, but more regular. Mr. Doubleday concurred with me in opinion, as to the propriety of further venesection, which was performed, and sang. ℥vi. removed, presenting the same appearance as that taken in the morning; pulse fell in volume, but increased in frequency to 136.

Tenth day. Slept well during the night; pulse 132; nausea; no pain; bowels purged; abdomen softer. Dr. Roberts thought the appearance of the patient improved. Contin. medicam. adde opii, gr. ¼ sing. pulv.—Vespere. Respiration oppressed; pulse 132. Applic. emp. lyttæ abdom.

Eleventh day. Nearly the same; bowels much purged; evacuations dark, watery mucus floating therein; pulse 126, full; tongue furred; skin moist; abdomen softer, and less distended; *entirely free from pain*; pergat, omitte, calomelanos, gr. i.—Vespere, venesection was again considered advisable, which was consented to on the part of the patient, and blood removed, until a degree of faintness was induced, having the same appearance as before.

R *Hyd. subm.*, gr. ij.;

* *Pulv. ant. tart.*, gr. ½;

Cret. ppt., gr. viij. M. pulv. 6tā quāq. horā.

Respiration difficult; lochial discharge returned; two clots of blood were ejected from the uterus; milk secreted in small quantity.

Twelfth day. Wheezing increased; complaints of pain under the right breast; respiration difficult and laborious; no expectoration; mucous rattle in the trachea; pulse 142; irregular; countenance anxious; picking of the bed-clothes; convulsed; wandering and restless during the night; diarrhœa continues. Medic. rep. ipecac. pulv. gr. i. ri co. antim.—Vespere. No improvement; pulse irregular, varying from 130 to 142; cold clammy sweats, alternating with great

heat; diarrhœa continuing, it was advised that all medicine should be discontinued, and a small quantity of brandy administered in her nourishment.

Thirteenth day. Seven A.M. Died, having passed the night in great agony, with convulsions.

We were fortunate enough to procure an examination eight hours after death, which was principally conducted by Mr. Doubleday, in presence of Dr. Roberts, when the following appearances presented:—

On opening the abdomen, about eight ounces of serous matter, with at least a handful of flocculent lymph floating therein. The surface of the peritoneum was beautifully injected with blood-vessels, and its substance thickened, being studded with patches of lymph; the entire of the intestines were glued together with coagulating lymph, as were also two portions of small intestines to the fundus uteri; the whole fundus of the uterus (which was lying sufficiently contracted within the pelvic cavity) being covered with it; the surfaces of the stomach and intestines were exceedingly vascular; the greater portion of the right pleura, particularly the pleura pulmonalis, was covered with a quantity of the same species of purulent matter, or lymph, having the appearance of being dipped in pus, as the peritoneum; the lobes of the right lung were much congested, both with blood and mucus; lymph was also observed on the left pleura. There were adhesions in the right side of the thorax; the uterus and its appendages presented no unhealthy appearances; the other viscera, liver, kidneys, spleen, &c., were sound; the brain, which was examined with great care, did not exhibit the slightest appearance of disease.

Observations.—The most remarkable circumstance which this case presented, was the total absence of pain upon pressure, or otherwise, throughout the whole stage of the disease and the non-development of any symptom to indicate such extensive inflammation, until the ninth day, when Dr. Roberts gave the opinion first advanced by Dr. Hamilton of Edinburgh, with regard to puerperal patients, and which Dr. Roberts informs me he has observed in cases of general peritonitis, that the only indication of the existence of peritoneal inflammation is the resemblance of the abdomen to a pillow after effusion has taken place.

Prior to this, from the pain in the head of which the patient primarily complained I supposed that the brain or membranes might be affected, thus influencing the heart's action, and that from the difficulty experienced in parturition, that lesion of part might have been sustained, thus keeping up the irritation; but examination induced us to believe that these organs were perfect

* Mr. Waller having casually seen the patient, suggested the addition of the tart. antim. to relieve the dyspnœa.

healthy, little suspecting that peritonitis could have continued for ten days, with a pulse varying from 112 to 142; (at the commencement of the attack, 170; during the diarrhoea, 105; at other times varying, as stated, from 112 to 142,) without the slightest pain.

