

Remarks.—One of the most interesting features of this case was the absence of those symptoms which are usually considered to be characteristic of gastric ulcer and of its perforation. Thus, in the first place, the diagnosis of gastric ulcer rested almost solely upon the presence of a tender spot over the stomach area, for, though helped by the history of vomiting of blood many years before, this assistance was counterbalanced by the fact of the relief of pain by taking food. But this diagnosis was felt to be so sure that the symptoms which subsequently arose were at once referred to their right source. These symptoms, again, were by no means such as are usually laid down in text-books as indications of perforation of a gastric ulcer. The features and expression were not obviously altered, and nothing could be gathered from the character of the pulse and temperature. Pain was almost solely thoracic and was by no means so acute or attended with such shock as in other cases that have come under my notice. Thus in one instance, when perforation took place, the patient fell down in the street and was quite unable to walk, even with assistance, though her house was only a few yards off. In another case, which came under the observation of Dr. W. J. Maurice of Reading, a servant girl was found dead on the stairs of her master's house, and it was not until a post-mortem examination had been made that the cause of death was discovered, for she had complained of no suggestive symptoms during life. I believe that the above is the first reported case in which the edges of the ulcer have been excised. It seems to me to be of great importance that the edges should be freshened in this way if possible, not only in order to obtain speedier union, but for purposes of cleanliness, as the edges must of necessity be so septic as to be difficult to disinfect by ordinary methods. Much, however, must depend upon the vascularity of the parts. To the same end it also appears of importance that the wound should, if the condition of the patient permit, be ascertained to be secure against leakage of gas or liquid by the use of the stomach tube. Since the publication of my last case of this kind¹ sixteen other instances have been recorded. In Mr. Warrington Haward's case² death took place from secondary abdominal abscess in six weeks. Dr. Stirling,³ Mr. Haslam,⁴ Mr. Godlee,⁵ and Mr. Pepper⁶ did not succeed in saving their patients. Of three cases in the practice of Dr. Maclaren⁷ one was a success.

In Dr. Anson's⁸ case, which was unsuccessful, a five-inch incision was first made in the median line and was subsequently extended at right angles through the rectus. This method, which I have tried, permits of the freest possible exposure of the whole of the surface of the stomach. The greater part of the organ can, indeed, be dragged, without difficulty, out of the wound, so that a perforation in any part of its surface may be dealt with with comparative ease. It was the method employed by Kriege⁹ for a perforation 3 cm. from the cardiac end, which terminated successfully. He also gives details of another case, in which an incision was made from the xiphoid cartilage to within a hand's-breadth of the pubes, and a transverse one cut to the left, and in which the patient died. More recently Mr. Morse¹⁰ has reported a case which recovered, and Mr. Herbert Page¹¹ two others which were unsuccessful. Dr. Maurice, at a meeting of the Reading Pathological Society, has also lately given details of a case which was nearly successful, the patient succumbing on the eighth day. A post-mortem examination revealed no sufficient cause for death. Of the twenty-seven instances of operation for the treatment of perforated gastric ulcer that I have been able to find recorded, and have mentioned in this and in a previous paper, six have recovered—viz., Mr. Taylor's, Mr. Barling's, Kriege's, Mr. Morse's, Dr. Maclaren's, and the above. When one considers that the extravasation of the contents of the stomach into the general peritoneal cavity has, until lately, been regarded as almost of necessity resulting in death, these results of operative treatment cannot be regarded as otherwise than encouraging.

Reading.

¹ Brit. Med. Jour., 1893, p. 944.

² Ibid., 1893, p. 952.

³ Austral. Med. Jour., 1893, p. 281.

⁴ Brit. Med. Jour., Nov. 11th, 1893. ⁵ Ibid., March 17th, 1894.

⁶ Ibid. ⁷ Ibid.

⁸ THE LANCET, March 4th, 1893.

⁹ Berliner Klinische Wochenschrift, December, 1892.

¹⁰ THE LANCET, March 17th, 1894.

¹¹ THE LANCET, March 24th, 1894.

NOTE ON THE ETIOLOGY OF GRAVES'S DISEASE.

