Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF INTUSSUSCEPTION IN A CHILD EIGHT MONTHS OLD; RECOVERY.

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BEFORE leaving for a country round on Oct. 5th I received a message to see a child in a neighbouring village, who had been taken very ill in the morning. On reaching the place I found that the patient, a baby aged eight months, had been suffering from dyspeptic symptoms for some time, but that the child had been taken much worse during the last twelve hours. The child now appeared to be in a good deal of pain, the pulse was very rapid, and the patient had the appearance of being very ill. The child vomited every few minutes, the vomit consisting of undigested milk. I examined the abdomen carefully and could detect nothing abnormal, so left to continue my journey, intending to call again, as I should pass the house on my way home. About two hours afterwards I again visited the child. I found the patient a good deal worse, and a slight discharge of mucus and blood was expelled from the anus every time the child strained at stool. I examined the abdomen again and found in the left iliac fossa a sausage-shaped tumour which extended also into the hypogastrium. The tumour was soft and elastic and seemed to vary in size at different examinations. On examining per anum I found protruding into the rectum a body which moved each time the child cried and seemed to approach nearer the anal orifice at each expulsive effort. This body was soft and elastic and the finger could pass all round it, but could not reach its attachment. The lower part of the rectum was full of blood-clots and some mucus. The child had passed a normal motion in the morning prior to my visit. The sickness continued, but was more frequent. The abdomen was very lax, and palpation therefore extremely easy. I borrowed from a neighbour a syringe and proceeded to give the child a copious enema of soap and water; this seemed to give relief and a good deal of blood-clot and mucus was washed out. The intussusception receded several inches after injection, but being unable to reduce it altogether and having no suitable instruments with me I sent for my father, who arrived in about an hour, bringing with him a metal syringe, &c. We then gave the child a large injection of olive oil. Having supported the buttocks on pillows one manipulated the abdomen while the other used the syringe. After all the oil had been expended we continued to inject air, and after about ten minutes, having my hand on the abdomen, I detected some gurgling in the hypogastrium; the injection was continued for some time longer with intermissions to prevent the intestines becoming too much distended with air, and the pump was then removed. On examination all trace of the tumour had disappeared and nothing could be felt per anum. The child was somewhat restless after the operation, and a sedative mixture of bromide and hyoscyamus was administered. No more blood was passed by the rectum and the child seemed relieved of all pain. With the exception of a severe attack of vomiting on the following night the patient presented no further serious symptoms and recovery was complete. It is now a week since the injection was used, the child has free use of the bowels, takes the breast very well, and, with the exception of some patches of thrush on the tongue and fauces, is in very good health.

Great Torrington.

AN UNCOMMON MIDWIFERY CASE.

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THE patient was twenty-five years of age and was the mother of one living child a year old, at whose birth the use of forceps was necessary, and the perineum having been

ruptured was sutured but failed to unite. I was called to see her for the second time on Oct. 6th. On arriving I found at the vaginal orifice a dark, livid tumour projecting three inches and having the size and shape of an extra large fist. In the middle of this was the os uteri; the pains were strong, and every succeeding one pushed out the tumour, dragging down the recto-vaginal septum. The membranes were unruptured and the head was presenting in the first position. Forceps not being available, turning was decided on, and under chloroform this was easily done, the os uteri rapidly dilating under the pressure of the hand. Prior to this the tumour had been returned inside the vagina. Delivery was effected by traction on the foot, whilst the os and cervix were pressed back by the other hand. There was no difficulty with the head. A dose of ergot was given, and the placenta came away easily, being followed by complete contraction of the uterus. Abdominal examination showed that the uterus was in its normal position. An interesting feature in this case is that the father and mother are both deaf and dumb, although the first-born child is not. The second cried lustily on birth.

Bath.

THE AGE-LIMIT FOR CATARACT EXTRACTION.

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Is there an age beyond which it is not permissible to operate for cataract? I should say not; all things being equal, if a patient is in moderate condition, even though bedridden or mentally afflicted, there is no reason why he should not be operated on at any age. I have in the course of my very considerable experience operated upon a great number of persons over eighty years of age, two over ninety years of age, and a short time ago I extracted the lens from the left eye of a patient in his ninety-sixth year. These latter have all done well and the last patient has already good sight. I prefer to operate without iridectomy, so that after a time there is no trace (as I have frequently demonstrated before learned societies) of operative interference. Such eyes, according to my experience, bear the wear and tear of life much better than eyes operated on by the combined method, and of course sight is better. Otto Becker's researches have shown that where iridectomy is performed there is always prolapse at the angles of the wound and the lens capsule is apt to be trapped, an accident which never happens with simple extraction. The central and movable pupil, too, fulfils its natural function of excluding rays of light much better than one that has been deprived of a portion of its sphincter, and, as in aphakial animals, compensates for the absence of the lens.

Nottingham.

THE TREATMENT OF ACUTE TRAUMATIC SEROUS SYNOVITIS BY ELASTIC PRESSURE.

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THE value of elastic pressure in the treatment of acute traumatic serous synovitis is worthy of more consideration than at present it receives. Many of the surgical textbooks recommend cold applications and the immobilisation of the injured joint till the acute stage is over, the treatment by elastic pressure receiving but scanty notice, if, indeed, it is mentioned at all. Having during the last twelve months treated a considerable number of cases of acute synovitis following injury I have come to the conclusion that the method of treatment by elastic pressure gives, in a large majority of cases, the best results, affording a more immediate relief of pain and a speedier cure. By elastic pressure the absorbent powers of the synovial membrane are stimulated and thus the distension of the joint capsule, which is the chief cause of the pain, is rapidly relieved. By checking mobility and affording a firm, uniform, and even support to the injured tissues, it relieves the reflex spasm of the muscles acting on the joint. And, again, by supporting the bloodvessels further effusion into the joint is prevented. The pressure should be perfectly uniform, gentle, and elastic. All the hollows around the joint should be carefully packed with absorbent or wood wool, or, better still,