

mucus in the dejections. The pain was located more especially in the right groin and up towards the umbilicus. At times, on abdominal palpation, a mass could be felt down towards the right groin. A question as to floating kidney was raised, and she was given ether for a more thorough examination. Nothing was found of any account. She was put on careful but generous diet, given iron tonics, and the faradic current passed through the bowels for fifteen minutes every other day. There was decided improvement for awhile, so that she got to going about a good deal. Then the pain in right groin became worse and mucus increased in the dejections. There was continuous pain across the lower abdomen to the right of the median line, keeping her awake nights.

She was seen by Dr. Cutler; and at his suggestion several lines of treatment were carried out, but without relief to the pain or mucous discharges.

I taught her how to take high enemas, in the knee-chest position; she would take a couple of quarts of hot water this way. After a while it would come away with a large quantity of mucus, and there would be relief for a part of the day.

She kept on this way with varying comfort, but on the whole steadily losing ground until 1894, when I decided to open the abdomen and try to find out the cause of all the trouble.

Assisted by Dr. Kingman at St. Elizabeth's Hospital, I opened the abdomen. Found the pelvic organs all right — all atrophied. The appendix was free and perfectly normal in appearance. But the small intestines between the ileo-cecal valve and umbilicus were fastened together by thin, transparent adhesions for a short distance. As nothing else was found, I separated these adhesions. The abdomen was closed up. Patient made a very good, uneventful convalescence, entirely free from the pain that had been troubling her.

She continued well for about five months, then the pain began to return again. She had begun to work again, sewing furs. For a while the use of electricity (faradic current) gave relief; she would feel quite comfortable for a couple of days after.

Patient gradually became worse, however, complaining especially of pain about the umbilicus and down towards the right iliac region. Mucus again appeared profusely in the dejections. Finally she took to her bed.

No remedies seemed to have any effect. Even the electricity failed at last to give relief.

Last January she consented to another celiotomy. Assisted kindly by Dr. John Munro, the abdomen was opened at the site of the previous incision. The omentum was found adherent to the abdominal wall for some distance, but was peeled off without much trouble towards the right. Pelvic organs and appendix found normal as before, but about ten feet of small intestine was bound together by thin adhesions, in places forming kinks and pockets. An effort was made to tie off these adhesions as much as possible, to avoid leaving raw surfaces. This could not be done, however; and they were torn apart carefully. There was no cautery at hand to try burning the adhesions. A considerable portion of the omentum, especially on the left side, was so firmly adherent that it could not be torn off without violence.

The abdominal wound healed readily, but the pain was relieved for only a couple of days. Since then she has been in bed most of the time. She complains of

severe abdominal pain. Various remedies have failed to give relief; even a quarter of a grain of morphine every two hours seemed to give little alleviation. She is kept awake nights. Some mucus again in dejections.

This operation has certainly failed to give any relief. There does not seem to be much prospect of better results by repeating the operation even by using sterilized oil in the abdominal cavity after separating adhesions.

I have brought this case before the Society hoping for some suggestions as to any possibility of relief.

### NINE CASES OF INTUBATION TREATED BY ANTITOXIN.<sup>1</sup>

BY CHARLES B. STEVENS, M.D., WORCESTER, MASS.

THE attitude of many physicians in regard to antitoxin is excuse for still reporting cases of diphtherie treated by that remedy.

The following nine intubations were, with one exception, seen in consultation late in the disease, and were *in extremis* from laryngeal obstruction. Nearly all had membrane on tonsils or pharynx. Klebs-Löffler bacilli were present in eight cases, absent in one. Four cases were fatal, two of which were profoundly septic when first seen, another being complicated with broncho-pneumonia at the beginning, and the fourth, which was favorable at first, dying of blocking of the tube.

The recoveries were due apparently largely to the antitoxin. The best results naturally occurred in those children who had not become septic from mixed infection.

Feeding the intubated cases by the soft-rubber tube passed through the nose also contributes largely to favorable results. The advantages of nasal feeding are that nothing gets into the trachea, that the nasopharynx does not get irritated by food and drugs (as happens in Casselberry's method), and that sufficient and known quantities of food and drugs can be given by the physician or nurse at regular intervals, and not at the pleasure of the patient. My routine treatment is to feed the intubated child four times a day by the nasal tube, giving at each feeding:

Milk . . . . .	3 ill to vi
Whiskey . . . . .	3 il to iv
Tr. ferri chl. . . . .	m ii to v
Tr. nucis vom. . . . .	m ii to v

The O'Dwyer tubes were removed in two or three days; only one had to be replaced. The average time of wearing tubes in Dillon Brown's<sup>2</sup> 87 recoveries treated without antitoxin was six days. Antitoxin has apparently shortened this period. If it accomplishes any good, it does it in forty-eight hours, so I think it best to remove tubes soon after that period, and replace them if needed.

CASE I. A. B., one year and five months old, was a case of broncho-pneumonia with laryngeal obstruction. The O'Dwyer tube relieved the asphyxia. Antitoxin was used before it was known that Klebs-Löffler bacilli were absent. Death in fourteen hours.

CASE II. M. B., one year and eight months old. This child was seen late in the disease. His condition

<sup>1</sup> Abstract of paper read before the Worcester Medical Association, February 12, 1896.  
<sup>2</sup> New York Medical Journal, March 9, 1889; American Journal Medical Sciences, April, 1891.

was very unfavorable at the time of intubation by reason of sepsis, high temperature and suppression of urine. The next day the temperature ranged from 104° to 106°. Death occurred on the third day from sepsis. There was a mixed infection of Klebs-Löffler bacilli, streptococci and staphylococci.

convulsion ensued in ten minutes; coma returned; and the child died in a convulsion one hour later. Death probably due to sepsis.

