

which contains all the lact-albumen and also a globulin, is a mildly nutritive fluid and easily digested, for the lact-albumen is the same as serum-albumen. When the stomach digestion is paralysed in acute diseases—a state which, as Sir W. Roberts states,⁵ may be diagnosed by the inability to take solid food—the pancreas often retains its power of secreting a peptonising fluid, and the stomach becomes a mere conduit to the duodenum. When such a state occurs, it may not be desirable, for other reasons, to get much nitrogenous food assimilated, for as Auerbach⁶ has shown, a nitrogenised diet increases the acidity of the body, and might, in such a case, tend to produce an attack of gout, as was mentioned by Dr. Allchin.⁷ But in cases where it is desired to feed the patient through the intestine, the substances noted above as soluble in alkaline fluids, and therefore easily acted on by the pancreatic juice—viz., raw albumens, syntonin, or alkali-albumen,—may be used alone or dissolved in some meat tea.

Hull.

TWO RARE CASES OF ACUTE INTUSSUSCEPTION.

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THE following cases I attended whilst assisting Dr. Smith, of Lewisham-road, London.

CASE 1.—On February 11th, 1886, at 11 P.M., I was summoned to see a child described as suffering from “fits from teething.” The history given by the mother was briefly as follows: John C—, aged sixteen months, in good health, was suddenly attacked with great pain in the abdomen and diarrhoea on the 7th whilst at dinner. The diarrhoea, heedless of domestic remedies, continued until the 9th, when the little boy was better for some hours, and then relapsed into a worse condition. On the 10th he strained and passed nothing but slime. Towards the evening vomiting set in, and continued all night and next day until seen by me. In the afternoon of the 11th blood poured out from the body, whereupon the mother wrapped up the child from fright. I found the boy looking collapsed; pulse 146, and not compressible; abdomen empty and asymmetrical; a distinct hollowness to the right, and fulness to the left, of the median line. The infantile buttock garment was soddened with much dry and moist blood. A smooth resisting cylindrical tumour was felt beginning abruptly a little above and to the left of the umbilicus, and passing to the left became indistinct; another tumour passed downwards from the splenic region towards the pelvis—in short, corresponding to the anatomical tract of the colon. Per rectum, within easy reach of my finger was a smooth hard tumour unconnected with the walls, and bimanually impulses were conveyed to the iliac abdominal tumour. I reversed the child's position in bed, placing the pelvis high on the pillow, then kneaded the tumour from above downwards for about fifteen minutes, and administered a draught containing two minims of laudanum. I failed to improvise an insufflating apparatus.

On the 12th, at 9 A.M., I arrived with instruments for active interference, but was surprised to find the little one strongly resenting my interest in him. He had just passed a small liquid motion, clayey in colour. The abdomen was symmetrical and slightly tympanitic.

Remarks.—I trust the extreme rarity of natural subsidence of an intussusception of any magnitude is sufficient excuse for a contribution on a subject fairly thrashed out. “I have not found any case recorded in which spontaneous return of a well-recognised intussusception occurred” are the words of Mr. Jonathan Hutchinson,¹ and are fully endorsed by Mr. George Pollock in Holmes' “System of Surgery” (1883). I am not aware of any other recorded case. The hollowness of the right flank, *signe de Dance*, “is of little or no value.”² In this case it tends to support the view that the first portion of the colon is displaced. The

factors which co-operated in bringing about cure are probably the following:—(a) prostrate condition of the child; (b) impulses given to the intussusceptum in the rectum by the finger simulating more or less the obsolete treatment with bougies; (c) descending or downward kneading probably played an important rôle in undoing a folded sheath, so that the two outer layers of the intussusception came into a nearly plane contact—clearing the course, so to speak, for the muscular element; (d) laudanum; and (e) pre-eminently the smooth muscle of the gut acting under favourable circumstances. Had I continued the kneading the intussusception might have been reduced when first seen. *Experientia docet.*

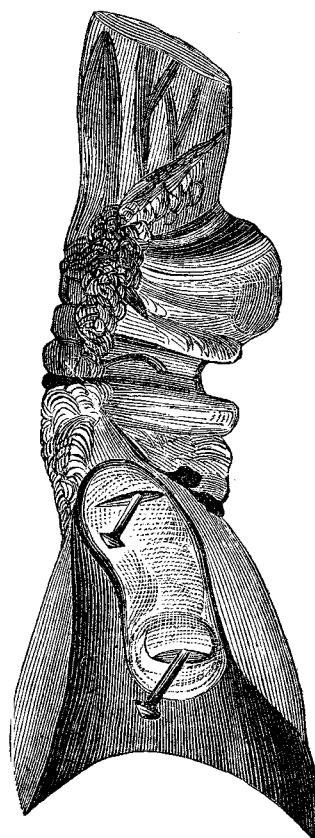
CASE 2.—E. R—, a fine healthy boy, aged five months, was suddenly seized with an unusual fit of crying and vomiting on March 29th, 1886, at 6 A.M.; straining and passing scanty motions tinged with blood soon followed. Castor oil was given by the mouth and rectum, and the child's abdomen became swollen from the onset of the symptoms. The preceding is the mother's story.

