CASE OF PERFORATION OF STOMACH FROM GASTRIC ULCER.

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EMMA S., aged 30, married, having three children, first suffered from dyspeptic symptoms about fourteen years ago. She came under my care in 1879, having previously been under the treatment of several medical men, but without obtaining relief. She had almost constant pain in the left hypochondrium and back, increased by food, with frequent attacks of sickness, the pain somewhat abating after vomiting. She was weak and anæmic, had scanty menstruation, the tongue was red and raw in patches, the edges thin and much indented; there was tenderness on pressure over the region of the stomach, the pulse was weak and quick; there was no history of intemperance, or of the occurrence of hæmatemesis; the appetite was capricious, and she had little self-control, so that her disease was aggravated by the indigestible food which she swallowed.

After a short time under my care, she went to Lincoln Hospital, where she remained six weeks, during a portion of which time nutrient enemata were tried, and food by mouth entirely excluded. Under this treatment, she rapidly lost strength from the great intolerance of ingesta by the rectum. She returned home worse, and after consulting several medical men, and despairing of cure, asked me to attend her for the purpose of mitigating her sufferings if possible. I again saw her in 1880, and from August to November in that year, tried every means of treatment for her relief I could think or hear of, but without success. During the latter month, I first tried nitrate of silver, giving one-sixth of a grain in solution in distilled water, desiring the patient to take each dose immediately before food, and warning her of the likelihood of increased irritation from the earlier doses. Her food was, and had been, regulated as most suitable to her. For about a fortnight her pain was greater, and during one of her severe attacks of vomiting which came on, and usually lasted three or four days, I discontinued the use of the drug; but, on her recovery, she recommenced its use, and I eventually prevailed upon her to take it for nearly nine months. After the continued use of the drug for some time, her pain and sickness decreased in severity and frequency until the middle of the year 1881, when she became quite free from both, and had gained twenty pounds in weight. A very faint trace of lead-coloured discoloration could be seen across the bridge of the nose, and extending to each cheek, and was the only disfiguration arising from the long continued use of the nitrate of silver.

In September, 1881, she first menstruated, after the cessation of the function for about two years; and about February, 1882, she became pregnant, and was confined of a healthy living female child on November 14th. A few weeks previous to this event, a violent attack of sickness took place, which I attributed to her pregnancy. For the first six months after her confinement she was in good health; but, after an illness from which the child suffered, and during which Mrs. S. almost constantly carried the child in her arms, dyspeptic symptoms again set in, and she gradually became worse, until December 12th, 1883, when she had a slight attack of hæmatemesis, which occurred on January 2nd. From the commencement of this illness, she took nitrate of silver in pill with opium, but little or no relief was derived.

On January 12th, 1884, about two or three o'clock in the afternoon, while she was cleaning her kitchen, Mrs. S. was attacked by a sudden and violent pain in the abdomen. I was immediately called, and found her in great agony, sitting on a sofa, her clothes loosened, and making strong pressure with her hands over the seat of pain in the lower part of her body. The muscles of the abdominal wall were spasmodically knotted; the countenance wore an agonised expression; there was flatulence, but no sickness. She had just taken a little brandy, but had no food since early morning. The pulse was so feeble, that I feared her instant death, and gave a draught containing compound spirit of sulphuric ether, and injected morphia hypodermically. As soon as possible, hot linseed poultices were applied, and repeated every ten or twenty minutes. At this time the symptoms all pointed to colic: severe pain moving from place to place, relief produced by firm pressure and heat, normal temperature, pulse not unusually quick for the patient (104), flatulence, no sickness. The possibility of perforation having occurred, although the symptoms would lead one to doubt it, made me regret having given the draught, and I resolved to give no more food or medicine by the mouth. I therefore administered hypodermic injections every two hours, or as often as

necessary; but after the first hour, the pain decreased to a great extent, and hot and heavy poultices always gave relief.