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THE influence of depressing emotions and prolonged bodily effort on the genesis of Graves's disease has received ample recognition. Patients not infrequently attribute the onset of their illness to grief or fright, or overstrain from some arduous exertion, and the same factor may come into play in bringing on recurrence of the malady after apparent cure. Whether these causes suffice to start the affection in the first instance is not quite clear, but there is no doubt of their power to hasten the appearance of the more prominent symptoms. This is well shown by a case at present under my care, which I may be allowed to quote, as it illustrates another point to which I shall refer later. A girl seventeen years of age came under treatment in June of last year for enlarged tonsils. She exhibited some tremor and agitation, which increased readily on excitement. The tonsils having been removed under chloroform, two weeks later the patient presented a slight fulness of the middle lobe of the thyroid, which had just come on; prominence of the eyeballs was barely noticeable, and, according to the patient's statement, the trembling now extended to the legs. Ten days later the heart had increased in frequency, and at present all the symptoms of Graves's disease are in evidence. Inquiry elicited that for eighteen months the patient had been subject to attacks of tremor, which occasionally interfered with the power of writing and had latterly been more frequent. The importance of tremor in the diagnosis of Graves's disease is now established, and it is obvious that that affection was developing slowly when the mental impression produced by the operation precipitated its course. Exacerbations are not uncommon from the same cause, the thyroid enlarging and tremor and palpitation increasing under the influence of fear or sustained grief. I have notes of the case of a woman seen five years ago, in whom the affection was lighted up afresh by arduous nursing. It is noteworthy that, while tremor was very marked in the original attack, it did not recur on the later occasion, though enlargement of the thyroid gland was prominent. Anything that conduces to nervous depression may originate or light up an attack. Unhealthy surroundings and insufficient food are not without result. Rendu records a case brought on by large doses of iodide of potassium, and Russell Reynolds believes that atmospheric conditions, such as low temperature, diminished rainfall, and diminished sunshine, may have some significance. These facts are suggestive in relation to the view revived of late years by Möbius that Graves's disease results from diseased activity of the thyroid gland. It seems to be generally accepted that this gland is a secreting organ which pours its juice through the lymphatics into the general circulation. Now, physiological teaching tends to show that secretion in general is diminished or arrested by emotional states and anything that lowers nerve force. Fear paralyses the action of the salivary glands, and the mental depression and slowing of the circulation induced by prolonged grief are more likely to dry up secretion than promote it. It is true, vaso-motor dilatation is determined by emotional states, but stimulation of the secretory nerves does not necessarily follow, and there may be obvious enlargement of the thyroid gland from vascular engorgement without increased secretion of thyroid juice. Prominence of the gland suggested its primary affection as the essence of Graves's disease, though there is the fact that goitre may come on with exophthalmos some months after other symptoms have set in, as the case quoted above shows; and, on the other hand, there may be enlargement of the thyroid gland long antecedent to any other departure from health. Certain facts give support to the idea that some of the symptoms at least may depend upon excessive secretion of the gland, and these are admirably set forth by Murray. In this relation the tremor first noted by Charcot, and the "rapid heart," are perhaps the most significant. Along with other nervous disturbances they have been noticed after large doses of thyroid extract. But, on the other hand, it is known that similar symptoms follow or are produced by loss of the thyroid gland. Horsley established the occurrence of muscular tremor and other nervous phenomena as the result of thyroidectomy in

monkeys and demonstrated the rhythm of the tremor to be from eight to ten per second, which coincides with that of Graves's disease, given by Marie as from eight to nine per second. Von Fisselberg found identical symptoms in man after total extirpation of the thyroid. In fact, such symptoms constitute the "neurotic" stage of Horsley's experiments, and this would indicate that the change in the gland (if there is any) in Graves's disease is in the direction of arrest or profound alteration of secretion. Much has been made of the contrast between this affection and myxœdema; but here, again, the same experiments prove that the "myxœdematous" condition is but a more advanced stage of the "neurotic" and is clinically supported by the fact that the symptoms of Graves's disease may give place to those of myxœdema. Recent opinion points to the secretion of the thyroid gland as "preventing the development of some toxic product in the blood which poisons the system if the gland is removed." It is probable that some change takes place in the nervous system in Graves's disease, giving rise to the characteristic disturbances. In one other condition we meet also with such symptoms—viz, the climacteric period in women. There may be the same emotional state, some amount of fine tremor on occasions, and hot flushings and sweating, and Kisch has called attention to the "rapid heart" of the grand climacteric. One is not infrequently struck with the resemblance of the nervous disorders in both conditions; they are of the "general sort that accompany depressed nervous force in dependence upon a general innutrition" and are referable to some change that has stamped its impress upon the nervous system.

Cardiff.

A NOTE ON POST-PARTUM HÆMORRHAGE.

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THAT post-partum hæmorrhage is a dreaded complication likely to be encountered at any time is, unfortunately, well known to all, and the following cases which have occurred in my practice illustrate the value of the well-known procedures of compressing and kneading the uterus in this form of hæmorrhage.