When seen on March 31st, I found the child's abdomen greatly swollen and tympanitic, globular in form, and the greatest measurement was around the pit of the stomach. The child cried and strained violently and simultaneously; in the intermission he was quite calm and did not object to any manipulation. Per rectum, I indistinctly felt something. The anus was dilated with two teaspoon blades, and when the child strained a darkly congested body like the os uteri (this is not a new simile, but a good one) appeared, and quickly retreated when straining ceased. Temperature 99°; pulse 140, fairly full. With a six-ounce injection bottle which was at hand I cautiously injected lukewarm water, some of which returned. I filled the bottle a second time, and when half emptied under moderate pressure a rumbling noise was heard in the abdomen. No water returned, and half a teaspoonful of brandy was given to the child. I felt hopeful, but far from confident, there being no straining and the infant taking the breast without vomiting. In an hour and a half death supervened, sixty-six hours from the onset of the attack.

Necropsy.—Enormously distended coils of intestine protruded as soon as the abdominal cavity was opened; the adjacent surfaces of the coils were adherent through small greyish patches of lymph. In the pelvis was about half a tumblerful of water.

It was most difficult to reach the intussusception, and manipulation of it was almost impossible without first letting the gas out of the intestine. There was a descending meso-colon. There were no adhesions in the intussusception, which extended from the spleen to the first portion of the rectum. The sheath was considerably folded, especially near the neck of the intussusception; it (the sheath) was thickened in the part most distant from, and thinned in the part next to, the meso-colic attachment; there was a rent in the thinned portion. The middle layer was three-eighths of an inch thick opposite to its fold, and of the thinness of paper near its fold. The inner layer was deeply congested.

Remarks.—The involution commenced in the ileum and passed through the ileo-cæcal valve; the cæcum and the ascending and the transverse colon then contributed to the growth of the invagination. This form of intussusception is the most rare, and has been termed “the ilaco-ileo-colica” by Leichtenstern.³ Miss Lane very kindly made for me the appended sketch, which shows well the one-sided apical os and the ileo-cæcal aperture higher up. Post-mortem



⁵ Op. cit., p. 68. ⁶ Arch. f. Path. u. Phys. Anat., xcviii., 3, p. 512.

⁷ THE LANCET, vol. i. 1883, p. 418.

¹ Med. Chir. Trans., vol. lvii., p. 42.

Mr. Treves on Intestinal Obstruction.

examination again taught the advisability of emptying the bowel of its gases as soon as the peritoneal cavity is reached, had laparotomy been performed in such a case. Emptying the bowel with an aspirator, such as Dieulafoy's, would ensure rapid evacuation and bottling up of the obnoxious gases. Traction on the entering layer of the intussusception would not reduce it, but by fixing the entering layer with one hand and unfolding the wrinkles of the sheath with the other, beginning from below and finishing with the wrinkles of the "neck," reduction became possible and easy. Rupture of the gut must have occurred early in the case during one of the peristaltic squalls, and the position of the rent is highly suggestive. The attenuated condition of the sheath in the neighbourhood of the meso-colic attachment—the most fixed part—is hardly due to circular stretching of the walls of the gut, for the intussusceptum is not enough to fill it; it is probably not due to longitudinal stretching, for the folds could have so easily supplied the need. The thickening of the part most distant from the meso-colon, I need hardly remind the reader, is accounted for by œdema and hæmorrhage; but where is the muscle fibre of the thinned portion gone to? In the gravid uterus at term, when it cannot get rid of its contents in due time, it is well known that retraction of the smooth muscle towards the fundus uteri takes place to a dangerous degree, and during one of the uterine contractions "snap" goes a rent in the attenuated part below the "ring of Bandl," unless art or nature brings the case to another issue. Now, if the thinning of the one side of the bowel has contributed to the thickening of the other side, it is a parallel to what obtains in the uterus.

Llanberis, North Wales.

IMPERFORATE ANUS AND RECTUM; RECOVERY.

By R. HERBERT BARKWELL, M.D.

THE subject of this malformation, an ill-nourished male child, had been born twenty-four hours when, on June 18th, I was called to see it. The case being complicated, instruments had been used at the birth, causing facial paralysis. I was informed that there had been no evacuation from the bowels. I found the anus imperforate, and proceeded to operate in the following manner. The infant being held in the lithotomy position, I dissected along the mesial line, in the natural position of the anus, to the depth of $2\frac{1}{8}$ in.; then with a trocar and cannula I perforated $\frac{1}{2}$ in. further without encountering the bowel. Failing here, I decided to perform colotomy on the following day; in the meantime the perineal incision was washed with a solution of carbolic acid, and dressed with carbolic lint. On June 19th, chloroform having been administered, I made a transverse incision about one finger's breadth above and parallel to the crest of the ilium of the left side, and 2 in. in length. The skin and superficial and muscular tissues were successively divided on a grooved director, and the peritoneum incised to the same extent. The hæmorrhage was copious, and required a sponge soaked in a solution of carbolic to be constantly used, the instruments being also kept wet with it. Recognising the descending colon by its large, dark-greenish, and distended appearance, as compared with the small and light appearance of the smaller intestine, with a polypus forceps I picked and brought it up, outwards and backwards, to the margin of the incision at its posterior part; four curved needles with silver wire fixed the intestine to the abdominal wall; the colon, together with the peritoneum, was sutured at four points to the margin of the wound to prevent it from slipping back and to prevent meconium from escaping into the abdominal cavity. The most projecting part of the colon was now opened; no meconium having escaped, I introduced the broad end of a director and brought away some of a dark-green colour. The abdominal incision being larger than was necessary, I used, to close it up to its margin, three sutures, two anteriorly and one posteriorly. The infant was now given a warm bath, wiped perfectly dry, and placed before the fire, after which it revived considerably from the effect of the chloroform, which had been continued from the commencement to the close of the operation, its movements causing some meconium to escape. The wounded parts were then washed with a 1 in 30 carbolic lotion and dressed with carbolic lint.

