

irregular, and the temperature 97·8°; evening temperature 98°, and pulse 80 and intermittent. He was sick and vomited at 6 P.M. After a glycerine enema the bowels acted well.—24th, 9.30 A.M.: The patient has had a very restless night; he was sick again, and is more depressed; the pulse is 80, feeble, and irregular, and the temperature 98·4°. Food on being swallowed tends to come back through the nose. Ordered citrate of quinine and iron (five grains) and liquor strychniæ (two minims and a half) every eight hours. 8.30 P.M.: The pulse is 90, regular, and much more satisfactory than at morning visit; the temperature is 99°.—Oct. 26th: The patient has continued to improve and is now convalescent."

In future I shall not wait for the appearance of grave symptoms, but shall use antitoxin at once. The relief following the injection, and that so quickly, in the above case was most striking, and the result must be considered as unexpected, but most gratifying.

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REMOVAL OF LARGE NUMBERS OF NAILS &c. FROM THE STOMACH BY GASTROTOMY; RECOVERY.¹

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THE following case seems worthy of record, not only on account of its extraordinary nature, but because of the result of the treatment adopted. For the history I am indebted to my friend Dr. Collier, with whom I saw the patient.

A thin, pale, and apparently intelligent girl ten years of age was seen by Dr. Collier on July 1st, 1894, on account of gradual failure of health and loss of flesh, with sickness and vomiting, the vomiting only having come on for the first time the previous day. The vomiting persisted in spite of treatment, and the abdominal pain was at times extremely severe. At first the vomited matter consisted of thin mucus with black specks of altered blood, but later much more blood was ejected. The patient gave no clue to the nature of her illness and bore her pain with great fortitude. She rapidly wasted and became attenuated to an extreme degree, as she was unable to take or retain any food. On Aug. 4th the first indication of the cause of her illness presented itself, as she vomited a garden nail 1½ in. in length, and on being questioned confessed to having swallowed five others. Examination of the abdomen revealed several hard masses in the left iliac region, which it was thought might be the nails in question enveloped in scybalous masses, but no tumour could be felt in the region of the stomach. On the 8th I saw the patient in consultation with Dr. Collier, and as the vomited matter contained so much blood it was thought that other nails must be present in the stomach, causing irritation; hence we considered that it would be advisable to perform gastrotomy. With the assistance of Dr. Collier, Dr. Buchanan, and Mr. Stanley Collier I opened the abdomen above the umbilicus by a 2½ in. incision in the course of the linea alba, when exploration with the finger revealed a hard mass lying at the back of the abdomen on the left of the spine, evidently within the stomach. On opening the stomach by an inch vertical incision the finger detected a large quantity of hardware, which was removed by means of forceps, the stomach at the end of the operation being apparently completely emptied. The foreign bodies consisted of forty-two cast-iron garden nails 1½ in. long, ninety-three brass and tin tacks from ½ in. to 1 in. long; twelve large nails, some brass-headed; three collar studs, one safety-pin, and one sewing-needle. The index finger was passed through the pylorus, and it was thought that one or more nails could be felt, but as Dr. Buchanan, who was administering the anæsthetic, said the pulse was exceedingly feeble—in fact, scarcely perceptible—it was felt desirable to bring the operation to a conclusion as quickly as possible. The opening in the abdomen was therefore closed by a continuous

silk suture, which included all the coats, after which the serous surfaces were apposed by several Lembert's stitches, the parietal wound being brought together by a continuous suture for the peritoneum and aponeurosis and interrupted silkworm gut stitches for the skin. During the operation soiling of the peritoneum was prevented by sponge packing and by the edges of the stomach being held forward by forceps. Before commencing the operation the patient's pulse was rapid, and the child seemed ill fitted to bear a serious operation; but when she had been put into bed from the operating table the pulse was hardly perceptible. I, therefore, transfused several ounces of warm saline fluid, with immediate relief, and before leaving the house the pulse was 130 and distinctly perceptible. She was fed entirely by enemata for a week, and afterwards with soft and liquid food for some time. The day after the operation she vomited a small pin; on the following day three garden nails and two tacks, these probably having come from the duodenum; and on the third day a feather was vomited. After the 14th—i.e., the sixth day after operation—there was no more vomiting, and the patient began to regain strength. From the 10th to the 31st there were passed per anum at different times, embedded in hard faecal matter, thirty garden nails, a piece of a needle, one stud, eight tacks, and a J pen. The wound healed by first intention, and there was no distension, rise of temperature, or other untoward symptom throughout the convalescence. On Sept. 3rd Dr. Collier wrote to me that, although the patient was very thin, she was taking food and was going out for walking exercise. After recovery the patient confessed to having begun to swallow nails as far back as Christmas, 1893, so that some of them must have been in the stomach and intestines for at least eight months.

From a subsequent letter in October I fear that, although well so far as the operation is concerned, the little patient retains her morbid appetite. Although gastrotomy is an ancient operation, there are, according to Greig Smith, only thirteen, or possibly fourteen, well authenticated cases recorded, these being given in the tables of Crédé and Richardson and Bernays. With the exception of one fatal case reported in THE LANCET of Aug. 21st, 1894, I can find no other like this in the number and character of the objects removed. In the work on abdominal surgery previously referred to, the conditions mentioned as calling for gastrotomy are—(1) the presence of a foreign body in the stomach of such a nature that we know it cannot be passed except at great risk, and (2) the existence of serious and urgent symptoms. To these I would add a third—viz., the presence of a number of irritating foreign bodies which, though possibly capable of being passed individually, produce so much irritation collectively that their removal *per vias naturales* cannot be waited for. Under the third category would come the case here related. The following points are worth noting:—1. The curiously morbid appetite, amounting to monomania, in an apparently sane and intelligent child. 2. The obscurity of the symptoms until a clue was obtained by the vomited nail. 3. The recovery of the patient, although the lining of the stomach seemed so much injured by the foreign bodies, and although the child was so reduced at the time of operation. 4. The marked effect of transfusion of saline solution in combating shock, although no blood had been lost at the time of operation. The practical lesson to be derived from the above is that even in desperate cases such as the one related, where the patient was reduced to a condition of the most extreme weakness, it may be worth while, though apparently hopeless, to make an attempt to save life.

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A CASE OF ANKYLOSIS OF THE SPINE AND OBSCURE ENLARGEMENT OF THE RIGHT FOOT.

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CASES of ankylosis of the spinal column *in toto* are fortunately uncommon, and when met with may be regarded as mere pathological curiosities, though interesting in the relation of cause and effect. The present case has for some time past been under the care of Mr. Stephen Paget, surgeon to the hospital, to whose courtesy and kindness I am

¹ A paper read before the Leeds and West Riding Medico-Chirurgical Society, Oct. 19th, 1894.