

ABDOMINAL SECTION FOR PYO-SALPINX AND SUBPERITONEAL MYOMA; SUBSEQUENT HÆMORRHAGE, REQUIRING RECOURSE TO HYSTERECTOMY; RECOVERY.

By GEORGE ELDER, M.D., C.M. GLAS.,

SURGEON TO THE SAMARITAN HOSPITAL FOR WOMEN, NOTTINGHAM.

Mrs. R—, aged forty-two, living in Nottingham, had been an out-patient of the Samaritan Hospital for Women off and on for many months, complaining not so much of pelvic troubles as persistent and severe gastric symptoms, always aggravated by movement, sexual intercourse, and menstruation. These symptoms were nausea, occasionally sickness, and extreme pain after food; and so much had the reflex mischief overshadowed and masked the cause that several practitioners had treated her for stomachic ulceration. The pelvic trouble was diagnosed a considerable time before the consent of the patient could be obtained to the operation, and it was only after treatment by rest &c. had been long and fairly tried that the pains and induced weakness brought her to see the necessity of having something of a radical nature performed.

On Nov. 1st, whilst under the influence of ether, abdominal section was performed, and a firmly adherent left pyo-salpinx removed, and also a myoma about the size of a Tangerine orange, with a long thin pedicle, which was transfixed and tied by a Staffordshire knot. In tightening the silk a crack was made in the peritoneal coating of the uterus, from which oozing took place. Before the completion of the operation this was stopped by sponge pressure, but a drainage-tube was placed in position, to register, so to speak, the condition afterwards. Several times during the day recently effused blood, in no considerable quantity, but still showing no disposition to cease, was withdrawn by the syringe, and in the evening the abdomen was again opened. Ineffectual attempts to arrest the oozing by means of the actual cautery and the continuous suture were made; so after tying off the left broad ligament no difficulty was found in getting the wire of Koerberlé's serre-nœud round the cervix, and constricting it sufficiently to stop all hæmorrhage.

A good stump was obtained; the cervical canal was thoroughly scooped out and swabbed with strong carbolic acid; pedicle pins were applied, and the abdominal wound brought together and well round the stump, no drainage-tube being used. After rubbing the surface of the stump thoroughly with solid perchloride of iron, it was dusted with iodoform, and this was continued almost entirely till the clamp came off on the seventeenth day. The patient made a very good recovery. The highest temperature registered was on the evening of the fifth day, when it was 100·9°. On Jan. 9th she was up and getting about the house, with a small granulating sore left, which was rapidly lessening.

Remarks.—The prominence of the reflex symptoms was in this case the reason of mal-diagnosis and misdirected treatment, as it is in many others, on account of the insufficient appreciation which exists of the close intimacy there is between pelvic troubles and gastric disturbance. One very serious defect of Koerberlé's clamp came out very markedly in this case, and this is the impossibility of sufficiently constricting a thin stump by its means. A modification with an endless screw would be a great gain, and Mr. Lawson Tait's practice of removing it after a few days must of necessity do much to lessen the pain to the patient and to minimise the risk.

Nottingham.

ACUTE GASTRIC ULCER; HÆMATEMESIS; MELÆNA; FISTULA IN ANO; DROPSY; RECOVERY.

By WILLIAM FRASER, M.B. DUB.

ALBERT K—, aged thirty-seven years, a wheelwright, of short, stout build, with a good "corporation," a good liver and moderate drinker, (beer or cider), left work on the evening of Dec. 31st, 1885, complaining of a severe pain across the bowels. This was an old complaint of his, but now it seemed sharper than usual. When seen, the pain was just below and under the end of the sternum, ranging across and around the two sides; tender on pressure; bowels costive

and very flatulent; tongue something like a ploughed field, with a dirty greenish brown fur on it. He continued to get worse. Vomiting set in; would eject any and everything, and was in great pain till the stomach was emptied. This pain coming on immediately after food made me suspect that I had to deal with an ulcer of the stomach, and to that I pointed my treatment. Things did not improve. Some days the man felt better and quiet, then went back to the old state. The pain continued, with vomiting now and then, and he lost flesh fast. His face was the picture of misery, and was getting haggard. His tongue remained the same, but looked glazed. On Jan. 28th, 1886, I suggested a consultation with Dr. Ramsay of Torquay, who agreed with my diagnosis. The patient was in great pain on the 29th and 30th, which seemed more violent and less controllable than before, but next day was easier. On Monday, Feb. 1st, about 2 P.M., I was suddenly called, and found him lying stretched on the floor, with three ordinary-sized chamber vessels nearly full of a reddish-black treacly fluid, having a horrid stench; two came from the bowels, and one from the stomach. He was at once placed in bed. He was quite cold, pallid, pulseless, and speechless—more dead than alive. Now came the critical period of the case. I prescribed lead (half a grain) and opium (quarter of a grain) every hour for two days and nights, then every three or four hours if required; ice both to suck and to be applied to the stomach. The watching and anxiety during this week cannot be described; it was like watching the dead, and at times it was even hard to say that he was living. The melæna did not return, but the hæmatemesis continued till 5.30 A.M. of Feb. 4th: he was now better, the pain had ceased, and things seemed favourable, when on the morning of the 9th he threw up some acid material, and at 11 A.M. he again vomited blood, this time fresh, which continued all that day and the next. The end seemed to have come; still we fought against it, and he again rallied. When seen on Feb. 12th the bowels had not been open for the previous ten days. I ordered an injection of a pint of warm gruel; he at first passed about a tablespoonful, but a little time afterwards a quantity of bloody watery material came away. I can best describe the amount by giving his wife's words: "I had a pair of blankets, a small blanket, a large quilt four or five times doubled, and right through the bed-tick, saturated." He remained in a stupor all the afternoon and night, but towards the morning he rallied again and went on to all appearances *in statu quo*. During April he improved; there was no more hæmorrhage, no pain, and the vomiting had ceased. He had been for the last few days complaining of pain about the rectum, when on examination I found that the poor fellow had added a fistula to his previous troubles; it did not communicate with the rectum, and was about an inch and a half deep; the pain of this dulled the ulcer, which had been progressing very well—in fact, healing up. This fistula with ordinary care and boric acid compresses healed up in due time, so that on April 24th he got downstairs for the first time. General dropsy now supervened, which was due to debility, for as he became stronger this disappeared. Convalescence was very slow, he being reduced to a skeleton. On June 16th he was sent to Brixham for change of air, and on July 12th he resumed work.

The treatment pursued during this long illness and the few headings I give do not represent the amount of medical and dietetic care he required, for, as everyone knows, the number of changes rung during an acute illness is legion. At the outset we used bismuth both solid and the liquor, with dilute hydrocyanic acid and nux vomica, sometimes adding morphia or chloral. Blisters were applied to the stomach, and then dressed with morphia ointment. The treatment for the hæmorrhage I have stated above. Later on iron and arsenic were given for fully three months.

Ashburton.

PRIMARY HUNTERIAN CHANCRE OF THE CHEEK.

By H. MITCHELL, B.A. CANTAB., M.R.C.S.,

SURGEON, ARMY MEDICAL STAFF.

THE following case may be of sufficient interest to justify its publication in THE LANCET.

Early in December last a soldier twenty years of age was admitted into hospital with an ulcer in the middle of the right cheek. In character this ulcer was circular, about the size of a sixpence, shallow, clean cut, but the edges not