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A CASE OF RETRO-PERITONEAL HÆMORRHAGE.

BY JAMES MCLEOD, M. D., CHARLOTTETOWN.

MRS. ———, aged 52, a woman of splendid physique and healthy appearance, consulted me on July 17th, ult., for pain in the epigastrium which had persisted for a day or two. Her previous health had been almost invariably good, and she declared that she had never felt better than for the last five or six months.

Early in the same month she complained of pain in the region of the right ovary, but which was accompanied by no constitutional disturbance whatsoever. This pain, I may say in passing, disappeared upon the onset of the epigastric distress. On the morning of the 18th I found her suffering great pain in the epigastrium aggravated by toast and tea which she had taken for breakfast, but which she soon rejected. There was no constitutional disturbance; tongue clean, pulse and temperature normal, inspection and palpation giving a negative result. At noon I saw her again. Pain still increasing, no medicine or food taken as she dreaded a return of the suffering caused by the ingestion of food in the morning. I ordered morphia and to be repeated as required. I was soon again sent for and found her in extreme collapse, extremities cold, face ashen, pulse slow and feeble and temperature subnormal, and so intolerable was the pain that the patient declared it would kill her if not relieved. With the application of hot bottles and the administration of morphia hypodermically, and brandy and beef peptonoid per rectum, the patient slowly rallied, and two hours later the countenance assumed its natural expression, the pulse rose to 60, full and regular, and she expressed herself as feeling comfortable.

On the morning of the 19th, I found the patient weaker, pulse 80, but she had been disturbed once or twice apparently from the rectal alimentation. She still absolutely refused all food and drink by the mouth. The lower part of abdomen was free from any pain, palpation and deep pressure being well tolerated. Later on, finding no improvement I proposed a consultation. At 3 p.m. held a consultation with Dr. Richard Johnson. The patient then complained of a bearing-down pain in rectum and uterus, and pain was elicited on pressure over lower part of abdomen also.

Upon making a vaginal examination I found the uterus fixed and tender to the touch. The symptoms rapidly became more severe, vomiting set in, first bilious in character, then duodenal, then dark coffee ground, the pulse meanwhile becoming more and more rapid and feeble. Death ensued at one o'clock on the morning of the 20th, immediately after the patient had vomited a large quantity of dark fluid blood.

A hasty post-mortem two hours later revealed the following: Abdominal adipose tissue about two inches thick, omental fat fully one inch thick, stomach, liver and spleen normal, no peritonitis. Upon raising stomach and liver the retro-peritoneum was found dark-red and remarkably bulging forward but not perforated. One gland behind the stomach was found indurated, and felt and cut like scirrhus.

Upon penetrating the retro-peritoneum hæmorrhage was found to have taken place in and around the pancreas and extending into the retro-peritoneal tissue down to the pelvis. The indurated gland, which was not, unfortunately, preserved, if cancerous, would appear to point to a primary cancer of the pancreas as the existing cause of the profuse and fatal hæmorrhage, but on the other hand the absence of a knotty uneven swelling or of small tumors in the organ, and also the absence of any of the diag-