The patient became frightened, and did not return. I wrote her to call on me, and she did so on Jan. 31, 1913. At this time she stated that she had had a number of attacks of lumbar pain since I saw her last, and one quite recently. Cystoscopy showed two stones almost the size of pigeon's eggs free in the bladder. The orifice of the right ureter was about the size of a lead-pencil. The mass that had appeared like a papilloma had disappeared.

An unsuccessful attempt was made to crush these stones with a lithotrite under local anesthesia. I directed that she have radiographs made of the whole urinary tract, as the frequent attacks of right renal pain indicated the possible presence of other stones in the kidney or ureter. After this the patient again went from under my attention and I have heard nothing further from her.

There are several noteworthy features in this case. The first is the large size of the stones that had come down the ureter. I do not think there was any increase in size of the stones after their escape into the bladder, as the appearance was the same, and neither was larger than the estimated size of the one seen just after the fulguration. Second, it is very easy to mistake such a condition for a flat-base papilloma. In all cases in which a supposed growth is situated over the vesical orifice of the ureter, and the meatus is not to be seen, the thought of stone should be entertained. In such instances a good radiograph of the lower end of the ureter will clear up the diagnosis. Third, where haste is not necessary, on account of symptoms due to ureteral obstruction, fulguration of the bladder over the stone offers a simple and bloodless method of releasing these stones. It takes about a week for the fulgurated tissue to slough away and let the stone into the bladder.

393 West End Avenue.

BURSTING RUPTURE OF THE STOMACH OF EXTRAORDINARY EXTENT

JOHN D. SINGLEY, A.M., M.D., PITTSBURGH

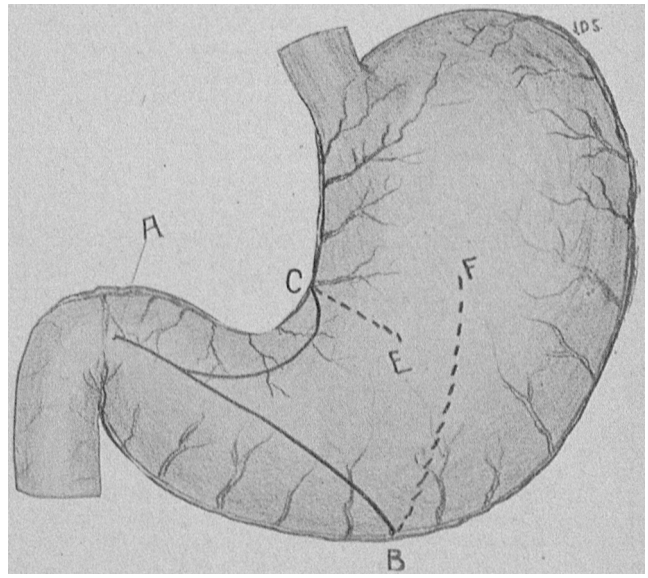
A somewhat thorough search of the literature leads me to believe that the case herewith reported is unique in the extraordinary extent of the rupture.

Patient.—B. M., aged 23, iron-worker, a large, well-formed, muscular man, was injured at 10 p. m. by having a large casting fall on him, striking his upper abdomen. He had eaten nothing after 6 p. m. When admitted to St. Margaret's Hospital at 10:30 p. m., he was in profound shock with a pulse of 136, temperature 96, respiration 26 (costal in type), skin relaxed and leaking. With appropriate treatment the pulse came down and improved in quality. There was no external evidence of trauma. The abdomen was flat in general but slightly full in the epigastrium. Percussion elicited dulness from the pubes to the umbilicus and in both flanks. There was no peristalsis. A doubtful history was obtained of the patient's having vomited blood and of his having passed some by rectum.

Operation.—A diagnosis of rupture of abdominal viscera, probably stomach, intestine or liver, with severe hemorrhage, was made and the abdomen opened through the upper right rectus at 1 a. m. After evacuating an enormous quantity of fluid and clotted blood, the stomach was found widely torn. Owing to the extent of the tear some difficulty was encountered in determining the proper relations of the torn margins. A glance at the accompanying illustration will indicate better than words can describe the enormous extent of the rupture. The viscus was completely torn across in an irregular manner with the exception of about 1½ inches (between E and F) of the posterior wall. The gastric artery at C and the gastroepiploic artery at B were torn across, the rents extending into the gastrohepatic omentum above and the gastrocolic omentum below.

Treatment and Course.—The margins of the stomach wound were brought together with continuous inverting sutures of catgut and linen and the omental wounds closed with catgut, leaving sufficient space in the gastrohepatic omentum for the insertion of a split rubber tube with wick. A cigarette drain was placed in contact with the anterior and lower portion of the stomach. No stomach contents that could be recognized were found in the abdomen. The patient never rallied from the shock of hemorrhage and operation and died at 8 a. m.

Remarks.—Considering the lines of rupture, one is forced to conclude that the stomach burst at the moment of impact much as does a paper bag when inflated and struck. No such



Solid lines AB and AC, lines of rupture on anterior surface of stomach; dotted lines CE and BF, lines of rupture on posterior surface of stomach. Portion of posterior wall between E and F only part of circumference remaining intact.

rupture could possibly be produced by crushing force between the spine and the traumatizing agent.

812 North Highland Avenue.

A NEW BOTTLE-HOLDER FOR FEEDING BABIES

A. C. SOPER, JR., CHICAGO

An adjustable bottle-holder for institutions caring for nursing infants has been devised on the lines of one first made by Dr. John A. Hornsby, of the Michael Reese Hospital. It is intended to lighten the work of nurses who must care for four or more bottle-fed infants at the same time, and to give the baby a better chance to feed slowly and steadily. We all know that babies when fed on the maternal breast seldom nurse uninterruptedly, but often stop for a period, look around, and then begin again. The nurse who holds the bottle at the bedside or has the baby on her lap is always rushed with work and is likely to be impatient for the baby to finish, and will not let it stop for an instant, but keeps pushing the nipple into the mouth until all is finished. This rapid feeding is one of the prime sources of indigestion, and often causes the baby to vomit. Also, bottles left on a pillow or blanket by the baby's head often roll away unnoticed by the nurse, who, coming around later must perhaps reheat the milk. The food is often spilled in this way and the baby goes hungry.

Fig. 1.—A bottle holder to fasten on the crib. Made by Truax, Greene and Co., Chicago.

This holder, being inexpensive and easy of adjustment, should find a place in all institutions that care for infants, and also in many homes.

4557 Evanston Avenue.

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