

Having molded it to fit accurately under the nail and around the edges, as in Figure 3, a piece of adhesive plaster is laid on the toe (Fig. 2), the wire reapplied and kept in position by straps of adhesive plaster run around, as in Figure 4.

The principle consists of two factors: 1, mechanical, the replacing of the nail, often jagged, by a non-irritating, smooth substance; 2, chemical, the formation of the albuminate of silver by the contact of pus with the silver, thereby causing destruction of pus organisms.

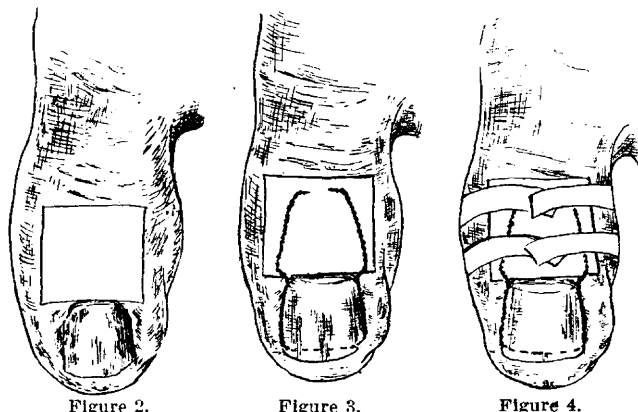


Figure 2.

Figure 3.

Figure 4.

I usually advise patients to wear a boot which does not crowd the toes, and sometimes advise the application of a wedge of absorbent cotton between the big toe and the second toe. Patients can daily readjust the silver wire appliance themselves, and are instructed to wear it for ten days until the nail has had time to grow out. They are then advised as to the necessity, in future, of cutting the nail square across instead of rounding off too much of the sides.

SUCCESSFUL RESECTION OF TWELVE FEET AND TWO INCHES OF THE ILIUM

IN CASE OF CRIMINAL ABORTION.*

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In a careful search of the records of cases of bowel resection I find no successful resection of a greater length than in the following case:

Patient.—A young woman, aged 20, seen May 20, 1906, in consultation with Dr. M. Meinhardt.

History.—About six hours previously the patient had undergone an illegal operation, performed somewhere on the north side of the city. On awakening from the anesthetic she was informed that she would have to undergo another operation. She was then taken to the home of her affianced on the south side and Dr. Meinhardt called. He states that he found a large mass of intestines protruding from the vulva.

Examination.—I found the patient in bed but, except for some pain in the lower abdomen and some nausea, she complained very little. She was in the dorsal position, with the knees flexed. Pulse 90, temperature 99 F., and respiration 20. The expression was somewhat anxious and there was some restlessness. Heart and lungs were negative. The lower abdominal zone was slightly tender and the corresponding parts of the recti were rigid. An enormous length of the bowel, minus its mesentery, was seen escaping from the vulva.

Operation.—After a rapid examination the patient was immediately sent to St. Bernard's Hospital and prepared for operation. The following were present at the operation: Drs. J. P. Webster, Belson, Meinhardt and Quile. An incision about three inches in length was made through the right rectus. On

opening the peritoneal cavity it was found to be partly filled with blood. A large amount of the mesentery minus its bowel presented in the field. The disattached bowel was felt to escape through a rent in the left broad ligament into the uterus. The hemorrhage present seemed to come mainly from the injured broad ligament and not, as one would suspect, from the mesentery, as this was torn closely from the intestine and included the serosa. On account of some oozing from the border of the mesentery and to prevent future adhesions it was decided first to run a suture along its edge. This took considerable time. Then the gangrenous bowel, twelve feet and two inches (365 cm.), was resected and withdrawn through the vagina. An end-to-end anastomosis was made with a Murphy button. The uterus was next inspected and found to contain seven punctures. The one extending through the left broad ligament was somewhat enlarged and the interior of the uterus inspected. The fetal head and part of the placenta had been left. These were removed and the uterus curetted through the enlarged opening. The uterine punctures were then sutured and after the peritoneal toilet and the establishment of drainage the abdomen was closed in layers.

Postoperative History.—The patient was transferred to a private room in fair condition. Pulse was 150, but of good volume, temperature 97.4 F., respiration 30. A saline transfusion was given under the breasts. After awakening from the anesthetic she was put in Fowler's position. Strychnin, 1/30 gr. hypodermically, was given every three hours, and coffee and normal salt solution by the rectum every four hours.

During the night the patient rested fairly well, complaining but little of pain or nausea. The following morning at 9 her pulse was 120, respiration 26 and temperature 99.8 F. Nausea increased and emesis was very profuse and of dark brown color and the patient was very restless. Wound was dressed and looked good with a seemingly serous discharge. Abdomen was soft everywhere and no tympanites. In the afternoon the temperature rose to 102 F. At 2 p. m. she was given an enema—1 part magnesium sulphate, 2 parts glycerin, and 3 parts water—with good results. During the night she was restless and had four bowel movements. On the morning of the second day her pulse was 120, temperature 100.8 F., and respiration 20. Nausea and vomiting had practically ceased by the afternoon, and during the night she was given her first nutrient enema. She rested well, sleeping at intervals. By the morning of the third day her pulse was 104, temperature 100 F. and respiration 18. Wound began a profuse discharge of pus containing colon bacilli. This continued until the fourteenth day. On the fourth day, in the morning, her pulse was 92, temperature 100 F. and respiration 18. Nausea and vomiting had entirely ceased. In the afternoon she received milk by the mouth. Her condition on the fifth day as regards pulse, temperature and respiration was practically normal, and from that time her recovery was uneventful. The button was passed on the tenth day. During the entire course there was no tympanites. The diet was gradually increased till on the seventeenth day she was put on a regular diet. The patient was out of bed on the nineteenth day, and on June 17, the twenty-seventh day after the operation, she left the hospital. Two weeks afterward she was troubled with a diarrhea, which lasted about two weeks. Later she went into the country, where she improved quickly. On Feb. 5, 1907, eight months after the operation, she has gained 31 pounds, complains of no symptoms of adhesions, or local tenderness.

GONORRHEA IN CHILDHOOD.

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CASE 1.—Colored child, aged 7; previous history negative.

History.—The child had been sick for three weeks when I was called. The father stated that the child had been treated for typhoid fever during the entire time, but without any appreciable change for the better. The history was misleading in many respects. The child complained of nausea, slight headache, loss of appetite, abdominal tenderness, pain through

* Read before the Southwest Branch of Chicago Medical Society, and patient and specimen presented, Feb. 5, 1907.