

CASE OF IMPENDING FATAL COLLAPSE.

IMMEDIATE RESUSCITATION BY TRANSFUSION OF SALT SOLUTION
INTO THE PERITONEAL CAVITY.

By T. JOHNSON-ALLOWAY, M.D.,

Instructor in Gynecology, McGill University, Montreal.

The following case is one of some special interest, and I am induced to publish it in detail:—

Mrs. —, aged 42; married twenty years, three children, youngest 10 years of age; no miscarriages; menstruation regular, duration two days; no menstrual pain, but has of late felt a “gnawing soreness” at epigastrium. Has always been weak and suffered from nervous prostration. By “spells,” has attacks of vomiting without any apparent cause. Has never been jaundiced. During the past six weeks has noticed her abdomen becoming enlarged, but suffered no pain there. The measurement of the abdomen at highest point, on admission into my hospital, was as follows during successive days:

34½ inches.	35 inches.
34½ “	35½ “

The enlargement shows a tendency to increase notwithstanding active purgation.

On a careful abdominal examination it was proved that the enlargement was due to free fluid in the cavity and not to encysted. It was therefore a question as to the cause. After careful consideration I formed the opinion that the ascites depended upon malignant disease. The quantity of ascitic fluid seemed too large for that caused by tubercle; neither had there been a history of previous attacks of peritonitis, so constant in tuberculosis of the peritoneum. The temperature also did not vary from normal standard at any time during her illness. In fact her present condition was great and progressive emaciation, prostration, and abdominal enlargement. After she had been under preparatory treatment for about one week I opened the abdomen. Three gallons of dark-brown, limpid fluid flowed out, and at the bottom of the pelvis I found two large, hard bodies—the ovaries; they were non-adherent, nodular, and