During the first few days, the mother's supply of milk being deficient, goat's milk was substituted.—June 20th: Wound looks well; washed and dressed with carbolic lotion and lint; infant vomited at intervals during night, colour greenish yellow; prescribed three grains of nitrate of potash, six grains of bicarbonate of soda, ten minims of tincture of digitalis, six of tincture of belladonna, with one ounce of water, half-teaspoonful doses to be taken every three hours. At 10.30 P.M. the vomiting had ceased, and a little milk given was retained; motion passed of a dark-green colour; re-dressed the wound; no sign of pus.—21st: No motion during night; introduced a grooved director, and, holding the child with left side downwards, a fair quantity came away; commenced taking mother's milk; goes on favourably.—22nd: Meconium continues to discharge freely, but in the evening director again required to render discharge free; vomiting returned.—23rd: Condition the same as on the 22nd.—24th: Two sutures removed; there continues a healthy discharge of fæces each time wound is dressed, which I continue twice a day; margin of wound looks inflamed, due probably to irritation of sutures.—26th: One suture removed; wound improved. At 10.30 P.M. another suture was removed; wound looks well.—27th: Infant improves in every way.—28th: Removed remaining suture; re-dressed wound.—29th: Wound looks well and healthy; no discharge; washed and dressed as usual.—30th: Fæces have become small and solid; wound assuming an elliptical form; perineal wound quite healed.—July 1st: Infant photographed; bowels moved freely.

July 3rd.—Finding the bowels inactive, I prescribed liquor sennæ dulce (two drachms), liquor hydrarg. perchlor. (one drachm), and an ounce of water; one half-teaspoonful p. r. n.—4th: No motion passed; one drachm of castor oil given; not succeeding, I removed the fæces again with director, and ordered one drachm of castor oil at 11 P.M.—5th: No motion; repeated castor oil (one drachm and a half) and liquor sennæ dulce (twenty minims); bowels acted slightly. In the evening repeated castor oil (one drachm).—6th: Milk slightly returns; bowels acting better, but not freely. Gave liquor sennæ dulce again. Has not taken the breast during the day; skin looks drawn; infant peevish and ill.—7th: Infant somewhat better; resumed the breast; still vomiting. The bowels not acting freely, I ordered calomel in one-grain doses to be given night and morning. Wound is now perfectly healed.—8th to 12th: Infant is progressing favourably; calomel, with castor oil, continued at intervals.—12th to 15th: Less aperients required; half-grain doses of calomel to be repeated at night only. From the 15th I commenced giving twenty-minim doses of cod-liver oil, and also continued to have the chest rubbed with it daily. From this date everything has gone on satisfactorily, the infant gaining strength rapidly.

The temperature never exceeded 100° F., and to the end of the convalescence remained nearly normal. The strictest antiseptic precautions were observed throughout the case. I have been somewhat prolix in details of the after-treatment, because I consider that the ultimate success of an operation chiefly depends upon this being carried out. In conclusion, I have to observe my operation is a repetition of Amussat's, slightly modified on the method of Littré—being more adapted to suit the exigency of this case. I wish to acknowledge my indebtedness to Dr. Richardson, who during the operation kindly gave me every assistance.

Lavender-hill, S.W.

HOSPITAL SUNDAY.—The Lord Mayor has received from Sir P. Cunliffe Owen a letter stating that he was requested by the Prince of Wales, Executive President of the Royal Commission for the Colonial and Indian Exhibition, to enclose a cheque for £104 5s. 8d., being the amount received from Oct. 8th to Nov. 10th in Dr. James Aveling's "Mechanical Begging Boxes" at the Exhibition for the Hospital Sunday Fund. This makes a total of £404 5s. 8d. resulting from this ingenious mode of collection.

NORTH-WESTERN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—The monthly meeting of the members of this Association was held on the 17th inst., Dr. Kenyon in the chair, when it was resolved that Dr. Vacher, Dr. Kenyon, and Dr. Hope be appointed a subcommittee to consider a letter from the President of the Metropolitan Society of Medical Officers of Health inviting medical officers to form themselves into one general society, and to report thereon at a future meeting.