CASE OF PERFORATION OF THE STOMACH: PERITONITIS: DEATH.

By FREDERICK COX, Esq., Welford.

I was called, (by a note,) about nine o'clock in the morning of the 29th of May, to see Martha D——, aged 20, a servant of Mrs. S——, of Thedingword. The note stated that the girl had been ill all night, had vomited much, and was in extreme pain in the bowels. I was unable to attend immediately, and sent word to that effect. I saw her about half-past twelve o'clock,—in the meantime Mr. Shepperd, a medical friend had seen her for me. The girl told me she had been washing on the previous day, and felt very well until bed-time, except that she had felt pain and uneasiness in the stomach during the afternoon and evening, but not enough to cause her to leave her work or refuse her food; at bed-time, (about nine or ten o'clock,) she was attacked with vomiting and headache, and soon experienced pain in the abdomen, that gradually increased in intensity. Mrs. S. had given her castor oil and infusion of senna to act upon the bowels; these remedies having been found beneficial on occasions, (not unfrequent,) of bilious attacks. When I say unfrequent, they occurred periodically, perhaps once in five or six weeks. The vomiting had ceased some hours before my arrival, but the pain was in no wise alleviated.

I found her with a pulse of 130 or more, neither full nor hard, anxious face, and complaining of great pain in the epigastric region, especially in the right hypochondrium, increased on pressure. There was one spot about the scrobiculus cordis very tender on pressure, but I have said the pain was most severe on the right side, the tongue was but little furred, the bowels had not been moved. The case presented most the appearance of acute inflammation of the serous coat of the liver, and so thought both Mr. Shepperd and myself,—at all events, it was manifest the peritoneum was greatly inflamed, and although the pulse was so rapid and small, I thought it prudent to try blood-letting, for it was plain relief of some kind must be speedily afforded. As she fainted after the loss of four or five ounces, I tied up the arm; she expressed herself as feeling relief from the bleeding. I ordered leeches and a blister, and sent her calomel and opium, and an effervescing saline aperient.

She gradually sank, and died in great pain about seven o'clock the same day.

Having, with great difficulty, obtained permission for a *post-mortem* examination, I proceeded to examine the body on the following day, assisted by Messrs. Culston and Shepperd.

The body bore the appearances of extreme health, and was beautifully developed; the muscles were particularly florid and healthy.

On opening the abdomen, the cause of death was at once apparent: a quantity of fluid in the cavity, and castor oil floating on its surface, too plainly indicated perforation of the stomach. The perforation was situated about the centre of the anterior wall—that is, about midway between the pylorus and the cardiac extremity, and having about the same relation to the smaller and larger curvatures; the edges of the ulcer were indurated, and a line or more in thickness, and gave the appearance of the aperture having

been cut with a gun-punch; it readily admitted the fore finger. The posterior wall of the viscus was adherent to the pancreas. On breaking through these adhesions, an ulcer of exactly the same form, size, and character, presented itself, and was situated as nearly as possible opposite the anterior perforation. The interior of the organ presented no unhealthy appearance, no traces of other ulcerations, nor did the duodenum. The peritoneal coat was greatly inflamed, but the evidences of inflammation of this membrane were most conspicuous on the liver, great patches of lymph being there visible, and there the most pain had been felt. Perhaps the poor girl had lain on the right side for some hours at first, and the serous membrane there had soonest been exposed to the influence of the fluids escaping from the perforation.

There was nothing further remarkable seen at the *post-mortem* examination.

Remarks.—The young woman, the subject of this affection, had been generally healthy; she had occasional bilious attacks, with headache, and lately slight pain in the stomach, but only at intervals. I attended her two or three years ago for a cutaneous eruption of the face, that I attributed to deranged stomach. The catamenia had been regular. She looked plump and well, and would have been pronounced by any observer a very healthy looking girl. Her appetite was usually good, and she had experienced no sickness, except at the times she had a bilious seizure.

When the age of this patient, the little previous suffering she had endured, together with the healthy, even lusty appearance of the body, are taken into consideration, I think this a somewhat remarkable case. One would reasonably expect to find emaciation and urgent dyspeptic symptoms attending such extensive mischief of an organ so important to life and health as the stomach. That organic disease to such an extent should not impair, and greatly impair, the functions of an organ, is, to say the least, wonderful; that it did not in this instance, is proved by the tone of rude health exhibited in the body. The fine muscular development it evinced could not have been attained had not digestion been well and perfectly performed. That the disease of the viscus was of some standing will be readily allowed, (although we have here no evidence of it), when we reflect on the length of time usually occupied in the formation and progress of these idiopathic ulcers. Doubtless these were of some standing, and the efforts attending a hard day's work had broken through the last fragile protection afforded by the peritoneum, nature not having attempted to stay the catastrophe by forming adhesions anteriorly as she had done to the pancreas; perhaps from the fact that the organ cannot maintain long the same relative position to the anterior parietes of the abdomen as to the pancreas. Since the publication of Dr. Young's case, I do not think the mere circumstance of youth in my patient so remarkable as I previously did.

Welford, Aug. 21, 1845.