WOUND
OF THE
ABDOMINAL PARIETES;
PROTRUSION OF OMENTUM AND TRANSVERSE COLON;
DIVISION OF THE LATTER TO THE EXTENT OF
FOUR FIFTHS OF ITS CIRCUMFERENCE:
RECOVERY.

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ON the morning of Sunday, September 30th, in the absence of Mr. Luke, I was called by Mr. Austin to visit a healthy woman, æt. 51, an inmate of Bethnal Green Asylum, who had, during the night, inflicted on herself a severe wound in the abdominal parietes with a common razor. I found an irregularly zigzag incision, five inches in length, with the centre of it crossing the direction of the right epigastric artery. It was distant four inches from the umbilicus, and was directed obliquely from below upwards and outwards in the hypogastric and umbilical regions. From this wound protruded omentum and a portion of the transverse colon. The former was bruised, and detached superiorly somewhat from the gut; the latter had been cut

through, with the exception of one fifth of its circumference, the undivided portion remaining in connection with the meso-colon. The mucous membrane of either nearly separated portions pouted out so as to conceal from view the muscular and serous tunics. Blood was effused into the peritoneal cavity, but fecal extravasation, either inside or outside of the cavity, was not observed. To the inside of the protrusion the skin and fascia had been detached as far as the linea alba, so that the hand could be placed between them and the abdominal muscles. The muscles around and behind the protrusion were irregularly cut and jagged, and the opening into the abdominal cavity was about the size of a five shilling piece, more vertical in direction than the superficial wound, and about an inch nearer to the umbilicus. The woman was blanched, her feet were cold, and her face was bedewed with a clammy perspiration. She complained of great thirst. I stitched up the wound in the colon with the uninterrupted suture, which was passed through all the coats of the intestine, first from within outwards through one lip of the nearly divided gut, and then from without inwards through the other lip; and so on, alternately, until the two lips were brought into close approximation with each other. A small round sewing needle was used, the ligature being knotted at the end. This knotted end, from the manner in which the suture was applied, remained in contact with the free surface of the mucous membrane. The lips of the wound having been brought into close apposition, the thread was finally knotted on the outside of the serous covering of the gut, and the thread cut close off from the knot. Thus one extremity of the silk ligature was within, the other outside the bowel. The intervals between the stitches were about the sixth of an inch from each other, and about the same distance *through all the tunics*, from the border of the lips of the wound. Here and there, where the outline of either lip had been somewhat jagged and irregular, the mucous membrane bulged up from below. The mucous, muscular, and serous coats of the two segments of the bowel were thus brought into as

close mutual contact as could well be effected, considering the circumstances of the case. With a little careful manipulation, I reduced the protrusion within the abdominal cavity, and then applied the uninterrupted suture to the wound of the peritoneum, leaving, however, unclosed a small opening below, equal in size to the tip of the middle finger. The epigastric artery, which was not bleeding at the time the bowel was being stitched up, now required a ligature. One suture only was applied to the wound in the integument, one or two small partially detached portions of the external oblique tendon having been previously removed with the scissors. The abdominal walls were supported with strips of lint, strapping, and bandage.

The operation, during which brandy and ammonia were given at intervals, was necessarily very tedious, two hours having gone by before it was entirely completed. The patient scarcely moved or uttered a word the whole time. After she had somewhat rallied, she gave the following account of how and why she inflicted the injury.

“ When on a visit to her home, on the 20th of September, nine days before her attempt at suicide, she took a razor from her effects, and concealed it in her bustle. At 11 o'clock, in the night of the 29th, she got out of bed, made water, took the razor, which had been sewn up in her bustle, got into bed again, said prayers, and having asked God to receive her soul, began to cut herself, which hurt her very much. She continued to mangle herself all night more or less. Finding that she did not die, she turned over on her stomach, in the hope that the blood gravitating would the sooner put her out of her misery. She made the final gash when it was light in the morning.” At the hour of rising she excused herself for not getting up by stating that she was ill. Shortly after this she got out of bed, looked in the glass, and smoothed her hair down. On the attendant coming, at 20 minutes past 8 o'clock, with her breakfast, she said she had killed herself; and then the injury and razor were discovered.

