Clinical and other Notes.

A CASE OF CHRONIC ABDOMINAL DISORDER.

By MAJOR G. CREE.
Royal Army Medical Corps.

The following case illustrates the fact that frequently in chronic abdominal disorders, accompanied by a neurotic condition, an operation, though in itself inconclusive, frequently relieves all symptoms. It also presents other points of interest.

Mrs. D., aged 37, married fourteen years, no family and highly neurotic, was sent to hospital by the Medical Officer of the Royal Marine Light Infantry with the following history: Soon after marriage she suffered, after not having seen her periods for two months and supposing herself to be pregnant, from an attack of violent pain in abdomen with bleeding from the uterus. From that time to this she had always suffered from considerable pain during the menstrual period and also between times. For the last three months all her symptoms had become very much aggravated, the pain very acute and constant, with the menstrual period most irregular. This suffering had produced a very considerable degree of emaciation, and there had been obstinate constipation, the temperature somewhat unsteady, but nothing that indicated suppuration.

Two days after admission, on June 10th, 1903, a thorough examination under chloroform was made, when the following condition of affairs was found. Palpation through the abdominal walls revealed nothing, beyond the fundus of the uterus occupying a somewhat higher position than natural. Vaginal examination showed that canal to be shortened and the posterior wall very firm and resistant. The uterus was found to be somewhat thrust forward, but not fixed; the os uteri was in normal relative position with no flexion or version, a sound passing easily the whole length of the organ. Per rectum there was found, apparently occupying the whole of Douglas's pouch, a large rounded swelling about the size of a large orange, which almost obliterated the lumen of the gut. It was quite smooth, the feel elastic but not fluctuating, and apparently firmly fixed. The mucous membrane over it was smooth, not infiltrated or thickened, and no large lymphatic glands could be found.

A few days later a second examination was made, and as no change in the condition of affairs was found, it was decided to operate as soon as possible. On June 24th, 1903, the abdomen was opened by a median incision below the umbilicus and the following conditions found: The uterus somewhat enlarged and smooth. The ovaries, Fallopian tubes
and broad ligaments were firmly tied to the sides and bottom of Douglas's pouch behind, and also to the back of the bladder and abdominal wall in front, by extensive old adhesions. No tumour of any description was found, and the ovaries were small and healthy, so, taking into consideration the extent and character of the adhesions and the risk there would be of injuring the rectum, bladder and ureters by any attempt to break them down, it was decided to do nothing further. The abdomen was closed in two layers, and the wound dressed with cyanide gauze.

The after progress of the case was quite uneventful and apyretic. The wound was dressed on the sixth day and had healed by first intention, and on the fourteenth day the patient was allowed up and to partake of her ordinary diet. Three weeks after the operation, the patient being quite convalescent and all her previous trouble having entirely disappeared, she was again examined, when it was found that the "swelling" in Douglas's pouch had completely disappeared. She left hospital on July 25th, 1903, one month after the operation, apparently quite relieved of all her troubles.

A CASE OF OVARIOTOMY PERFORMED AT THE MILITARY FAMILIES HOSPITAL, DEVONPORT.

By MAJOR G. CREE.

Royal Army Medical Corps.

MRS. D., aged 29, was sent into this hospital from Bodmin on March 12th, 1904, suffering from an ovarian tumour.

Operation.—On March 17th the abdomen was opened in the usual way under chloroform, and the tumour found to be an unilocular cyst of the left ovary. Being too large to deliver en masse through the abdominal wound, it was punctured and gradually drawn out. There were two moderate adhesions to omentum, which were ligatured and divided. The pedicle was of moderate length and thickness, and was ligatured with the usual precautions. The cyst held about one gallon of fluid. The right ovary being found normal, the wound was closed in three layers, silk being used in each instance.

Progress.—There was very little shock after the operation, and practically no vomiting, the temperature the same evening being only 98-4° F. The patient expressed herself as being very comfortable, there being but little pain. On the following day (18th) the morning temperature was 98-8° F., and the evening temperature 99-6° F.; on the next day (19th) the morning temperature was 100-5° F., and the evening temperature 102-8° F. This sudden and acute rise of temperature was in itself somewhat alarming, but the absence of vomiting, distension of abdomen and pain prohibited the idea of septic absorption. The follow-