THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, APRIL 22, 1869.

[VOL. III.—No. 12.]

Original Communications.

A CASE OF FOLLICULAR ENTERITIS.

By S. G. WEBBER, M.D.

THE notes of the following case were kindly furnished by Dr. Buckingham, who saw the patient in consultation.

A girl, 3 years old, ate heartily of pigs' feet for breakfast. This was the only error of diet which could be discovered at that time, though this child and her brother had always been badly fed.

She was first seen by Dr. Parker, about noon. Up to that time she had vomited a little, but no part of the pigs' feet was found in the vomitus. She complained also of tenderness of the teeth. A cathartic was administered, but no dejection obtained. Then enemata were given, which brought away, at first, dark and slimy dejections; afterwards, several greenish and slimy ones. The vomiting continued throughout the sickness, and towards the last partially digested blood was thrown up.

Four days from the commencement of the attack, Dr. Buckingham was called, and at 6 o'clock, P.M., there was no pulse at the wrist; hands and forearms were cold; the remainder of the body was warm. The face resembled the face of a patient in the collapse of cholera. There was constant restlessness and crying out, with hand on epigastrium. The abdomen was not tympanitic; it was full and hard in the neighborhood of the cœcum. Oleum terebinthinæ by enemata, and tinct. opii p. r. n., were prescribed.

She died at 3, A.M., on the fifth day of the disease, after two enemata. There had been no dejection.

The brother, 10 years old, was attacked with similar symptoms at the same time, but soon regained his health.

After the death of the girl, it was learned that before her sickness she occasionally complained of blindness.

I was requested by Dr. Buckingham to examine the deceased child.

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The body was well nourished, with a large amount of fat. Rigor mortis was moderately well marked.

Lungs, heart, liver, spleen and kidneys were healthy; there was no sign of disease in any of the above organs.

The ileum, for about a foot above the cœcum, was very much congested; higher up, the congestion gradually faded away, and at two feet from the cœcum it had entirely disappeared. The upper part of the large intestines was also congested.

The mesenteric glands corresponding with the diseased intestines were enlarged, and in the acute angle formed by the junction of the ileum and cœcum, there was a large, indurated, nodular mass, composed of many swollen glands united.

The stomach and intestines were opened. The stomach contained a dark fluid, seemingly partially digested blood. The small intestines contained a similar fluid, which was black in the upper part of the duodenum, and changed gradually to a dark-green color towards the ileum. The cœcum contained a gelatinous substance. The rest of the large intestines was very nearly empty. The mucous lining of the stomach showed many spots, varying in size, where the smaller bloodvessels were much injected and unusually visible.

The interior of the small intestines, over the space corresponding to the congested portion, and the whole of the large intestines, were more or less thickly covered with small elevations filled with pus, each with a dark depressed spot in the centre; evidently inflamed follicles. This change was most marked in both small and large intestines in the neighborhood of the cœcum. The ileo-cœcal valve, and the parts in its immediate neighborhood, were much congested, and apparently all the follicles were inflamed. This great change, with the pressure of the mass of the glands in the angle, must have very much if not quite obstructed the passage through the ileo-cœcal valve.

Peyer's patches, for a distance of a foot and a half from the cœcum, presented a singular appearance. They were en-

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larged and prominent, elevated nearly a sixteenth of an inch above the mucous surface, and had a brush-like appearance. The patches above that distance were abnormally distinct and gradually became normal. Also, the follicles were abnormally distinct for some distance above the region where they were most diseased.

The follicles of the large intestines were less affected the further the distance from the cœcum; but there were diseased follicles scattered thinly over even the lowest part of the gut which was removed, nearly to the end of the rectum.

The appendix cœci was healthy.

The specimen was shown to Dr. J. B. S. Jackson, who considered it a case of acute folliculitis.

The head was not examined.

No microscopic examination was made.

REMARKS UPON A CLASS OF OBSTETRICAL CASES.

By GEORGE CAPRON, M.D., Providence, R. I.

THE class of obstetrical cases to which I would respectfully invite your attention is that in which the head of the child is the part last expelled; whether this occur spontaneously—as in cases of presentations of the breech, knees or feet, or artificially—as in turning in presentations of the arm or shoulder, and other cases requiring that operation. It is a well-known fact that in these presentations a large percentage of the children are lost, and that death in a large proportion of the cases is caused by compression of the funis during the last stage of labor. The percentage is differently estimated by different authors, varying from twenty to thirty-three per cent. The greater estimate probably falls short of the truth; I think I do not err in saying that in primiparæ, it amounts to nearly or quite one half; and it is doubtful whether the greater success in the case of multiparæ reduces it below thirty-five or even forty per cent.

NOTE.—In this estimate of the percentage of loss, reference is had to the *whole class* of cases. Statistics based upon breech presentations *alone*, which is the most favorable variety of this class, would show much more favorable results.

Every practitioner of experience must often have been disappointed and indeed mortified (to say nothing of the emotions prompted by humanity), by having a fine, healthy child die in his hands, notwithstanding his most strenuous efforts to save it. Among our Catholic patients—who believe

the baptismal rite essential to insure the infant the light of Heaven—we are made to feel our responsibility with especial keenness. Whatever views may be entertained upon this subject by the parents or friends; it is plainly our imperative duty to put in requisition all the resources that art or ingenuity can suggest to preserve the life of the child, when its preservation is consistent with the safety of the mother. The opinion of some authors that a considerable proportion of the deaths occurring in these cases are caused by injury done to the spine, and particularly of the neck, is probably unfounded. It is certainly a severe, and we may hope an unjust imputation of ignorance and rudeness, that requires to be well-supported by facts. That it has occasionally occurred, particularly in the hands of rude and ignorant female practitioners, is undoubtedly true. I have recently seen a case in which I thought this to have been the fact, and I have always been of the opinion that too much caution could not be exercised to guard against an accident of this kind, which in the existing weak and relaxed condition of the muscles might happen from a very moderate degree of extension.

My reason for selecting this particular subject is, that as far as I have investigated it I have found in the books no sufficiently full and detailed directions for managing this class of labors, nor any full account of a manœuvre which I have practised for a number of years, by which I am confident that I have saved the lives of a considerable number of children that I should have lost by any other known procedure.

I was led to practise the manœuvre hereafter to be described by observing, by chance, that after the shoulders were expelled—could the head be brought into the most favorable position of which it was susceptible when in the pelvis—the child might breathe and even cry before the head was fully expelled.

Among the obstacles to the delivery of the head, endangering the life of the child, in these presentations, those most frequently met with and most important in the present connection, are a cessation of uterine contractions and unusual rigidity of the soft parts, both of which are liable to be present in the same case. Deformity of the pelvis, it is true, may be a more serious obstacle, but fortunately this complication is of rare occurrence. Where it does exist in a marked degree the child will almost certainly be lost.

While the head remains in the uterus the