CASE VIII. E. T., four years old, was a severe case at the beginning, but recovery was very rapid. Albuminuria present.

Date.	Name.	Age.	Sex.	Intubed.	Tube Worn.	First Injection of Antitoxin.	Total Am't of Antitoxin.	Membrane Disappeared.	K-L Disappeared.	Urine.	Urticaria.	Method of Feeding.	Kind of Infection.	Termination and Cause of Death.	Complications.
1896 Jan. 28,	A. B.	1 yr. 5 mos.	F.	4th	14 hrs.	4th day.	12 c.c.	..	..	Not examined	..	Nasal tube	Streptococci	Death from broncho-pneumonia	Sepsis.
1895 Dec. 7,	M. B.	1 yr. 8 mos.	M.	6th	2½ dys.	5th day.	30 c.c.	..	..	Suppression	..	Inversion	Mixed	Death from sepsis	Convulsions.
Mar. 6,	E. G.	2 yrs.	F.	4th	3 dys.	6th day.	25 c.c.	None seen	13th day	No albumin	No	Nasal tube	K.-L.	Recovery	..
Nov. 18,	C. M.	2 yrs.	F.	4th	2 dys.	4th day.	30 c.c.	6th day	11th day	No albumin	Yes	Inversion	K.-L.	Recovery	Bronchitis.
Oct. 26,	L. T.	2 yrs. 4 mos.	F.	3d	7 dys.	3d day.	25 c.c.	..	..	Not examined	..	Inversion	K.-L.	Death from asphyxia	..
Dec. 15,	M. W.	3 yrs. 2 mos.	F.	3d	2½ dys.	4th day.	14 c.c.	6th day	9th day	No albumin	No	Nasal tube	K.-L.	Recovery	..
Apr. 27,	M. R.	4 yrs.	F.	2d	2 hrs.	2d day.	10 c.c.	..	..	Not examined	..	None	K.-L.	Death from sepsis	Convulsions.
Sept. 19	E. T.	4 yrs.	M.	3d	2½ dys.	2d day.	20 c.c.	6th day	9th day	Albumin	Yes	Nasal tube	K.-L.	Recovery	..
Oct. 22,	C. C.	4 yrs.	F.	3d	3 dys.	3d day.	48 c.c.	6th day	9th day	Not examined	No	Inversion	K.-L.	Recovery	..

CASE III. E. G., two years old, was the only purely laryngeal case; and although the antitoxin was injected late, the patient made a rapid recovery.<sup>2</sup>

CASE IV. C. M., two years old. This case was complicated by a bronchitis at the time of the intubation, which kept the respiration after operation at 40 and the pulse at 150. The tube, however, relieved the cyanosis. It was worn two days. On removal of the tube the respiration was labored for about one hour, but the tube did not have to be replaced. Convalescence was uneventful.

CASE V. L. T., two years and four months old. The relief (by intubation) in this case was perfect. After two and one-half days the tube was removed with great difficulty, owing to the difficulty of reaching the tube with the extractor. The tube had to be replaced three hours later. After four days more the tube was again removed with great difficulty, but had to be immediately replaced. Twelve hours later the tube became blocked, and the parents allowed the child to die without sending for assistance. This patient was the only one of the series who was not fed by the physician.

CASE VI. M. W., three years and two months old. As soon as the asphyxia was relieved by intubation, this case proved to be mild. Tube worn two and one-half days. Recovery rapid. This patient could not be isolated from the other six children of the family. They had immunizing doses of one or two cubic centimetres of antitoxin, and all escaped diphtheria.

CASE VII. M. R., four years old, was a hopeless case. When first seen was moribund, having been ill but thirty-six hours. Very septic, unconscious and cyanotic. Strychnia, one-fortieth of a grain, and brandy hypodermatically, and intubed at once. Stitch put through tongue, and tractions made on tongue at each inspiration. Consciousness returned, cyanosis disappeared and pulse improved. One hour later ten cubic centimetres antitoxin (Gibier 1-50,000) were injected. A

CASE IX. C. C., four years old, was a severe case. Had a rapid and uneventful convalescence. This child was fed by Casselberry's method of inverting the patient.

Reports of Societies.

THE OBSTETRICAL SOCIETY OF BOSTON.

CHARLES W. TOWNSEND, M.D., SECRETARY.

REGULAR meeting, March 17, 1896, the President, DR. JAMES R. CHADWICK, in the chair.

DR. M. H. RICHARDSON read a paper entitled

REMARKS UPON INTESTINAL OBSTRUCTION FROM KINKS AND FLEXURES AS THE RESULT OF PELVIC OPERATIONS AND INFLAMMATIONS, WITH ESPECIAL REFERENCE TO HYSTERECTOMIES.<sup>1</sup>

DR. F. D. DAVENPORT said that in cases of the removal of pelvic tumors where a broad base is left he is in the habit of applying the actual cautery to the stumps, and quoted the results of German experiments upon animals as showing its good results in the way of preventing adhesions. He said that Martin recommends the use of sterile oil for the same purpose. Dr. Davenport thinks that the uniform use of the Trendelenburg posture is of great importance in preventing the formation of adhesions, by the lessened handling of the intestines which it permits. He believes the affection which was the subject of the paper to be very rare.

DR. EDWARD REYNOLDS was interested in the question of how far we can rely on the use of gauze packing to prevent the intestines from prolapsing into the healing wound after vaginal hysterectomy, and in this connection quoted a case of salpingectomy which illustrated the extent to which aseptic gauze may occasionally be used in the abdomen without leading to the

<sup>2</sup> Boston Medical and Surgical Journal, April 25, 1895.

<sup>1</sup> See page 32 of the Journal.