

disease ran a definite course of about one week, when the vesicles were found to have dried up, and caused no further trouble. The treatment consisted in an iron tonic and a gargle and mouth-wash of chlorate of potash. Of course nothing but fluid food was given. On inquiries being made, it was found that some of the cows supplying the dairy from which these children received their milk were suffering from this disease. It is curious to note, however, that no one else in the house, nor, as far as could be found out, in the village, was affected, although there were numbers of children of the same age and in the same hygienic conditions supplied with the same milk.

Paris.

RUPTURE OF THE UTERUS DURING LABOUR.

BY HENRY LOVE, M.B.

THE following case may not be uninteresting, as rupture of the uterus is of very infrequent occurrence.

F. S. T—, aged forty-nine, sent for me to attend her in her fourteenth confinement. She had been attended by me previously, and her labours were invariably natural, with speedy delivery. Her thirteenth child was a breech presentation, and in that case labour was prolonged, and much difficulty was experienced in delivering the head. Since then she had a miscarriage, but was not attended. When I saw her, at 10.30 P.M., she stated that she "would not require my services just yet, and that the waters had broken the night before." I examined, and found the presenting head impinged against the sacrum, the prominence of which seemed unduly large. I remained in the room about two hours and a half, by which time the os had become entirely dilated. I fully expected that with pains of an expulsive character delivery would not be long; but such pains as she had were of an irregular, infrequent, and by no means severe character, the patient getting off the bed and walking about several times. About 1.30 A.M. the pains became more frequent and very violent, but still lacking any characteristic expulsive effort. Finding that the head did not advance and that the patient could not be kept in the obstetric position, nor even restrained upon the bed, I decided to deliver by the forceps; but, owing to the patient's movements, had difficulty in placing the lower blade, and rather than risk any injury, I withdrew it and sent for assistance to administer chloroform. Within the interval of about half an hour the patient was seized with three similar pains, the last being accompanied by a short sharp shrill cry, and followed by the patient falling into a semi-comatose condition. On examination I found the presenting head had receded, and, passing the arm into the uterus, discovered that it had ruptured, and that the limbs and body of the child had been projected into the cavity of the peritoneum, the head alone remaining in the uterus. I secured the head by placing the thumb under the symphysis of the jaw, and the first two fingers upon the malar bones. Assisted by manipulation over the abdomen, I then made traction and brought the head down towards the pelvic brim, when I let go and sought for a foot; this was found with difficulty, and I then turned, delivery not being completed till the greatest difficulty was experienced in manipulating the head. The placenta was soon expressed, hæmorrhage was slight, the uterus remaining firmly contracted; the patient all the while remained collapsed. Stimulants, sedatives, and light nourishments were administered, until twenty-four hours later, when vomiting ensued; this resisted all treatment, internal and external, and the patient succumbed forty-eight hours after the rupture had taken place. I obtained permission for a necropsy, and found the rupture extended along the left side of the uterus for about three inches and a half, commencing at the cervix. The edges of the rent were jagged and torn, and the uterine wall on that side was attenuated and softened, presenting a bruised, pulpy appearance, quite degenerated as compared with the rest of that organ. Peritonitis was extensive, but there was very little hæmorrhage in the peritoneal cavity. The adjacent organs were healthy. There was no warning evidence that the forceps were earlier required, and the severe pains lasted so short a time that no opportunity was afforded to prevent the calamity.

Mitcham.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proæmium.

ST. GEORGE'S HOSPITAL.

A CASE OF INTUSSUSCEPTION; LAPAROTOMY; RECURRENCE OF INTUSSUSCEPTION; DEATH.

(Under the care of Mr. PICK.)