On Mr. Austin seeing her, she expressed her regret that

she had not killed herself, and said, that certain of going to heaven herself, she should meet no mad doctors there, as hell was their doom. Beyond this style of talk she was perfectly rational and coherent. She expressed an earnest wish to see her son, and particularly desired that her attempted suicide might be concealed from him.

The plan of constitutional treatment that I recommended to be adopted, was approved of by Mr. Austin. It was to place the patient under the full influence of opium, and to allow little or nothing to be taken into the alimentary canal for some time. Ice was prescribed, and, at 2 p.m., P. Opii, gr. iij, were given in powder, and were immediately rejected; 3 p.m., another dose of the same quantity was retained; 6 p.m., another three-grain dose was given, and repeated at 12 p.m.

Mr. Luke, who subsequently attended the patient, fully agreed in the propriety of carrying out this treatment.

Oct. 1st, 7 a.m.—Patient has passed a quiet night, free from pain. The nurse's back being turned, she got out of bed to make water. Surface warm; pulse 90, not very feeble; tongue clean; countenance not anxious; discharge rather fetid. To have lumps of ice, and nothing else. Six grains of opium were given to-day in two doses.

2d.—Has slept a good deal since yesterday; passed a good night, with occasional starting from sleep, the result, as she says, of abdominal pain. She is restless, and attempts to justify herself; is telling lies of everyone around her, and falsely accusing the attendant of cruelty, &c. P. Opii, gr. iij, 11 a.m.; P. Opii, gr. iij, 5 p.m.; and P. Opii, gr. iij, 10 p.m.

3d.—Quite free from pain; pulse fuller, soft, 90. Complains of hunger: to have nothing but ice. P. Opii, gr. iij, 10 a.m.

4th.—Hardly so well; expression anxious; no pain; pulse 112, feebler. P. Opii, gr. iij, at noon; 8 p.m., P. Opii, gr. iij; midnight, Liq. Opii, ℥xl. To have strong beef tea, cool.

5th.—Expression less anxious, more comfortable men-

tally; no pain or abdominal distension. Beef tea, with bread crumbs. Liq. opii, ml , at bed-time.

6th.—Has passed a rather restless night. Pulse 94; tongue not dry, slightly coated, and brown; a slight erysipelatous blush extending towards the right axilla. Takes strong beef tea, toast, and iced-water. Soap suppository; Liq. Opii, 3j , at bed-time. There is a small abscess in the abdominal wall, at the upper extremity of the wound.

7th.—Passes flatus per anum; no abdominal pain or distension. An injection of half a pint of gruel was immediately ejected, in consequence of the perversity of the patient.

8th.—Pulse 96, fuller; slight flatulent distension; tongue furred and brown; wound rapidly closing; discharge rather fetid. An ounce of castor oil, taken at 9 in the morning, not having acted, the same dose in half an ounce of brandy was repeated at 2 in the afternoon. At 7 p.m. the bowels acted, and the motion was copious and solid.

9th.—Bowels open three or four times up to 4 p.m., the last motion quite liquid; pulse 88; tongue coated; wound healthy. Haust. Rhei. c. Tinc. Opii, 3ss , checked the purging.

10th.—The tongue cleaner; bowels open; skin cool; a narrow slough from the upper extremity of the wound was removed. Liq. Opii, mxl , at bed-time. On the 13th, the ligature from the epigastric artery, and on the 14th, that from the peritoneum, came away.

23d.—The wound is reduced to a narrow line of healthy granulations.

30th.—Wound all but healed; no medicine has been required, but an opiate at night. During the last fortnight has had a mutton chop, fish, and three ounces of brandy daily. The bowels have been regular.

The wound had healed on the following day; and on the 2d of November the patient got up, and has been up and active ever since. Thus the abdominal wound had healed on the thirty-second day after it had been inflicted. The ligature was not discovered.

