

CASE ILLUSTRATING THE  
ADVANTAGES AND RISKS OF PURGATION  
DURING CONVALESCENCE FROM  
ABDOMINAL SECTION.

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LAST September Sir Spencer Wells removed a large ovarian tumour from a patient fifty-seven years of age, and he has kindly permitted me to publish the following notes of the case.

The pedicle of the tumour was very broad, and had to be secured in several pieces by stout silk ligatures; but otherwise the operation was a simple one. After operation the patient complained of much abdominal pain, and a drachm and a half of tincture of opium was administered by the bowel in the first twelve hours. The pain continued, and a drachm and a half of laudanum, gradually reduced to a drachm, in the twenty-four hours, was given for the next four days, after which the administration of laudanum was discontinued. After the operation the temperature of the patient gradually rose, and at 9.30 P.M. on the following day it was 101.4° F. in the axilla; it then gradually, but not very steadily, fell till the fifth day, when it was as low as 98.6°.

Sir Spencer Wells went abroad on the third day after the operation, leaving me in charge of the case. On the evening of the third day, and all through the fourth day, there was a tendency to sickness and abdominal distension, but flatus passed freely from the rectum. On the fifth day that portion of the bowel was found to contain faeces, and a small enema produced a copious evacuation, after which the feeling of sickness and the distension passed off. The action of the bowels was followed by considerable pain in the right groin about the position of the pedicle, and the temperature rose in a few hours to 100° in the axilla, but again gradually fell to 98° on the seventh day after operation. The bowels moved seven times between the fifth and tenth days, and much flatus also escaped. During this time, however, the pain in the right groin increased, until the patient could not bear the slightest pressure over this part. The rest of the abdomen became slightly distended, but was free from tenderness. The administration of one-sixtieth of a grain of atropia and one-twelfth of a grain of muriate of morphia, repeated every four hours, eased the pain; but the appetite became very bad, and the patient felt constantly sick after the eighth day. She also lost strength, and her pulse, which had been down to 84 and of good character, gradually rose to 100, and became very feeble. On the tenth day her temperature, which had not been above 98.6° for two days, also began to rise a little, and reached 99.6° in the axilla at 9.30 A.M.; she had been very restless all night, could not take any food, and felt very sick, while the abdomen had become more distended. This grouping of symptoms after abdominal section I have learned to associate

with obstruction in the bowels, which may lead to a rapidly fatal termination of the case. In the belief therefore that my patient was in extreme danger from this cause, and that the best method of treatment of this condition at this stage is by the administration of a purgative, I gave her a pill containing one-third of a grain of calomel and as much jalap, one grain of compound extract of colocynth, one grain of extract of aloes, one-twentieth of a grain of jalapine, and a little ginger. The patient had frequently used similar pills, prescribed by her own medical attendant, Dr. Morley of Blackburn, and they had moved the bowels gently during health. On this occasion the pill produced two small loose motions, and a dose of Hunyadi water, given next morning, was followed by other loose motions. The last of these was at 5 P.M. on the eleventh day after operation. Twelve hours after the pill was given the temperature had risen to 100.6° in the axilla, perspiration was extremely profuse, and the patient had become alarmingly weak, but she was then able to take food without feeling sick. After the bowels were quiet twenty minims of tincture of opium were given by the rectum, and the patient had a good night's rest. She was much stronger next morning, and this improvement continued. The pain in the right groin, however, became more severe, and the tenderness radiated over the abdomen to some distance from this part. The temperature continued feverish but irregular till the thirteenth day, when it fell to normal and remained so. On this day also the pain shifted upwards and towards the right loin, and next morning there was only slight tenderness on pressure in the groin and none in the loin. Now, however, the patient at once complained of pain when I applied pressure over the colon in the region of the gall bladder. The seat of tenderness afterwards shifted from time to time along the course of the colon, and finally was found low down in the left groin on the fifteenth day after the operation. The bowels had then been quiet for four days, and I warned the patient that she would probably soon have an action of the bowels with considerable pain. That afternoon several large, very hard faecal masses passed into the rectum, whence they were removed with some difficulty by the nurse, after which recovery was uninterrupted.

This case is very instructive in connexion with the question of the administration of purgatives during convalescence from operations for abdominal tumour. It is evident that the masses of faeces which were removed on the fifteenth day after operation were the cause of all the difficulty and danger in this case, by producing a partial obstruction in the bowel. The faecal accumulation had been impacted in or near the caecum, and the efforts of the bowel were insufficient to remove it, probably on account of the condition of paresis of the intestines which I have shown follows abdominal section, and is "an important factor in the production of obstruction of the bowels in these cases." When, however, the impacted mass was dislodged by the aid of the purgative medicine, the sickness and distension at once disappeared. At the same time the temperature of the patient rose distinctly, and this in spite of a most profuse perspiration; pain in the groin became more severe and diffuse, and the patient's strength failed alarmingly. It is evident, then, that in this case purgation relieved a partial obstruction in the bowel, but at the same time increased, or rather renewed, the inflammation in and around the pedicle. Many cases have taught me that this is the way in which purgation may be beneficial during peritonitis after abdominal section. Purgation during peritonitis may therefore be necessary and proper treatment, but it is inaccurate to say that the purgation cures the peritonitis. On the contrary, the fact must be recognised that the administration of a purgative in such cases is resorted to at the risk of increasing the severity of any inflammation implicating the wall of the gut; and in severe constipation, even when there has been no recent inflammation, a smart purge may produce a great deal of inflammatory action in and around peritoneal adhesions. Might not the explanation here given apply to the interesting case published by Mr. Frank Sturges in THE LANCET of Oct. 15th (p. 757)? As in cases of large abdominal tumour it may be very difficult or impossible to thoroughly clear the bowels, so, during pregnancy, constipation is not uncommon, and women, especially of the poorer classes, are often very careless in this respect. After Mr. Sturges' patient

<sup>1</sup> Vide abstract of paper read before the Royal Medical and Chirurgical Society, THE LANCET, Oct. 29th, p. 860.

took the pills under the circumstances he describes, she had "two actions of the bowels causing such intense pain that she twice fainted"; and, as in the case I have recorded, purgation was accompanied by rise of temperature and increase in the severity of the abdominal pain, while the patient became "so very ill that" Mr. Sturges "hardly thought she could recover"; but as soon as the bowel passage was made free the intestinal symptoms disappeared, and the patient steadily improved.

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