

I am interested a little bit in the subject of gun-shot wounds of the abdomen. I do not believe in statistics; you can prove anything by statistics, even a fact. I am quite sure that Dr. Etheridge in his quotation of statistics has taken them from the monograph of friends of mine in New York, Drs. Stimpson and Manley. Apparently they have collected all the bad cases, and, just so as to not make it too bad, they have put in a few good cases. People would not believe them if they said all the cases were fatal. That is all right. Doctors are apt to make their side of the question the most reasonable side if they can; that is all right too. There is no question but that the doctor is responsible always when he takes human life in his hands, but there should be a little liberality shown him when he takes a case of this kind, in which the life of the individual is absolutely gone, as in the vast majority of cases of gun-shot wounds of the abdomen; certainly if it is a fatal wound, he should not be blamed if occasionally he happens to lose a case of gun-shot wound of the abdomen.

The profession is apt to be elated about every thing a little new, and go wild over it, and the same is true with reference to operations for gun-shot wounds of the abdomen. When laparotomy for this injury was first advocated by myself, everybody began to operate upon individuals who had received gun-shot wounds without remembering that he who advised this method of opening the abdomen to treat these injuries had asserted positively that in his belief the majority of gun-shot wounds of the abdomen were fatal. The fatal injuries were not the ones we were after, but cases like the ones we often met with in hospital experience, in which the patient dies, and upon a post-mortem examination it was found that there was only a small wound, or two or three holes in the intestines which caused death, and they were separated from security only by the thickness of the abdominal walls. No man can tell what is done in the peritoneal cavity when a bullet has penetrated it until it has been opened; and while we must ask our legal friends to be a little liberal with us in these cases, I certainly agree with the author of the paper, that the item of abdominal surgery is entitled to more support from the general profession than perhaps that in connection with any other part of the body. It is the *terra incognita* of surgical practice. All general surgeons know how impossible it is for us frequently to tell the character of a simple tumor beneath the skin, and how are we going what is the character of a mass in a person's abdomen that fills it to such distension that we can find no signs of the existence of the ordinary organs in it? And how is a man to tell of those conditions which produce death many times, and yet are so simple in their specific development that they cannot be discovered without

opening the abdominal cavity? A doctor always takes a risk, and that is part of the nobility of the profession.

DR. W. E. CLARKE: At this late hour the only thing that I wish to refer to in the matter of abdominal surgery is the size of the incision. In my opinion, more injury can be done through a small one, in consequence of the shock produced by the traction and the abscesses that might result from the bruising of the parts, than would follow if the opening were sufficiently large to enable the surgeon to operate readily and with less violence.

DR. ETHERIDGE, in closing the discussion said: I have nothing additional to say beyond mentioning a characteristic case that recently came up in the courts. One man shot another and was taken and held until the result to his victim could be ascertained. The wounded man was taken to the hospital and had the holes in his abdomen sewed up and promptly died. The case came to trial and the defence was that the man came to his death at the hands of the surgeons. Thus we see that matters *may* assume a most grave aspect in abdominal surgery, and which at once put medical men upon their metal to defend themselves. I mention this circumstance to show the indirect possible bearing of legal responsibility in laparotomy.

A REMARKABLE CASE.

BY W. J. GALBRAITH, M.D.,

PROFESSOR CLINICAL SURGERY, OMAHA MEDICAL COLLEGE; VICE-PRESIDENT NATIONAL ASSOCIATION RAILWAY SURGEONS; VISITING SURGEON ST. JOSEPH'S HOSPITAL, AND CONSULTING SURGEON IMMANUEL HOSPITAL, OMAHA, NEB.

Incredible as it may seem, I trust the readers of THE JOURNAL will not consider me a fit subject for an insane asylum in reporting what I sincerely believe to be a fact. I most cordially invite any member of the profession to examine this unique pathological freak with me and trust you will avail yourself of the invitation. I fully appreciate the amount of criticism I will receive in reporting this case, and I realize that you will take the same version of the case that I did before I examined her. Notwithstanding I had good authority regarding her malady, I could not for an instant entertain the statements in any other light than those applied to a case of pure and adulterated deception; but since my examination and two months constant care I have changed my views, and feel that I am fully prepared to substantiate my statement by submitting the patient to any examination or test you may choose to make, and, moreover, I trust that many of you will feel sufficiently interested in this case to make a personal examination.

