ULCERATION OF THE MUCOUS COAT OF THE STOMACH: PERFORATION OF THE PERITONEUM: PERITONITIS.

By WILLIAM COLLYNS, Esq., Surgeon, Kenton, Devon.

(Read at the Annual Meeting of the South Western District Branch.)

George Youlden, aged 50, a boatman, of long intemperate habits, having for more than twelve months previously suffered under symptoms indicative of chronic gastritis, and having for the last two months vomited his meals shortly after taking them, (invariably with relief to his general symptoms,) was suddenly seized on the 7th of May, 1845, on loosening his dress, after having eaten very sparingly at dinner, with pain in the left Hypochondrium, of a most acute and severe character. The pain gradually extended from this point over a larger extent of the abdomen, becoming more and more intense; and after suffering in this manner, without the slightest remission, he died at the end of sixteen hours from the time of his being first seized; the intellect, during the whole of this time, remained perfectly clear, and there was no occurrence either of vomiting or purging.

The abdomen was examined about six hours after death, the interior presenting all the appearances of the most acute recent peritonitis. It contained rather more than three quarts of a turbid yellowish fluid, with flakes of recent lymph floating in it; coagulable lymph was also deposited on the peritoneal surfaces of the various abdominal viscera, while here and there, on different points of the intestines, was a thin layer of pus. On looking at the stomach, a small circular aperture, about one third of an inch in diameter, was immediately seen on its anterior surface, about two inches from the cardiac orifice; and just below the lesser curvature, and around this point, the appearances were more indicative of intense peritoneal inflammation than elsewhere, several firm layers of coagulable lymph being deposited on the coats of this organ, and which could be stripped off one from the other with the finger nail. On opening the stomach, which was empty, a large surface of ulceration, the size of a crown-piece, was found in the mucous coat, with considerable heaping up around it of submucous tissue, causing the appearance from within outwards of a funnel shaped cavity, (which from this thickening was more than an inch in depth,) at the bottom of which was the small circular opening through the peritoneum. The appearances of chronic inflammation around the circle of ulceration were very strongly marked, the mucous membrane being thickened and injected for a considerable space around the spot where it had become destroyed by the ulceration. On looking further, it was apparent that another and previous attempt at perforation had been made in the posterior wall of the stomach, its coats having been eaten through in the same manner as in the anterior wall; the pancreas, however, had become adherent to it in this situation, and had thus blocked up the opening, the ulceration having extended slightly into the surface of this viscus, at the point where it had become adherent. The general structure of the pancreas was thicker and harder than natural, but did not give any appearance of scirrhus disease, nor did the diseased appearance of the stomach

present the character of scirrhus, but rather of simple chronic inflammation, with submucous thickening. The pyloric half of the organ, the pylorus itself, and the duodenum, were perfectly healthy; the liver was pale, smooth, and reduced in size; the spleen small but healthy; one kidney was healthy, the other was not examined.

Remarks.—Had there been any circumstances tending to create suspicion that this man's death had been caused by poison, the sudden accession of the symptoms, their rapid course and fatal termination, taken in connexion with the fact of his having been engaged in his usual employment the whole of the morning of the day on which he was seized, might at first sight have added weight to the supposition of death having been caused by some corrosive poison. The absence however of vomiting, purging, and sense of constriction of the fauces, with the previous history of the case, would have opposed this supposition, had there not been an examination made of the abdomen. The appearances here met with, however, would be almost conclusive as to the fact of death having resulted from natural causes, three leading circumstances being all in favour of death from disease.

1st. The evidence of chronic inflammation having been going on for a long time previously, with a former perforation arrested by the adhesion of the pancreas.

2nd. The absence of any appearance of softening or corrosion of the mucous membrane of the stomach by any chemical substance.

3rd. The characters of the opening itself in the stomach; this being small, circular, as if made with a punch, with firm and smooth edges. When an opening takes place through the stomach by corrosive action, it is generally large and irregular, the edges are ragged, soft, and easily broken down, and there is generally an absence of that submucous thickening which occurs in perforation from chronic disease, and which from within outwards gives a funnel shaped appearance to the opening; the ulceration being most extensive in the mucous, the least so in the peritoneal coat.

It is clear that in this case, the immediate cause of death was peritonitis, brought on by the escape of the contents of the stomach into the abdominal cavity, through an ulcerated opening, the result of previous chronic disease.

ON DETACHING THE PLACENTA IN CASES OF PLACENTA PRÆVIA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Your last number contains a case of placenta prævia, in which Mr. Wilkinson detached and extracted the placenta before he delivered the child. The thanks of the profession are due to this gentleman for the candid and clear statement of it, but more especially from me, as he has brought it before them as corroboration of a "plan" of practice recommended by me, and also as he has stated, that "many lives may be saved by the more general adoption" of it. The case is most valuable, as it affords further evidence of the truth of