The patient, until within the last thirty-six hours of her existence, when difficulty of breathing increased, appeared quite cheerful, slept well, and took nourishment.

Not being engaged to attend this patient during parturition, I had no opportunity of acquainting myself with her previous state of health and habits.

Since the occurrence of the foregoing case, I have noted the following remarks attributed to Dr. Armstrong, from Dr. Gooch's observations on "Peritoneal fever:"—

"The disease occurs under two forms; one accompanied with the symptoms of simple peritonitis, the other marked by a less evidently declared inflammation of the abdomen, was connected with a more overpowering and oppressive fever"—"the apparent actual debility being only a greater degree of oppression, from more intense inflammation"—"the symptoms of abdominal inflammation being scarcely or not at all complained of by the patient"—"pressure on the abdomen induced no change of the countenance."

R. L.

OBSERVATIONS BY DR. AUCHINCLOSS ON A CASE OF LITHOTOMY AT THE GLASGOW INFIRMARY.

To the Editor of THE LANCET.

SIR,—I beg to contradict a statement noticed in your Number for October 17th, regarding the unfavourable issue of a case of stone in the bladder, which was operated on in the Glasgow Royal Infirmary, in September last. Your Correspondent merely supposes such a case to have happened, alleging at the same time, that on inspection an opening was found between the rectum and bladder, but which was carefully concealed from the students by one of the surgeons in attendance. Now, Sir, as the only case of this description which has occurred in the Infirmary within the last six months, was operated upon by myself, and as the person died, and was afterwards inspected, I have to mention that the statement referred to is false; there was no communication discovered between the bladder and rectum on the most careful examination. Your Correspondent, therefore, could not have been present when the parts were shown to the students, otherwise he

must either have very much misunderstood, or wilfully misrepresented, what he then saw. To show more fully the state of the prostate, which in this instance was excessively enlarged laterally, the bladder was opened in presence of the students, on its right side, namely, on the side opposite from whence the wound had been made in the operation; and with a view to prove more satisfactorily that the gut was uninjured, the rectum was also in part slit up on the same side. Perhaps your Correspondent may have conceived this to have been the opening which he is so anxious to describe. So much, then, for the concealment of a fact which never had existence.

And now, with regard to the feelings of the patient during life. It is insinuated, that he complained from the period of the operation, of something unnatural coming by the wound. This is a misstatement. It was not till the visit on the fifth day from the operation that he complained, to use his own words, "of something smarting him in the wound when he was at stool." By this time, for he died on the following morning, he had become excessively fractious and irritable, and, at times, rather delirious. I had, therefore, some difficulty at first in comprehending what he meant, and only elicited this much after minutely questioning him. On referring to his wife, who was in attendance, she answered that he was wavering, for she had not observed any thing of the kind. To be satisfied on this point, I made an examination at the time, in presence of the students, with one finger in the rectum and another in the wound, but could not discover any opening. I stated this both at the bed-side of the patient, and at the clinical lecture on the same day, observing, that although no communication could be detected, there might nevertheless be one which would satisfactorily account for the state of the patient's feelings. This, no doubt, supposing your Correspondent to have been present at the lecture, would be deemed by him an admission that the wound had been made during the operation. In being thus explicit, however, I relied on their confidence, as I have always done; for unless a degree of confidence and good will mutually exists between pupils and teacher, clinical medicine, or surgery, can never, in my opinion, be taught advantageously. Of course this may sometimes be misplaced, which appears to have been the case on the present occasion. I never conceal any circumstance from the students.

As to the inspection, it was certainly conducted in private, but over this I had no means of control. The relations were very desirous to have the body conveyed on the day of his death, to a distance of twenty-five miles, but as he was dead only for a