Mrs. M., aged 26, married five years, mother of one child two years old, medium height, light

complexion and of rather a nervous temperament, has attended one course of lectures in the Woman's Medical College at Chicago in the fall of 1889. On or about the first of December, 1889, she was taken sick with peritonitis and was removed to the Woman's and Children's Hospital, where she remained several weeks.

Her statement as regards her temperature at that time corresponds with one received from some of the attending physicians in Chicago.

I will give only a brief history of her case before coming under my charge. After her recovery from the attack of peritonitis while in Chicago, she returned to her home in Kearney, Neb. On or about the 12th of April, 1890, she was again taken down with a severe attack of general peritonitis. Her family physician, Dr. Duckworth, was called, and after making a careful examination satisfied himself that there was an abdominal or tubal pregnancy. A tumor the size of a foetal head could be mapped out over the region of the left tubes and ovary. The treatment following his first visit consisted of hot fomentations applied over the abdomen and the hypodermic injection of morphia. The following morning the Doctor was again called to see the patient who complained of pains similar to those of labor. After a vaginal examination had been made, the Doctor was somewhat surprised to find a foreign body engaged in the cervical canal near the external os. He procured a pair of long and narrow-jawed forceps and removed the body, which proved to be a scapula of a four months old foetus. The pains increased in severity after its delivery. A half a grain of morphia had been given hypodermically when several more bones were delivered in the same manner. The patient became somewhat exhausted and complained of being very feverish; after an examination of the radial pulse the Doctor assured her she had no fever as her pulse was only 62, and in order to satisfy her attempted to take her temperature. The thermometer was placed under her tongue and left there about two minutes when, upon its removal, the mercury was found to be at the top of the thermometer, which registered 112° F. Believing he had not properly shaken the mercury down, he took particular pains in doing so, and again placed the thermometer under her tongue, holding the end with one hand; in a short time he removed it, and to his surprise found it registered the same as before. Again shaking it down he placed it under the tongue and watched the mercury rise to the top almost instantly.

This was too much for the Doctor to stand, and as he expressed himself, "I believe I or the thermometer is crazy." He immediately dispatched a messenger for his partner, Dr. M. A. Hoover, to come at once and bring two or three Hick's thermometers along with him. After the pecu-

liar circumstances were explained to Dr. Hoover, by his partner, they immediately proceeded to try the new thermometers,—placing one in the axilla and one under the tongue. This resulted in a repetition of Dr. Duckworth's experience. Repeatedly the temperature was taken and with the same results.

The doctors wired Chas. Truax & Co., of Chicago, to forward them a fever thermometer that would register 125° F.; after some delay the new thermometer arrived and they commenced to keep an hourly record of her temperature. On the first trial the thermometer was found to register 3° below normal; the same evening it rose to 107° F. The peritoneal inflammation had by this time almost subsided, but the removal of bones continued the same. On the following day, after a chill, her temperature was taken, and to their horror they found the mercury had risen to the top of the thermometer, which registered 125° F., in less than one minute. Satisfying themselves that they must have a thermometer that would register higher, they again wired Chas. Truax & Co., of Chicago, to have a thermometer made that would register 150° F. On the arrival of the new thermometer, or within a few days, her temperature was found to register 145° F.

I was invited to see the case by letter, but made no reply to the same; the case continued on its peculiar career for several days, when Dr. Hoover made a visit to Omaha to consult me in regard to same. I assure you I felt sorry for him, as I supposed he had "slipped a cog" and his mental equilibrium was somewhat impaired. I advised him to return home and explained to him that he certainly had been deceived by a shrewd and hysterical woman; also advising him to say nothing to any one else. In a measure he accepted my advice and returned home, but continued writing me about the wonderful case and insisting that I should see her.

On November 6, I was telegraphed to come at once to see this case and, in order to satisfy the doctors, I determined to go, but believing that I was going on a "wild goose chase."

I equipped myself with a chemical thermometer, borrowed from Mr. Hodges, Chief Chemist of the Union Pacific Railway Co., which I had standardized, and obtained a certificate of its correctness, then inviting one of my colleagues, Dr. J. H. Peabody, of Omaha, to accompany me, proceeded to see this wonderful case.