On January 13th, at 2.30 A.M., I saw her, and inquired as to the state of her bladder. She had not passed urine since the previous morning (seventeen hours), and found it impossible to do so now. I therefore passed a catheter, and drew off about six ounces of sherry-coloured urine. The small quantity did not alarm me at first, as it was not unusual for the patient to go twenty-four hours without relieving her bladder; but the abdomen had become slightly tender. The pulse was not quickened, and the character of the pain had become altered. At 8.30 I gave her a hypodermic injection of morphia, and at ten an enema of brandy, beef-tea, and a few drops of laudanum. At 11.45 I again passed the catheter, and drew off two ounces of urine, and found signs of an abortion about to take place. At 2 P.M. she dosed for first time. At 3 I repeated the enema. Dr. Lanthier saw her with me at 4 P.M.; the pulse then was 140. The temperature had risen to 99.8°; there was severe pain; the abdomen was more tender, and labour-pains were complained of. About 5 P.M. we removed the fœtus and placenta, and, in order to prevent hæmorrhage, gave a hypodermic injection of ergotine. The pulse had become exceedingly weak, but teaspoonful doses of champagne, frequently repeated, partially restored her. At 7.30 I again passed a catheter, as the patient wished to be saved the pain of moving, and drew off about one ounce of urine, making about nine or ten ounces during the past thirty-four hours. Her condition was now hopeless; the morphia was discontinued on account of the suppression of urine, and belladonna suppositories substituted. Her pulse became weaker, her extremities cold, and she ultimately succumbed at 10.40, suffering great pain to the last.

With some difficulty I obtained permission to make a *post mortem* examination, and, fourteen hours after death, I opened the abdomen, which was inflated with gas, which escaped on the introduction of the knife, leaving the intestines flaccid. The omentum was pale and friable; the intestines were also extremely pale and contracted; the stomach was small; the abdominal cavity contained several pints of serum, with a few flakes of lymph; there were no signs of congestion in any organ. On opening the stomach, the surface was smooth and creamy; the rugæ had almost disappeared; the only contents were two pills. Near the cardiac orifice an ulcer was found, in shape round, about the size of a two-shilling piece. At the bottom of this was a circular hole, as if a small bullet had been shot through. Near this perforation was, what I considered to be, the cicatrix of the former ulcer from which she suffered. The kidneys and liver were small and pale, and were it not for the perforation in the stomach, the organs were such as one would expect to see after death by starvation. The uterus was about eight or nine inches long, and, in appearance, what one would expect after abortion.

REMARKS.—During the last few months of Mrs. S.'s life, she ate very little, dreading the agony consequent on the presence of food in the stomach; she consequently became extremely anæmic and thin. Before her convalescence, in 1881, when she was also very anæmic, I found the greatest difficulty in producing any signs of irritation in the skin of her abdomen; mustard, if left on for hours, failed to produce redness, and croton-oil liniment produced only a faint crop of pustules, after frequent applications; but, during the period when she was apparently free from gastric trouble, mustard acted readily.

The draught by the mouth might well have been omitted in treatment, but her collapse was so great that I feared instant death, and therefore risked it, seeing that the symptoms pointed to intestinal colic rather than to perforation.

Perhaps an earlier discontinuance of morphia might have been advantageous, when the suppression of urine was so great; but the previous history of the woman's habits, and the extreme violence of her agonies, decided me to the continuance of the drug most likely to relieve. In giving champagne by the mouth, we trusted that the small quantities would be absorbed before reaching the stomach.

In conclusion, I shall be inclined to give nitrate of silver in solution rather than in pill, in any succeeding case where I may require its use for a stomach-disease, as the pill is apt to become inert.

SYPHILIS AND TABES.—M. Abadie does not accept Fournier's opinion, according to which every case of locomotor ataxy has a syphilitic origin. He says that atrophy of the optic nerve, though an early symptom, is never benefited by mercurial treatment. M. Ransé believes that some syphilitic lesions of the central nervous system may simulate, but not cause, true locomotor ataxy.