CASE OF LONG-STANDING SEVERE ABDOMINAL COLIC CURED BY OPERATION.

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Mrs. W., aged 50, a lady of good position, and the mother of a large family ranging from 29 to 6 years of age, suffered for twenty-five years from occasional attacks of "pains in her side." These attacks had become more frequent and more severe of late, precluding her from taking part in her social duties. It was quite impossible to assign any immediate cause to each attack, though fatigue seemed to predispose. She was strictly dieted, but seemed better with a generous allowance of varied food. Tonics, aperients, and sedatives were prescribed alone and in various conjunction without influence on her "pains."

The attack commenced with pain in the left side, underneath the ribs; this increased in intensity for an hour or two, sometimes going through to the back, at other times "scraping down the spine," then sickness and distressing retching supervened for the space of three or four hours, and the patient was left after six or eight hours—sometimes even twelve hours—in a state of collapse, with small, quick, thready pulse, perspiring skin and much tenderness over the slightly distended left hypochondrium.

On physical examination nothing definite could be discovered; there was no dulness, no hard swelling, but some sense of resistance and tenderness over the region affected. Rest in bed with dorsal decubitus, hot external applications to the side, and the administration of $\frac{1}{100}$ grain atropine appeared to give some relief.

Morphine and opium were at first given, but their administration caused such distressing sickness on the following day that they could not be continued. There was no evidence of disease of the kidneys, ureter, bladder, uterus, or any other abdominal organ.

In the interval between the attacks the patient enjoyed good health, though she was weakened for a time, and unfit for much exertion. She suffered from frequent and profuse menstruation, which tended still more to undermine her strength.

After a more than usually severe attack on December 1st, 1893, aggravated by her travelling home from London too soon, and other less severe attacks about Christmas, 1893, I consulted Dr. J. Kingston Fowler, who saw Mrs. W. on January 18th, 1894. He then found an entire absence of any abnormal symptoms, so we decided to wait.

A severe attack on January 21st and another on February 3rd determined me, with Dr. Fowler's entire concurrence, to seek surgical aid. Mr. Frederick Treves came down on February 14th prepared to perform an operation for the further elucidation of the symptoms, with the hope of removing their cause and freeing the patient from the "pains" which she had dreaded more and more. I quote his own words:

"Memorandum of an operation performed upon Mrs. W. on February 14th, 1894, by Mr. Treves, assisted by Dr. Hoar and Dr. Ground.—The abdomen was flat and the wall flaccid. An examination made under an anæsthetic before the operation revealed nothing. The abdomen was opened by a median incision immediately below the umbilicus. The peritoneum on the anterior abdominal wall was thickened and opaque in places; it was otherwise normal. The uterus was large and retroflexed; it appeared to press upon the rectum. There were no adhesions of any kind in the pelvis. The cæcum and appendix were perfectly normal. There was no rent in any part of the mesentery, no internal hernia, and the fossa duodeno-jejunalis was quite free. In the left hypochondriac region immediately under the spot at which pain had always been complained of were found two rigid and cord-like bands. They occupied the position of the sustentaculum lienis, and as no other adhesions were found in the district there is no doubt that these bands were due to changes in the sustentaculum itself due to pressure and stretching. One band was the size of a No. 5 catheter, the other of a No. 7 catheter. They were a thumb's breadth apart, and were well placed to snare a loop of the small intestine. Both bands were divided, and all trace of resistance in the region removed. The pancreas was large, very hard, and nodular. It was impossible to say if it were the seat of any disease, but its large size arrested the attention immediately. There were no enlarged glands in the district, and no adhesions. The other viscera were inspected, and appeared to be in every respect perfectly sound. The kidneys were not movable, and there were no gall stones in the gall bladder. The abdominal wound was closed in the usual way. From the extreme thinness and laxity of the abdominal wall it is possible that a ventral hernia may follow."

Mrs. W. bore the operation well, and her convalescence proceeded satisfactorily in spite of a slight attack of pain on March 5th, lasting from 7 P.M. till 1.30 A.M., since which time she has had no return whatever. She was kept in bed for a month, and has worn an abdominal belt since. There is now no ventral hernia. She went to the seaside after Easter, and has quietly regained her health and strength.

[1] Read at the meeting of the West Kent District of the South-Eastern Branch at Maidstone March 15th, 1895.

A CASE OF NEPHRECTOMY: RECOVERY.

By JOHN McNICOLL, L.R.C.P. and L.R.C.S.Edin.,
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W. C., aged 26, a labourer, was admitted to this hospital on October 15th, 1894. He had ceased work at the end of March, 1894, describing his symptoms as "feeling cold and sleepy, with pain in the bladder and difficulty in making water, which was like milk." He was then for six months under treatment. He suffered from hæmaturia occasionally, and was losing flesh and getting weaker daily.

On admission he was greatly emaciated and sallow. The urine contained a large quantity of pus, which varied in amount from time to time in inverse ratio to the height of the temperature, the latter always running up as the quantity of pus diminished. Pain was referred to the left lumbar region and to the penis. There was an increased area of dulness over the left kidney, and an abnormal fulness of this region, with considerable tenderness. The amount of urine passed varied from 18 to 35 ounces a day, its reaction ranging from slightly acid to alkaline.

After keeping him under observation for a short time, and a consultation with my colleagues, I decided to cut down on the kidney to examine its condition, and if necessary to perform either nephrotomy or nephrectomy. On November 30th, 1894, under ether, an incision was made 4 inches long, and extending from the end of last rib slightly forwards and downwards to the crest of the ileum. There was no difficulty in getting down to the kidney speedily. A slight incision into the exposed kidney was followed by a flow of pus. Introducing my finger into this small opening I soon discovered that what had once been the kidney was now only a bag of pus. In order to reduce the size sufficiently to enable us to pull the kidney through the external incision, we drew off as much pus as we could, but even then we found we had to deal with a viscus much too large for the original opening. I therefore made another incision from the top of the first and at an obtuse angle to it for about 2 inches backwards and upwards between the eleventh and twelfth ribs, thus getting an inverted V-shaped opening with its apex opposite the end of the last rib, which moved sufficiently freely to allow considerable space for the exit of the kidney. I was now able to sweep my hand all round the kidney and draw it out. We had no difficulty with hæmorrhage; pus gave the main trouble, and great care was necessary in washing the cavity out and keeping it aseptic.

The pedicle was tied with stout silk, the kidney removed, and the pedicle allowed to fall back into the cavity, the ends of the silk being allowed to protrude from the lower angle of the wound to serve as a guide in case of hæmorrhage, the pedicle being so short and friable that it was impossible to stitch it to the edge of the incision. The cavity was well washed out with boracic lotion, and dusted with iodoform, a drainage tube 8 inches long introduced, and the wound sutured.

The case made excellent progress; the stitches were removed on the tenth day, and the drainage tube was

Br Med J: first published as 10.1136/bmj.1.1790.864 on 20 April 1895. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.