TRANSACTIONS OF THE PHILADELPHIA ACADEMY OF SURGERY.

Stated Meeting, October 7, 1895.

The President, THOMAS G. MORTON, M.D., in the Chair.

GASTRO-ENTEROSTOMY—MURPHY'S BUTTON RETAINED IN THE STOMACH SIXTEEN MONTHS.

DR. OSCAR H. ALLIS reported the following case: The patient, a man forty-five years of age, was admitted to the Presbyterian Hospital in March, 1895, in a condition of extreme emaciation, with well-defined tumor in the epigastrium and the usual symptoms of pyloric obstruction due to carcinoma of the stomach. March 3, Dr. Allis made an anastomosis between the stomach and a loop of small intestine, using a Murphy button for the purpose. The patient bore the operation well, and passed from observation, until one year and five months later. During this interval he had regained sufficient strength to return to light work.

In August, 1895, his vomiting returned, and he was readmitted to the hospital. Upon opening the abdomen the carcinoma was found to have greatly increased; the walls of the stomach were friable and in tearing away some adhesions they gave way. From the condition of the patient and the extent of disease it was evident that recovery was out of the question. The wound was accordingly packed with gauze. He did not rally, but died during the following night.

At the autopsy, pus with general peritonitis was found in the abdomen, evidently the result of perforation. The symptom vomiting was due to this. The button was found in the stomach. The entire stomach, save a small area at the cardiac orifice, was involved in the carcinomatous degeneration.

DR. THOMAS S. K. MORTON remarked that the accident in Dr. Allis's case illustrated one of the great obstacles to success in the operation of gastro-enterostomy,—the dropping of the button into the cavity of the stomach. It has been suggested, and he believed that

the suggestion had been carried out, that the opening be made in the posterior aspect of the stomach, on the assumption that the posture of the patient, while lying upon his back, would favor the dropping of the button backward into the bowel. The button should be made of steel for these operations upon the stomach, so as to avoid the poisoning which might occur from its long retention, in case it were made of brass. This button demonstrated the absence of acid from the secretions of the stomach in a case of carcinoma of this organ, since it showed no evidence of corrosion after more than a year's stay in the stomach. The retention of the button in the intestinal tract is one of the disagreeable occurrences that tend to limit the usefulness of Murphy's invention.

DR. JAMES M. BARTON said that in the case reported by Allis he was his assistant at the operation. The obstructive vomiting was strongly marked and unmistakable, but at the operation the cancer was found not to be in the pylorus, but close to it, and the obstruction was caused, not by the cancer filling the pyloric orifice, but by the very extensive puckering caused by the contraction of the cancer, one of the folds of mucous membrane lying over and very successfully obstructing the pylorus.

This would throw some light upon the unexpected permanency of the cure of non-malignant pyloric stenosis by digital divulsion. In a letter from Treves, he states there has been no return of the symptoms in a case operated on by him six years ago. Dr. Barton had had similar good fortune in a case on which he operated about the same time, and Loreta and others have reported many successes. In two of the three cases on which he had operated the sensation of a band giving way was most marked.

If the obstruction in these cases is due to puckering caused by a healed ulcer and the obstructing band is torn, it is not at all unlikely that when the torn band heals the resulting fold may not be obstructive. In the case observed, a very slight change of position or of tension in the band would have permitted the pylorus to be unobstructed.

EXPLORATORY LAPAROTOMY IN A CASE OF HIGH-LYING CARCINOMA OF RECTUM.

DR. ALLIS related the facts in the case of a woman, aged forty-eight years, high up in whose rectum he had detected by digital examination a malignant growth. For the purpose of ascertaining

more positively its intrapelvic relations, with a view to its possible removal, he made an incision through the abdominal wall in the left inguinal region, and introduced his hand for exploration. The growth was found to be firmly attached to the sacrum, and its complete removal impossible. A portion of the sigmoid flexure was sutured to the parietes in readiness for future colostomy, should fæcal obstruction occur, and the wound closed.

The patient died three months later, but no obstruction of the bowel occurred.

Dr. Allis remarked that the exploration through the abdominal wall was a great help in mapping out the true condition of the rectum. Had he been obliged to decide upon an operation by rectal and superficial abdominal exploration alone, it is probable that an attempt to remove it would have been made through the sacrum, and if not with immediately fatal results, certainly with no possible benefit. In carcinoma of the rectum that can be fully explored no preliminary abdominal incision would be required, but where exploration is unsatisfactory, and the prognosis impossible from want of data, then the abdominal exploratory incision is not simply justifiable, it is humane, and in the true sense conservative.

OPERATIVE TREATMENT OF AGGRAVATED EQUINO-VARUS.

Dr. T. S. K. Morton presented a boy, eighteen years of age, who had been operated upon nine weeks before for a very bad equino-varus of both feet, division of the tendons proved sufficient in the right foot, but in the left excision of the astragalus and the scaphoid proved necessary. It was the most hopeless-looking foot he had ever seen. It seemed almost impossible to restore the parts to a normal position. Nothing else would have produced this result but a very extensive bone excision. The operation was done by making a long external incision backward from the metatarso-phalangeal joint of the little toe to a point just beyond and below the external malleolus. This wound was closed by loose suturing without drainage. The position of the foot was corrected by repeated dressings subsequently. A good joint had been obtained between the os calcis and the tibia and fibula. The wound was soundly healing, and he walked upon the sole. The appearance of the foot will continue to improve as the years go on.

In all these operations done by Dr. Thomas G. Morton and himself at the Orthopædic Hospital, making a total of about fifty operations, there had been no suppuration and no loss of tissue by sloughing. And in no foot in all this series had there been failure to get very much better position than it had before the operation. There had been freer motion after the operation of excision between the bones of the leg and the tarsus than normally exists; but this does not interfere with locomotion.

DR. THOMAS G. MORTON added that in the removal of the astragalus for inveterate club-foot, general tenotomy is always required, as well as section of all the flexor toe tendons, also the removal of any portion of the tarsus, or section of soft parts, which in any way obstruct the restoration of the foot to a normal position without tension. This has been the practice at the Orthopædic Hospital for many years, and the results have been most successful, the case exhibited being in nowise an unusual one, except in the excessive deformity of which it was the subject.

Stated Meeting, November 4, 1895.

DEFORMITY FOLLOWING GUNSHOT WOUND OF THE LOWER JAW.

DR. J. EWING MEARS exhibited a patient with "gunshot wound of the lower jaw involving the cavity of the mouth." The patient was a man thirty-six years of age, who, at the time of the injury, was a fireman on a passenger train which was passing through the Indian Territory. A short distance from a station the train was signalled, and, as it did not stop, a volley was fired into the cab by robbers. The only person injured was the patient, who was struck on the right side of the face by a ball from a Winchester rifle, the ball passing through the jaw into the cavity of the mouth, taking away a part of the tongue, and removing all of the teeth of the lower jaw except three on the left side, coming out through the lower lip, destroying a great portion of it. He recovered, but with great deformity, hav-