THIS case is worthy of being placed on record as showing the difficulties the surgeon has to contend with in dealing with cases of intussusception. The diagnosis of this affection is, as a rule, by no means difficult, and the symptoms which attend it—viz., the presence of signs of intestinal obstruction, with tenesmus and the passage of blood and mucus per anum, and the sausage-shaped tumour to be felt through the abdominal wall—render the diagnosis pretty certain. Undoubtedly in this case there could be no question as to the nature of the disease. The treatment, however, is involved in difficulty. It is true that the invagination can always be reduced, at all events in the early stages of the disease, by the operation of laparotomy; but this operation is attended by such a large percentage of mortality when undertaken in infants, that the surgeon shrinks from performing it until all other means have been tried and have failed. It is possible, however, that this mortality is largely dependent on the period of the disease at which the operation is performed. We have published many successful cases of laparotomy for intussusception during the last few months,¹ and the disease can be treated with greater certainty in no other manner. And in comparing it with other methods of treatment, we should remember that they are far from being as satisfactory as one would imagine from the way in which their advantages are placed before the profession by those who favour them, nor are they devoid of considerable risk. We drew attention to this in our columns some months ago,² and again more recently.³ So far as we can ascertain, this is one of the first cases in which laparotomy has been required a second time for a recurrence of the disease.

E. B—, aged fifteen months, was admitted into St. George's Hospital on March 2nd, 1891. Both the grandfather and father suffered from strangulated hernia, and were operated on in this hospital. One brother died from strangulated hernia. The child was born at the full time, but was always puny. It has had no fevers or any serious illness, except in August of last year, when it had an attack somewhat similar to the one from which it is now suffering—i.e., there were frequent motions, with passage of blood and slime from the bowel. A fortnight before admission the child suddenly vomited whilst apparently in perfect health, and soon began to look ill. As the bowels were rather confined, a dose of castor oil was at once given (Feb. 17th). Much green slime, mixed with blood, was passed, and the bowels remained loose. There was some vomiting at first, but this did not persist. The symptoms continued until the day before admission, when the child was seen by a medical man, who ordered it a dose of opium, since which it has been very quiet and slept. On admission, the child was noticed to be very drowsy, and its pupils were mere pin points. It was very thirsty, and had a sunken look about the eyes. It was apparently not in any pain. Rather to the left and a little below the umbilicus was a typical sausage-shaped swelling. By the rectum an intussusception could be felt. An attempt was first made to relieve the intussusception by filling the bowel with water by means of gravitation. An enema tube was introduced into the rectum, and connected by elastic tubing with a can of warm water suspended some height above the child's bed, the patient being at the same time inverted. This was persevered in for some twenty or twenty-five minutes, but

¹ THE LANCET, vol. ii. 1890, p. 1158, Mirror of Hospital Practice.

² Ibid., vol. i. 1889, p. 171.

³ Ibid., vol. i. 1891, p. 1144, Mr. Mortimer.

without success. Massage was now resorted to, and efforts made to reduce the invagination by manipulation of the abdomen, but without any effect. Finally, inflation of air was tried, but this attempt was also unsuccessful. As it seemed improbable that reduction would be effected without operation, laparotomy was determined upon. At 8 P.M., the child having been placed under the influence of chloroform, an incision, about three inches in length, was made in the linea alba, and the peritoneal cavity opened. There was found to be an invagination of the small intestines into the large at the ileo-cæcal valve, the invaginated portion of bowel extending as low as the anus. It was reduced without difficulty. After its reduction the coats of the descending colon were noticed to be much thickened and oedematous. The reduction was effected without the escape of any of the intestines from the abdominal cavity. The wound was closed and dressed.

The next morning (March 3rd) the child was found to have passed a good night and to have slept soundly. It looked quite well, and seemed free from pain. There had been no vomiting, and it had taken food freely. Two motions had been passed during the night of fairly natural consistence. Previously to this, however, and shortly after the operation, it had passed a little blood and mucus. The temperature was 99°; the pulse 140; respiration 40.

Early on the following morning (the 4th), until which time the child had been apparently going on well, it awoke with much crying, and seemed in great pain. The bowel was found to be protruding from the anus. Mr. Pick reopened the wound and reduced the intussusception a second time. The wound was found to be in a satisfactory state, and there was no evidence of peritonitis. There was much collapse at the time of the operation and incessant vomiting afterwards. A little slime was passed during the day, but no fæces or urine. The child died at 11.55 P.M.

