

### Interesting Cases.

#### SUPPURATIVE PERITONITIS; ENORMOUS COLLECTION OF PUS IN ABDOMEN; SPONTANEOUS EVACUATION; RECOVERY.

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K. C—, an English girl, aged 4, was admitted into the Home Hospital on the 18th February, 1899, suffering with febrile symptoms, intestinal pain and diarrhoea, with foetid evacuations. She was pale, emaciated and tuberculous looking, having a marked cachectic appearance. The father was a strong, healthy and remarkably robust man, a giant in height and build, standing six feet two inches; the mother was of middle height—thin, pale, waxy looking. She was otherwise in apparently fair health, and, on examination, evinced no physical sign of illness to account for her phthisical look. This was her only child. She had nursed it up to the age of eight months, and then it was bottle fed. The little one had been a source of anxiety to the parents, and had suffered off and on with a low form of intermittent fever and occasional disturbance of the bowels in the form of diarrhoea. I had seen the child on four of five occasions since its birth, and the use of quinine, combined with rhubarb, soda and ipecac, always acted beneficially. In the present illness, the fever and diarrhoea had lasted for a week. Before the mother sought medical aid, she had used home remedies without avail, and when brought to the Home Hospital on the 18th February, the little one seemed much prostrated. The abdomen was tense, tympanitic and tender, the skin was hot and dry, the temperature 102 degrees, the face pinched and anxious-looking. She was peevish and cried a good deal; her bowels were relaxed, and moved almost every 2 or 3 hours; the motions were watery, slate coloured and very foetid; they consisted of mucus and serum, somewhat foecal stained; there was a slight cough, but the lungs were quite clear. Urine was passed freely and of a natural colour; her appetite was fairly good.

She was given castor oil emulsion, containing 2 drops of terebinte and 1 of laudanum, every 4 hours, alternated with 5 drops of mercuric bichloride solution B. P., in water, every 4 hours. The body was sponged with tepid water every 6 hours to reduce the temperature. The abdomen was smeared with belladonna suspended in glycerine. Her diet consisted of raw arrowroot (a teaspoonful of the flour in a wineglassful of water) alternated with strong beef tea every 2 hours.

Within 3 days the intestinal foetor had dis-

appeared and the temperature had come down to 100 degrees. The tympanitis and abdominal pain had subsided, the alvine excretions had greatly lessened in frequency and altered in consistency, there was much less mucus and serum and more foecal matter, grumous and dark brown coloured. The child was quiet and somewhat cheerful and was sleeping better. There was still pain on pressure over the whole abdomen, but more so about the umbilical region. The laudanum was omitted from the mixture, which was continued, so also was the bichloride solution internally, and now, as an inunction to the abdomen, biniodide of mercury, 5 grains to the ounce of belladonna and glycerine, was added, and gentle massage was done morning and evening. Steady progress was made daily. Cooked gruels with milk, soup, bread, and a light-baked custard, formed the diet for the remaining few days, and the little one was discharged from hospital, at the mother's request, on the 5th March—15 days after admission. She seemed very much improved in condition and was able to walk about, though there was still tenderness on pressure in the umbilical area.

Three days later, the mother brought the child into hospital again, as the fever had returned, accompanied by severe abdominal pain and tenderness on pressure. It was now noticed that the umbilicus bulged a good deal forward; and on palpation, distinct fluctuation was apparent, quite two inches around the umbilicus. The temperature was 101 degrees, the bowels were moved, the motions being of a grumous character, somewhat offensive, but of a healthy colour. She took her nourishment well, and was allowed arrowroot gruel cooked in water and milk, as well as soup. The emulsion with laudanum was renewed, so also was the bichloride solution, and locally the glycerine and belladonna. Fomentations with hot bran were also applied to the abdomen every 4 hours. There was no return of the tympanitis. For the next two days the abdominal fluctuation increased, and there was marked dulness from the zyphoid cartilage to the pubis and well into both flanks, while the bulging was very marked over the whole area. The tenderness and pain were less, and the child was able to turn about the bed in any position and to lie on her back with her legs extended without any exaggeration of pain. A condition of subacute general peritonitis, probably tubercular in origin, with effusion tending to suppuration, was diagnosed. I advised the mother to have a consultation with Colonel R. Havelock Charles, I.M.S., Professor of Clinical Surgery to the Medical College Hospital, as I surmised there was urgent need for laparotomy and sterilised irrigation of the peritoneal cavity. This was

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