

operation may be esteemed permanent; and that it is sufficiently successful to merit further confidence is, I think, evident from the cases I have here written upon.

REMARKABLE CASE OF ILEUS,

FROM A CORD-LIKE PROLONGATION OF OMENTUM STRANGULATING A PORTION OF ILEUM OVER WHICH IT PASSED; DEATH FOLLOWED IN FORTY HOURS.

To the Editor of THE LANCET.

SIR:—I beg to transmit to you the following interesting case which recently came under my care, and should you deem it of sufficient importance to merit publicity through the medium of your widely-extended and truly valuable Periodical, you will oblige me by its early insertion. I am, Sir, your most obedient servant,

ROBERT MURRAY.

Edinburgh, July 13, 1841.

Mrs. Morris, ætat. 57, but from her very attenuated form and careworn visage appeared, at least, ten years older, of melancholic temperament, and *costive* habit, has given birth to nine children; three years ago had a violent attack of ileus, which obstinately resisted the most powerful enemata and other remedial means then employed for its relief. The medical attendants had given her up as a hopeless case, when, much to their astonishment, and no less so to the joy and satisfaction of her friends, the bowels opened *spontaneously* in the evening of the fourth day from the invasion of the attacks. Her convalescence was tardy and imperfect, and ever since she has, from time to time, suffered from repeated paroxysms of colic, more especially if she neglected taking aperient medicine, which she required to do, at least, thrice in the week. Soon after breakfast on the 30th of May last, symptoms of ileus again began to manifest themselves; these, however, were thought lightly of at first, but towards night they set in with augmented severity. Belonging to the humbler class of society, her friends did not seek medical assistance, until the disease had got thirty hours in advance; in the interim a dose of castor-oil was administered (her bowels had not been open for three days), which, however, was rejected as soon as swallowed. On the following day, at three, P.M., I was summoned to attend her. I found the poor creature in great bodily agony, and in a state of complete collapse; the pulse was gone at the wrist, and the heart's action extremely feeble; the temperature of the whole body was also much below the natural standard. The other symptoms were, stercoraceous vomiting, recurring at intervals of two or three minutes; acute pain of the abdomen, particularly a little to the right of the umbilical region; it was, however, relieved to a cer-

tain extent by pressure; the countenance indicated great suffering and anxiety; the eye appeared dull and glassy; the tongue was parched and covered with a brown fur, and the thirst insatiable; the respirations very hurried, and hiccup had commenced. From these symptoms, I at first suspected the woman to be labouring under strangulated hernia; I accordingly examined those regions where hernia usually occurs, but could not perceive the smallest trace of swelling or pain in either of them. I ordered the following plan of treatment:—An enema composed of

Oil of turpentine, ʒi;

Tincture of opium, ʒj;

Thin gruel, ʒj.

To be thrown up the rectum immediately, and repeated (omitting the laudanum) every hour, until full and free evacuations were obtained; cloths wrung out of warm turpentine to be applied to the abdomen, and bottles of hot water to the feet.

I saw her again in three hours, slight reaction had taken place; the pulse could be indistinctly felt at the wrist, small, intermitting, and thready. All the other symptoms were aggravated; the pain in the abdomen—now tympanitic—was excruciating and incessant, and very tender upon pressure. Neither of the injections could be thrown up, for, on attempting to do so, they returned instantly. Seeing that the case was utterly hopeless, and in order to render the scene less distressing, I ordered,

Calomel, gr. ij;

Opium, gr. j.

To be taken every hour. Twelve leeches to the abdomen. She got rapidly worse, and at two the next morning sunk.