A stout young woman was in labour in her first pregnancy. She was of small stature, and when she called upon me previously to her confinement I was struck with the large size of her abdomen, which suggested twins to me; and on seeing her frequently afterwards her whole appearance justified the belief that I might expect some difficulties at labour. She had marks of scrofulous sores on her neck. When summoned to her one evening between 10 and 11 P.M., I found that she had been ill with pains for two evenings previously to her sending for me, but that they had passed off before morning. On making a vaginal examination I discovered that the os uteri was dilated to about the size of a half-crown, that the membranes were ruptured, and the waters drained away. The presentation, which was that of the head, appeared to be normal, but there was a difficulty in ascertaining exactly the actual position, owing to the high presentation. I found there was pelvic contraction, which accounted for the amount of abdominal protuberance, the child being prevented from making the usual descent into the pelvis. I waited for several hours, and as the pains increased in great frequency and strength I examined again. I then found that although the head of the child had descended a little it had become impacted in the pelvis, and that no further progress was being made. As the patient was becoming extremely restless and exhausted, and the pains had much increased in severity, I resolved to apply forceps and expedite the labour. Owing to the large size of the head and he contracted pelvis it required a considerable amount of traction to deliver; some trouble was also occasioned by the body of the child, which was a very large one. The head was elongated to an extraordinary degree by the great pressure exerted on it during its passage. The child when born showed no signs of life, but recovered under artificial respiration. I had no efficient nurse and so had to rely entirely on my own efforts. After allowing the patient a rest of about twenty minutes I proceeded to remove the placenta, which was detached, but on introducing my hand into the uterus I found hour-glass contraction. With my hand within the part

where the placenta, which was a large one, was lying encysted, I had no difficulty in removing it in its entirety. Although I had my other hand outside, grasping the uterus in order to steady and stimulate it, there was immediately a tremendous gush of blood. I continued to grasp and knead the womb until it began to contract well, but at first whenever I relinquished these efforts the hæmorrhage recurred alarmingly. At length, when it ceased and I had bandaged the patient and raised the pelvis, I administered a large dose of ergot. The patient was extremely exhausted and pale, but the kneading process proved quite sufficient to check the flow and thus saved the woman's life. In two other cases which I have seen these processes have been equally efficacious. One was the case of a woman in Skye who had been in labour for three days, and whose attendant, a midwife, was very averse to my being called in. On reaching her I found her in an extremely critical condition and, applying forceps, extracted a living child. I then found a second child present, which I also delivered alive after turning. Shortly after removal of the placenta post-partum hæmorrhage supervened, but in the end kneading, &c, proved successful in arresting it. The other case was a primipara. I ascertained some months previously to the time of delivery, on making an external examination of the abdomen, that there was a tumour attached to the wall of the uterus. At term her labour was quite normal up till the third stage, but upon endeavouring to remove the placenta I found, as in the case just narrated, the condition of hour-glass contraction present, and on introducing my hand into the encysted portion of the uterus, where the placenta was, found also an adherent placenta. I detached it carefully bit by bit, for it was in a diseased state; in spite of my care, however, hæmorrhage soon set in so severely and persistently that I was forced to retain my right hand in the uterus for hours, with the left hand externally compressing and grasping the organ before I could induce proper contraction. At last my efforts were rewarded, when the patient rallied wonderfully from her collapsed condition, which required the administration throughout of a considerable quantity of brandy. She afterwards made a good recovery. In this case I am satisfied that the tumour interfered with the proper contraction of the womb, was evidently the cause of the prolonged continuance of the hæmorrhage, and may possibly have had some effect in causing the tetanic spasm of the uterus.

With perfectly clean hands washed in a reliable antiseptic solution I have never found any harm to follow their introduction into the cavity of the uterus, while the fatal results which have now and again followed the injection of such solutions as that of perchloride of iron, even in the hands of careful and experienced obstetricians, must make us chary of employing such methods to arrest hæmorrhage.

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Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

HARPOON WOUND OF THE LIVER; RECOVERY.

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On Feb. 21st a strongly built man about twenty-eight years of age was admitted into the Corazal District Hospital with the following history. On the previous day he was out in his dory spearing fish on the Rio Nuevo. The harpoon was fastened to its shaft and pointing upwards. He was standing up in the boat when she gave a sudden lurch, throwing him forwards on to the point of the harpoon, which penetrated his abdomen. On admission about twenty-eight hours after the accident he was much collapsed and complained of great pain all round the wound; about one inch of the harpoon (which afterwards proved to be seven inches in length) was seen protruding from a jagged wound immediately below the tip of the ensiform cartilage. Chloroform was administered and an incision six inches in length was made from the harpoon shaft through the abdominal parietes; the peritoneum was opened, and it was then found that the