

As soon as possible after the occurrence, the wound, without being in any way cleansed, is painted with the following solution :

Tinct. iodi (B.P.)	2 parts
Ether	3 "

A second coat is given after about a minute. An ordinary clean camel-hair brush is used, and the application made well around the wound. No further dressing is required in cases where the wound is not liable to be soiled or rubbed (for example, wounds about the face); in other cases a simple pad of sterile gauze is used. If uncovered (and this gives the best results, when feasible), a single fresh application of the iodine is made three times a day; if covered, only twice. This method also yields very good results in impetiginous eruptions and in the treatment of boils.

I have at present under my care over 400 imbecile patients, amongst whom casualties of widely varying degrees of severity and of sepsis are necessarily of frequent occurrence, and treatment as above described has given most excellent results, which have in many instances been checked by comparison with the behaviour of similar lesions (sometimes in the same patient) under treatment with (1) sterile dressings alone, (2) boracic, and (3) cyanide gauze and perchloride of mercury dressings.

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Reports

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

WHITEHAVEN AND WEST CUMBERLAND INFIRMARY.

A CASE OF PARTIAL GASTRECTOMY: RECOVERY.

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THE patient, a miner, married, aged 47, was admitted into the infirmary on May 29th, 1909, complaining of weakness and indigestion, which had been troubling him for eight months.

History.—He had noticed that during that time he had been getting thinner and weaker, and a feeling of weight after eating food had gradually come on. For a few months before he was admitted he had been vomiting, at first a few hours after food, and then immediately after it. Vomiting relieved his pain, but taking food never did. He had never vomited blood, nor was there any history of melaena. The ordinary treatments for indigestion did him no good.

On admission he was emaciated and sallow in appearance; temperature 98°, pulse 68, respirations 18. Abdomen not distended, but stomach was dilated a little upwards. No succussion splash. He had some arterio-sclerosis, otherwise circulatory and other systems were apparently quite healthy.

Treatment.—With rest in bed and stomachic treatment he at first improved slightly, but then signs of dilatation increased, he having visible peristalsis. Also a test breakfast revealed the absence of free hydrochloric acid and the presence of lactic acid. In addition, a light supper, in which thirty currants was given one evening, on being siphoned off next morning was little changed. A doubtful lump was then felt over the region of the pylorus, he was also having more pain and losing weight. The condition was considered to be one of pyloric obstruction, probably malignant in nature.

Preparation for Operation.—For five days prior to the operation the patient was dieted on peptonized milk and Benger's food, these being sterilized. He was also given an antiseptic mouth wash. Liquor strychninae m v was given four times a day. The stomach was repeatedly washed out, the last time being one hour before the operation. At this latter time an enema of 10 oz. of normal saline solution with 1 oz. of brandy and liquor strychninae m x also being given.

Operation.—June 16th, 1909. A small mesial incision was made above the umbilicus and a preliminary examination made. The pylorus was found to be very hard and thickened, and apparently carcinomatous. It was wonderfully freely movable, however, and it was considered to be the right thing to do to remove the growth, with about two-thirds of

the stomach. There were glands, but none were very large, and they also were not fixed. The incision was enlarged up to the ensiform cartilage above, and down to below the umbilicus. The rest of the abdominal cavity was carefully shut off by flat sponges, the stomach and growth being drawn out as much as possible. The gastro-hepatic omentum, together with the coronary artery, was tied, and the lesser curvature of the stomach freed to the duodenum well beyond the growth. The duodenum was then clamped by two clamps and divided between the clamps, the superior pyloric and gastro-duodenal arteries being also tied. The distal end of the duodenum was then closed by a double suture—first a continuous one through all its coats, and then a sero-muscular suture outside that, as recommended by Mr. Moynihan. The great omentum was next tied off well away from the stomach, and so as to remove quite two-thirds of this organ. The stomach was now clamped at this point with two clamps, divided and sutured, as the duodenum had been, by double sutures, two Halsted stitches being also put in at each end of the division. A posterior gastro-enterostomy was then performed and the wound closed up.

After-Treatment.

The patient was returned to bed and his head slightly raised. Pulse 108, respirations 26, temperature 98°. Every three hours he had an enema of normal saline solution half a pint, brandy 6 drachms, and adrenalin half a drachm. These were continued for three days, and then given for two days longer every five hours. He was gradually propped up more in bed, and next morning, as there was no sickness, he was given by the mouth zss . albumen water every half-hour. During the day and next evening he brought up, without retching, on several occasions mouthfuls of blood-stained fluid. For this he was given adrenalin m xv , aqua ad zj , every half-hour for three hours. The fluid by the mouth was gradually increased, so that by the fourth day he was taking ziv of peptonized milk, whey, albumen water, meat extract, cream, or Allenbury's No. 3 food every hour. On the fifth day he had some milk pudding, and after the first fortnight a little minced meat. On the second day after the operation he strained violently with retching, and the abdominal suture gave way, completely re-exposing the stomach. He was given ether, and the wound stitched up again, and it healed by primary union without further trouble. For the first two days there was considerable shock. Pulse 120 to 132, respiration 30, temperature 102° to 99°. The temperature remained from 99° to 100° for a week longer, then became normal, and the pulse fell to 95, at which rate it remained until he was discharged.

As a further complication it should be mentioned that four days after the operation he had a general convulsion, which lasted about a minute, and subsequently he had two to three a day for five days. It was considered that this was due to arterial spasm, he having a high blood pressure and his brachial arteries being decidedly atheromatous. Potassium iodide and bromide relieved the condition.

The patient got up five weeks after the operation, wearing temporarily an abdominal belt, and he was discharged from hospital on August 5th, having an exceedingly good appetite, and expressing himself as feeling better than he had done for years.

After-History.

He remained well for several months, despite the fact that on one or two occasions he gave way to some excess of drinking. In January, 1910, however, he showed signs of recurrence apparently in the wound, which became very indurated, a hard mass being felt in the whole of the scar extending deep down in the wound to the stomach. He also had persistent vomiting. He gradually got worse, and died on March 13th of this year—nine months after the operation.

Further Notes on the Case.

At the operation a diagnosis of carcinoma seemed absolutely certain, and the previous and after-history of the case apparently confirmed this. However, microscopical examination of the growth was not so certain. A piece was sent away for investigation, and the report thereof stated that "it showed the mucous membrane and muscle to be infiltrated by small round cells, like lymphocytes, without any evidence of destruction of tissue."

I think, however, the subsequent history leaves no doubt as to the nature of the disease. I regret that a *post-mortem* examination was not obtainable. The general interest of the case has tempted me to report it.