Post-mortem Appearances.—Having obtained the friends' consent to make an examination of the abdomen and its contents, I proceeded to examine them thirty hours after death. The abdomen was much distended, and emitted a dull sound by percussion. On exposing the peritoneum investing the abdominal parietes, it was found to be a little more vascular than natural; the great omentum presented a similar appearance. Endeavouring to raise the latter, for the purpose of examining the small intestines, a powerful resistance was met with at its inferior margin and to the right side. I explored it with the utmost care, and found the resistance to arise from a prolongation of the great omentum, but differing from it in appearance and feel, being round, tendinous, firm, and inelastic. This tendinous-looking cord was given off from the right inferior angle of the omentum, and proceeded downwards and a little outwards, and was reflected over the (right) round ligament of the uterus, about three inches from the internal inguinal ring, where it became continuous with the pelvic portion of peritoneum. This abnormal structure, which

measured in length three inches and two lines, except at its omental extremity, where it was bulbous, and of the thickness of a crow-quill, pressed so tightly on a portion of ileum over which it passed, as to cause strangulation of the gut. So complete was the strangulation, that at the point of stricture, *i. e.* where the tendinous-looking cord passed over, the peritoneal was scored, and the mucous one lacerated; in fact, the gut presented an hour-glass appearance. I removed the strangulating and strangulated parts: with the former I included a piece of omentum, and four inches of the round ligament, with some of the pelvic peritoneum; of the latter I cut out eight inches at the striatum part, and a little way above it the first stage of gangrene had commenced. I have the whole by me, and consider them valuable specimens of morbid anatomy. Various gangrenous blotches were observable on different parts of the small intestines. The mesentery was highly injected with red blood, and several of its glands hypertrophied. The colon, mesocolon, rectum, &c., were normal. Both the stomach and liver presented a healthy appearance. The spleen and its tunics were in a state of induration; its adhesions to the stomach were remarkably strong. Neither kidney was examined. The stomach and intestines were distended with a rice-coloured fluid, mixed with hard feces. The cavity of the abdomen contained ten ounces of serum.

There can be but one opinion as to the cause of death in this case; *viz.*, internal strangulation. But on a little reflection, a question naturally occurs, whether the tendinous-looking cord which produced the strangulation was congenital, or only a morbid elongation of omentum, the result of previous inflammation? In support of its being congenital, we have the state of the woman's general health, which was, as far as I could gather from her history, never good. She had long been a martyr to indigestion, and from birth of a costive habit. The circumstance of her requiring to have frequent recourse to laxatives, showed that an obstruction of some sort had always existed in the *prima via*. The absence, too, of any thickening of the peritoneum and adhesions of the intestines, &c., was in favour of its being congenital, with regard to its being only a morbid elongation of peritoneum. In favour of this view, it may be asked, if it were congenital, how could the woman have passed through a long life with but two attacks of ileus? It must be confessed this is difficult to explain; unless we may attribute it to the tendinous-looking cord being more elastic and attenuated formerly than during the last three years. But I leave it for some of your abler correspondents to investigate, assured that the novelty of the case alone will repay investigation.

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THE LANCET.

London, Saturday, July 24, 1841.

THE anniversary meeting of the *Provincial Medical and Surgical Association* will be held at York on August 3rd; and, among other questions to be discussed, we are glad to learn that Medical Reform and the New Poor-law have a prominent place assigned to them in the Report. The medical reformers of the north should attend the meeting. Mr. CARTER will possibly be there; and will, no doubt, be prepared to put certain questions to the *Worcester Council*, relative to the vacillating course which they thought proper to pursue in connection with the London Conference. We hope that they will be able to give satisfactory answers to Mr. CARTER's inquiries; or, at any rate, to show that if they really retarded, they intended to promote, the progress of reform, by recalling their delegates, and passing a resolution,—when the time of action had come,—that the Association would “*wait, and see what the Corporations would do!*” What could members of the House of Commons think of such conduct? If the Worcester Council represented the Association, or of any large body of reformers, is it wonderful that the House of Commons was counted out, when it was the interest of the Corporations that medical reform should not be discussed? “*Wait,*” said Mr. DARBY, and the advocates of the Colleges, until you see our beautiful emancipation Bill; but “*Wait*” was the echo of the Worcester resolution; and “*We have waited, we are waiting, and we will wait,*” may be reiterated by the same tame school-boys at York, unless a voice of northern thunder, armed with the indignant energy of an insulted profession, awake them with the war-cry, “*We have waited too long, and will wait no longer.*”

The Council ascribe great credit to themselves for the “*caution,*” and the “*cautious measures,*” which have hitherto paralysed