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drugs, viz., that certain substances applied to the branch of a nerve suspend its sensory functions over its whole distribution for a considerable time (vide Barker's paper, vol. ix., p. 115, JOURNAL OF THE ROYAL ARMY MEDICAL CORPS).

The main advantages which seem to exist over the older methods are: (1) The absolute certainty of rendering the whole of the skin and mucous membrane analgesic; (2) the possibility of introducing the injection through one needle puncture; (3) the fact that the skin near the symphysis is much less sensitive than that near the end of the organ, especially when there is inflammation present; (4) there is no oedema at the site of operation; (5) there is (thanks to the adrenalin) no haemorrhage requiring a ligature: the continuous suture and gauze pressure is quite sufficient for this.

The operations for ingrowing toe-nails and for hammer-toe, which I have described in previous volumes of the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS, can be performed more satisfactorily by introducing the eucaine solution near the web so as to act on the nerve trunks. In the former operation it need only be injected into one side, but in the latter it is necessary to inject both sides of the toe. A comparatively large quantity should be used, and the operation should not be commenced for at least twenty minutes.

Necessity for Drainage.—By making use of catgut sutures to obliterate the deeper parts of operation wounds, such as those of radical cases of hernia or varicocele, one is able to dispense with the drainage which one used to consider necessary in order to get rid of the excessive serous discharge which is poured out when the effects of the adrenalin have passed off.

REPORT ON A CASE OF RUPTURE OF THE KIDNEY AND SPLEEN.

By Major F. J. W. PORTER, D.S.O.

Royal Army Medical Corps.

PRIVATE G. was admitted to the Military Hospital, Colchester, at 3 p.m. on December 14th, having been kicked in the left mid-axillary line over the ninth, tenth and eleventh ribs. There was a crescentic bruise, such as would correspond with the print of a horseshoe. He stated that he had not fallen across anything, and there were no other bruises. Although he arrived at the hospital within fifteen minutes of his injury, there were no signs of collapse. His temperature was 97·4° F., pulse 80, full and strong, and his condition did not suggest that he had received any serious injury. There was no sign of internal haemorrhage, no vomiting, no fulness in the loin, and only slight tenderness on pressure there. There was no evidence of a fracture of
the ribs. I saw him at 6 p.m. He had just passed a good deal of blood by the urethra, and complained of some pain in the left loin, which became aggravated at intervals, and which suggested renal colic caused by passage of clots. There was slight dulness in the left iliac region, and it was thought that possibly his spleen had been slightly torn. His abdomen was rather rigid and he had some tenderness, which was referred chiefly to the epigastrium. There appeared absolutely no indication for operative interference.

December 15th.—He had a good night. Pulse this morning 100; temperature 99.2° F. Vomited (for the first time since his injury) a little milk at 8 a.m. Hematuria ceased during the night.

December 16th.—Temperature last night 100° F.; pulse 92. Temperature this morning 97° F.; pulse 118. No vomiting from 8 a.m. yesterday, until 6.30 this morning. He then vomited some bilious fluid twice, and had hiccough. The abdomen was slightly more distended than yesterday and appeared chiefly due to dilated stomach and colon. A large turpentine enema was given, but without result. He vomited again at 11 a.m., 2 p.m., and 3 p.m. From this time his vomiting and hiccough became almost incessant. His abdomen became more distended and his pulse 132. At 5 p.m. it was thought that the peritonitis was probably due to sloughing of the bowel consequent on some injury to the blood supply.

Laparotomy was performed through the left linea semilunaris. Free blood was found in the left half of the abdominal cavity, but not more than about half a pint. There was extravasated blood in the coats of the descending colon. The small intestines were inflamed and much distended, but no gross injury existed. The coils were therefore quickly emptied through small incisions, and the abdomen closed.

December 17th.—He rallied well from the operation, but his pulse continued very rapid. Continuous rectal injection of saline solution was carried out in the early part of the night, but owing to his bowels acting freely, this had to be stopped. About three pints were also given subcutaneously. He vomited a good deal of dark blood before his death, which occurred at 11 a.m.

Post mortem, Twenty-four Hours Afterwards.—No tear in bowel. Extravasation of blood in muscles of left loin, extending down to iliac crest. Much bruising of the great omentum at its attachment to the extreme left of the greater curvature, and the wall of the stomach at this spot was also discoloured. About 6 ounces of blood in the lesser peritoneal cavity. Spleen slightly torn through its posterior edge. Left kidney completely torn across its upper one-third, and surrounded by about 1½ pints of dark blood-clot. Extensive subperitoneal haemorrhage in all directions. No fracture of rib, and only very slight ecchymosis in two of the lower intercostal spaces. No injury to the diaphragm.

Remarks.—The entire absence of shock after such a severe injury to
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one kidney is, I think, remarkable, especially from what one knows of the effect of a "kidney shot" on animals. It is also difficult to understand how the kidney could have been torn at all, without fracture of ribs, from a blow placed as this one was. From the very transitory bruising of the skin, absence of fracture of the rib, and a small amount of ecchymosis in the intercostal spaces, one gathered that the blow could hardly have been given by the animal with its full force.

Mr. A. E. Barker was kind enough to send the following reply to my request for his explanation of the injury to the kidney: "Such cases of injury to the kidney by a blow on the lower ribs are not unknown, even where the ribs are unbroken. I suppose the explanation is, that the ribs are resilient enough to yield to the force applied, and catch the kidney against the spine, so crushing it. I have seen a post mortem on such a case, where the wheel of a waggon passed right across the abdomen, over the lower ribs, completely crushing the upper one-third of the right kidney, and bruising the jejunum to such an extent as to cause a bad stricture: the man recovered, and without operation. He lived six years, dying as the result of the stricture of the jejunum. The upper one-third of the right kidney had been completely pulped and was only represented by scar tissue. Such cases offer great difficulties for the surgeon."

Mr. Barker's case is extremely interesting, but is hardly quite a parallel one to the case I have reported above. It would be very interesting to hear if any member of our Corps has ever met with a precisely similar case.

INTRAPERITONEAL HÆMORRHAGE FROM A RUPTURED TUBAL PREGNANCY.

By Captain A. E. Weld.

Royal Army Medical Corps.

That a case of internal haemorrhage from a ruptured Fallopian tube is not quite an every-day affair, must be my apology for asking you to record this case.

Past History.—Mrs. B. aged 34, had been married fourteen years. She was a multipara, and had had three children. The first child was born one year, the second four years, and the third thirteen years after marriage. She had had no miscarriages. There was trouble after each confinement, especially after the last one, which was followed by some sapremia, as she stated that "the discharges were offensive, she had attacks of fever, and was in bed for a month in a Dublin hospital." She had never felt well since.

Present Illness.—She had never suspected that she was pregnant, as she had, she maintained, been "unwell" every month since her last confinement, sixteen months before. Close questioning, however, elicited