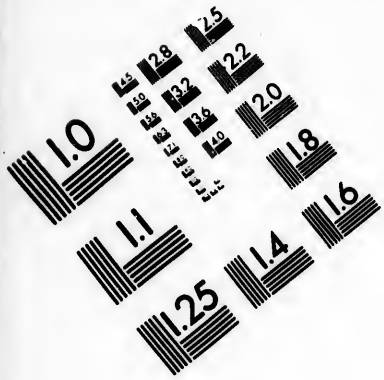

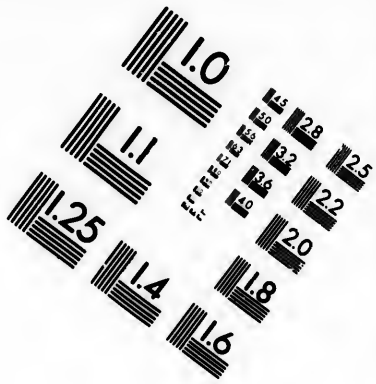

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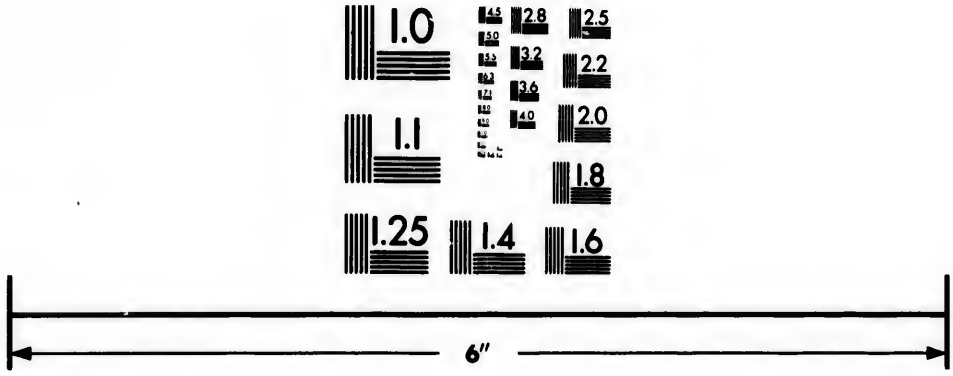

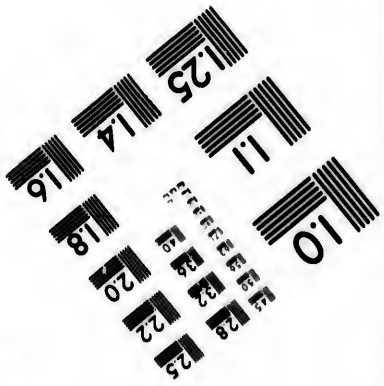

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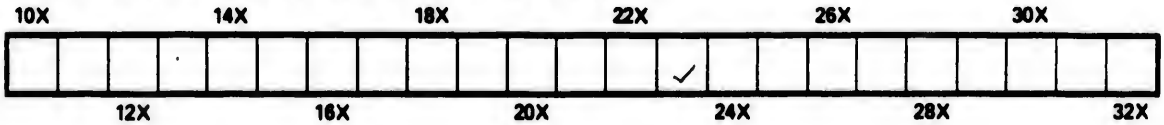

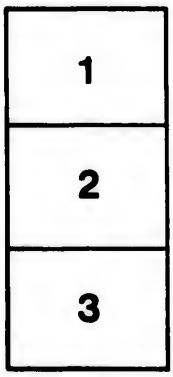

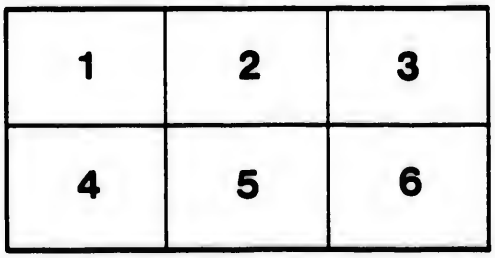

Reprinted from the Montreal Medical Journal, July, 1899.

CASE OF LACERATION OF THE INTESTINE WITH RUPTURE OF THE MESENTERIC ARTERY WITHOUT A SKIN WOUND.

BY

F. J. SHEPHERD, M.D.,

Surgeon to the Montreal General Hospital.

J. S., aged 30 years, a stout man weighing over 200 pounds, was brought to the Montreal General Hospital on May 24th, 1898, suffering from a severe injury of the abdomen. Whilst bicycling on Dorchester street he collided with the shaft of a coal cart which turned in front of him to go down Mountain street. He was, of course, thrown from his bicycle and suffered severe pain and shock. The ambulance was called and he was sent to the Hospital.

His condition on entrance was most serious, his pulse could hardly be felt at the wrist, the surface of his body was cold, and he had sighing respiration Vomiting of large quantities of coffee-ground material was continuous and he complained of severe pain in the abdomen. There was a contusion seen immediately below and a little to the left of the umbilicus; the surface was not broken. Over this region on percussion a dull note was elicited everywhere, and this dulness extended rapidly.

I saw him an hour after admission and his general condition was much the same as that described above, the local conditions were, however, rather different, for at the site of the contusion a large subcutaneous tumour was seen, and this on palpation was distinctly fluctuating. Patient's pulse was hardly perceptible at the wrist, the whole surface of the body was cold and clammy and he was becoming very drowsy. Evidently internal hæmorrhage was going on, and immediate operation was advised and consented to.

He was taken to the operating room and ether was administered. An incision was made in the median line and on cutting through the skin I found I was in the abdomen, the recti muscles having been torn through. An immense amount of blood gushed out and also a lot of intestine protruded. The bleeding being furious, with the help of Dr. Armstrong, the deeper part of the abdomen was exposed, and then it was seen that the small bowel had been torn completely across and the rent had continued on through the mesentery down to its attachment to the spine, tearing across near its origin the superior mesenteric artery. This was the source of the hæmorrhage and the vessel was with difficulty secured. Whilst this was being done, normal saline solution

was transfused into the veins to the amount of five pints, and hypodermics of brandy were given. At the same time the rent in the mesentery was closed and the bowel was sutured with a continuous Lembert. The abdomen was then filled with warm saline solution and closed with silk-worm gut sutures.

Although comparatively little blood was lost after opening the abdomen, the man's condition after leaving the table was very alarming, he never recovered consciousness, but only lived two hours. Even had the operation been successful, the cutting off of the blood supply to the greater portion of the small intestine would inevitably have caused gangrene of a considerable part of the bowel, and thus the case was hopeless from the first. The accident is a rare one, and I do not think there are many cases reported in literature.