

IN A HOSPITAL WARD.

By Miss A. M. BURKE.

M. M., a male, aged thirty, was admitted from the out-patient department, in great pain. His case sheet was marked "intestinal obstruction" and "urgent". He complained of pain in the abdomen which had lasted for three days with constipation and frequent vomiting, he had not passed flatus and was suffering from hiccough. On examination of the affected part the whole of the abdomen was found to be swollen, there was a slight constriction to be felt at the umbilicus distinctly separating the swelling into two parts. The upper part on percussion was tympanitic and the lower was dull. The whole abdomen was tender especially the upper part. The man's tongue was dry, coated and fissured. The pulse was 120, respiration 28, temperature 97°. The pulse was fast, feeble and thready.

The patient was immediately prepared for operation. An incision was made below the umbilicus in the middle line and the abdominal cavity was opened, the incision was extended below and upwards four inches, the peritoneum was incised and the intestines were brought out through the incision, they were inspected and the small intestine was found to be in a state of congestion, it was turned to the right side and the mesentery was seen to be twisted and congested. The rectal tube was passed and gas escaped by it into a tray of lotion. A trocar and canula was inserted into the small intestine and the puncture thus made was enlarged by incision to an inch in length. Foul smelling gas came out of the intestine; when this had all escaped the incision was sutured with fine catgut and the intestine was put back into the abdominal cavity, the twisting of the mesentery having been corrected. The intestine immediately assumed a more healthy appearance and changed to a reddish brown in colour. The part was sponged with normal saline solution and the peritoneum sutured with continuous catgut, the wound was sutured. Tincture of iodine was applied over the last layer of sutures and the part antiseptically dressed. The temperature kept normal throughout the continuation of the case and the patient was discharged on the fourteenth day after operation. The surgeon considered this a good recovery.