On our arrival the temperature was found to be two and two-fifths degrees below normal; this, of course, somewhat surprised us, but in less than two hours we were more surprised to find the thermometer had reached 117° F., and at midnight, following a chill, the mercury registered in the axilla 145° F., and at the same time registering 125° F. under the tongue. In less than thirty

minutes the temperature in the same localities had fallen to three-fifths of a degree below normal, followed by sweating and a slight delirium. You can imagine that I was somewhat puzzled, and immediately apologized to the doctors. I could not believe my own eyes, and I assure you that Dr. Peabody was in the same condition. I thought that some form of heat must have been used or that she, in some manner, had tipped the thermometers upside down, unbeknown to me, or that, possibly it might be accomplished by some muscular action with which I was not familiar.

The following morning the patient was placed in a chair, all clothing removed and a careful examination was made of her mouth and axillary region, every possible precaution taken in order to prevent any deception, and holding the end of the thermometer so that it could not be tipped in any way, we again proceeded to take her temperature; but, gentlemen, the result was the same, the thermometer under the axilla registering 137° F. while that under tongue registered 131° F.

Another peculiar condition is that when her temperature reaches 140° F. or more her pulse is slow, 60 or 70 a minute; when her temperature is normal, or below normal, her pulse runs from 100 to 120.

The axilla and mouth are the two points on her body that register the highest. I have seen the axillary temperature 131° F., while under the flexure of the knee her temperature was below normal. Again, I have seen the temperature under the tongue register 6° F. below normal.

The case has now been under my charge for nearly three months. The highest I have ever seen her temperature was 151° F., while the nurse's record in the hospital shows it to have reached 171° F.

She has been delivered of over 1,000 pieces of bone; very few, however, are perfect, the most of them being deformed. Her general health seems to be quite good, considering her long and tedious sickness, and when she is free from peritoneal inflammation, is able to be up and about the house. At this writing, February 2, she is confined to her bed with one of her attacks of peritonitis.

There is no special time for her temperature to rise; it is usually preceded by a chill.

I have no theory further than I believe it to be some chemical change or combustion that takes place in the lymphatics, as its elimination is very speedy.

I deem it unnecessary to fill a dozen pages with a record of her temperature, as it is almost constantly changing.

DR. HENRY BACON, of Jacksonville, Fla., has been appointed Surgeon-General of that State.

MEDICAL PROGRESS.

Therapeutics and Pharmacology.

KOCH'S TREATMENT OF TUBERCULOSIS: GENERAL RESULTS.—DR. J. AMANN, of Davos, says (*Centralbl. f. Bakteriologie u. Parasitenk.*, No. 1, Band ix, January, 1891), that since November 17, there have been in Davos 400 cases of phthisis treated by Koch's method. Of 288 patients whose sputum he examined, 198 have been so treated. He examined the sputum of these latter sometimes once a day, sometimes once every two, three, or six days. He comes to the conclusion that the treatment has a most marked effect on the tuberculous tissues of the lung, and gives the following points of evidence in favor of this statement: The quantity of expectoration after the inoculation reaction is, as a rule, increased, in one case from 30 cubic centimetres to 140 cubic centimetres per diem. The number of tubercle bacilli in the sputum is also increased, in some cases the bacilli becoming very numerous where before it had been almost impossible to find them. In about 70 per cent. (134 out of 198), this increase was observed. There was only slight diminution in a very small number of cases. He also considers that the bacilli are considerably altered in form, the rods are broken down into micrococci, and abnormal forms are pretty frequently met with; the tubercle bacilli under these conditions lose, to a certain extent, their power of retaining the staining fluid in the presence of acids. The quantity of elastic tissue found in the sputum was considerably increased in about 40 per cent. of the inoculated cases. All these changes he attributes to the action of the tuberculin on the young tuberculous tissue, which leads to its rapid breaking down.

At the fourth general meeting of Russian medical men at Moscow, Dr. Nikolai S. Kishkin (*Vratch*, No. 2, 1891, p. 49), read a report of seven cases of pulmonary phthisis treated after Koch's method in Professor M. P. Tcherinoff's clinic, in Moscow. The observations lasted in four cases five weeks; in two, four weeks; and in one, three weeks. In all the cases the symptoms were "quite distinct, but not very severe," the general state being more or less satisfactory. In five no fever existed, while in two there was slight pyrexia. The effects of the injections were as follows: 1. The percussion phenomena remained unaltered. 2. The auscultatory signs in two did not undergo any changes; in two the râles somewhat diminished; in one they disappeared almost completely; in one they disappeared entirely; and in one they disappeared from their former situation, to appear in another. 3. Cough, expectoration, and the number of bacilli in the sputum showed no alterations in two cases, while in the remaining five they de-