

THE

MONTREAL MEDICAL JOURNAL.

Vol. XXXII.

JUNE, 1903.

No. 6.

EXOGENOUS PERFORATIVE ULCERATION OF THE INTESTINES.

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Employing here a title which is unusual, if not new, it is necessary perhaps, at the start, to state clearly what is included under the term.

Perforation of the wall of the stomach or intestine may, in the first place, be due to causes other than ulceration, may be the effect of trauma or of some acute necrotic process, the whole thickness of the wall over a considerable area dying, and rupture resulting as a consequence. In the second place, where a definite ulcerative process precedes the perforation, that process may originate either on the mucous aspect of the gut,—and this is the more common,—or may develop from the serous surface, proceeding inwards. The former of these processes is *endogenous*, the latter, *exogenous*—developing from without—nor can I call to mind any term which more accurately indicates and includes the cases I now wish to bring forward, than this of exogenous ulcerative perforation.*

My attention has been turned to this condition by a striking case which recently came to the post mortem room at the Royal Victoria Hospital. Before further discussing the subject, it may be well to give a brief account of the case in question. For the clinical notes I am indebted to Dr. Bell.

Autopsy 1, '03. This was a boy of 15 who gave the history that he had always lived on a farm and for the last few years had worked there. In the beginning of November, 1902, he was suddenly taken ill with a dull persistent abdominal pain, so considerable that he immediately took to bed. There was no vomiting nor diarrhoea, but a slight degree of constipation. The pain was generalised from the onset, although, according to his home doctor, there was a period

* A name for the condition in many respects admirable is that of "primitive ulceration of the peritoneum," employed by McAdam in 1834, but this does not fully indicate the perforation associated therewith.