Remarks.—For the greater part of the details of this case, I am indebted to my friend Mr. Austin, who watched the patient with unremitting attention, and carefully registered, day by day, anything worthy of mention during her progress towards recovery. The case affords, I think, an admirable illustration of the main principles of treatment, local and constitutional, that should be had recourse to in instances of wound of intestine that are similar to it in character and extent. I have submitted it, however, to the consideration of this Society, principally with the object of adding to the somewhat scanty evidence already on record, that tends to substantiate the conclusions first inductively arrived at by Mr. Travers,¹ in reference to the proper surgery of these severe but interesting injuries. Excluding from consideration the elaborate nature of the wound in the abdominal parietes, it would be difficult to conceive a better case for testing the validity of the plan of proceeding recommended by him. The good health of the patient bodily, her peculiar psychical condition, and the clean cut that had been made in a part of the intestine, of less vital importance in the oeconomy than the small, and the absence of fecal extravasation, were conditions that predisposed to its successful termination. This favorable termination was, no doubt, further ensured by the adoption of the opium treatment, and the temporary abstinence from food, both of which had been enjoined with the view of suspending for a time the peristaltic action of the alimentary canal, until it had become probable that the wound in the colon had been bridged over by a firm uniting medium.

For the first four days the patient took nothing but ice and opium; and the quantity of the latter administered during the first five days amounted to thirty-three grains. Her bowels were thus kept confined until the ninth day, on which, in consequence of flatulent distension, it was deemed proper to administer injections and castor oil, which acted well, without pain or subsequent inconvenience.

¹ 'An Inquiry into the Process of Nature in repairing Injuries of the Intestines,' &c. London, 1812, p. 188 et seq.

The absence, also, of any symptoms that could be construed into peritonitis was, it is reasonable to infer, attributable in no small degree to the free use of this valuable drug.

The correct constitutional treatment of serious abdominal lesions cannot, I think, be well overrated, and I have appended the details of a case, kindly furnished to me by my friend Dr. Wight, the East Indian Botanist, in which case a narcotic and sedative plan was effectually had recourse to.

"Some years back I was garrison assistant-surgeon," says Dr. Wight, "at Nigapatam, on the Coromandel Coast. At Naggor, a small sea-port town, about five miles from my station, there is what in that part of the country is esteemed a very sacred Mahomedan shrine or temple. A fanatical Mussulman Sepoy, probably smarting under the disgrace of punishment, took it into his head to get to heaven by a near cut, by committing suicide in this temple. With that view he obtained leave of absence from his corps, and, during one of the festivals of several days' continuance, travelled eighty miles, so as to arrive about the great day of the feast. Having said his prayers, and strengthened his resolution by a large dose of bang, he plunged a knife into the hypogastrium, and ripped up his abdomen to near the pit of the stomach. He then plunged it into the right lumbar region, and carried it across to the other, thus forming an extensive crucial opening. He quietly laid himself down to die, and in that state was left undisturbed by the bystanders. This took place about 3 p. m. He was allowed to remain in that state, the whole bowels protruding, until about 9 in the morning, an interval of eighteen hours, when one of his friends and the police thought it necessary to bring him to hospital. He was placed on a stretcher, with nothing but a thin cloth thrown loosely over him to protect him from the sun, and carried to Nigapatam, where he arrived in about two hours, still under the influence of the bang. The stomach, nearly the whole of small intestines, and transverse colon, were then protruding, and,

judging from their bright red colour, in a state of intense inflammation. In the stomach there was a wound large enough to admit the point of my finger, but otherwise the intestines were uninjured.

“The treatment was most simple. The protruding parts were gently sponged with warm water to remove clots of blood and dust; they were then returned, and the flaps of the abdomen brought together, and kept there by the interrupted suture, and the whole covered with cloths, and kept constantly wetted for some days with cold water. The only ingesta allowed for the first three days were an occasional teaspoonful of lemonade to relieve thirst, and a few enemas of barley-water. Opium was given. Under this treatment the man recovered without a single untoward symptom, and in about a month left the hospital and rejoined his regiment.”