Necropsy.—The body was well nourished. Rigor mortis was present. There was an incision between the umbilicus and pubes. The intestines were distended; the omentum covered a little blood-clot opposite the laparotomy wound. There was no peritonitis; no intussusception. The cæcum was distended; the vermiform appendix free. The small bowel was normal. The large bowel showed patches of congestion in the ascending colon. No evidence of constriction on the mesentery. The stomach contained dark fluid. The liver was pale and fatty, but firm. Gall-bladder full; bile-ducts pervious. Spleen, pancreas, testes, bladder, and kidneys normal. There was a large mesenteric gland near the cæcum. The pleuræ were normal. The lungs showed numerous dark-purple broncho-pneumonic patches, least marked in the right lung. The bronchi and trachea contained similar material to that found in the stomach. There was no tubercle. The larynx, thyroid, bronchial glands, heart, and pericardium were normal.

Remarks by Mr. PICK.—In this case it was not until a thorough and patient trial of other means of reduction had been resorted to and failed that laparotomy was performed; and the operation on the following day seemed likely to prove successful. The child seemed quite well, and free from pain and sickness; it took its food well, and the bowels acted twice naturally. Of course, in considering the question of the recurrence of the intussusception, the idea suggests itself to one's mind that the invagination was not completely reduced at the first operation. But the condition of the child on the day after operation seems to preclude this idea; the absolute cessation of all the previous symptoms of obstruction and the healthy action of the bowels seem to prove that the intussusception was really reduced. Even after the reopening of the wound and the second reduction there seems no reason to doubt, from the post-mortem evidence, that the child might have recovered had it not been for the unfortunate accident of some of the vomited food finding its way into the air passages, which was the immediate cause of death.

VICTORIA HOSPITAL FOR CHILDREN.

A CASE OF INTUSSUSCEPTION; REDUCTION BY INFLATION;
CONTINUANCE OF SYMPTOMS; SUBSEQUENT
LAPAROTOMY; DEATH.

(Under the care of Mr. PICK.)

To a considerable extent the editorial remarks prefixed to the case of intussusception treated by laparotomy (and again by laparotomy when the disease returned), recorded

above, which was also under the care of Mr. Pick, apply to this case. In a large number of instances the return of symptoms or their continuance after the use of inflation or injections into the bowel is due to incomplete reduction of the intussusception. How frequently the abdominal tumour seems to disappear under treatment, only to show itself a few hours later. We seldom meet with the condition of bowel after intussusception which was found at the operation on this patient, and it is of considerable importance a record of such instances should be made. More can be learnt from the account of such a case than by the perusal of many uncomplicated cases, where inflation or injection treatment has been used with success.

A. R. D.—, aged six months, was admitted into the Victoria Hospital on Oct. 26th, 1887. The child was reported to have been always strong and healthy. It had been fed at the breast and on nursery biscuits, and had had no illness of any kind. Its bowels had always acted regularly, and it had never been troubled with sickness, diarrhoea, or constipation. The family history was good; no history of syphilis or of phthisis. The child had been fretful for three weeks past, but seemed otherwise well until the 23rd, when it vomited after taking the breast and then refused it. The mother took it to a medical man, who said it was suffering from flatus, and prescribed for it. On the following morning the child was worse, and evidently in great pain; the mother accordingly gave it a teaspoonful of castor oil, which produced a bloody motion, containing slime. The sickness continued and the pain seemed to increase, the child writhing and kicking its legs about. It seemed now willing to take the breast, but the mother was advised not to put the child to it, and accordingly abstained from giving it any food until the next morning. On the 25th (the day before admission) the child was constantly sick, and evidently in great pain; there was constant tenesmus and passage of blood and mucus per anum. Very little urine had been passed since the illness began. On admission the child was found to be well nourished and healthy-looking. Temperature 99°; pulse 100. It lay on its back perfectly quiet, and apparently free from pain, except that every now and then it cried in a moaning fashion and writhed, drawing its thighs up on to the abdomen as if in a paroxysm of pain. The pain only seemed to last about half a minute. The tongue was moist. There was no distension or dulness of the abdomen, and its walls were lax and could be easily palpated. On the left side was a distinct sausage-shaped tumour, feeling about three to four inches long, movable, and running in a direction obliquely to the outer side of the umbilicus. It did not appear to be tender. On examination by the rectum nothing abnormal was to be felt. Shortly after admission the child passed a small quantity of blood, merely sufficient to stain the napkin. At 6 P.M. it was sick after taking milk. At 10 P.M. it was reported to have been sick twice. At 1 A.M. on the morning of the 27th the child was placed under the influence of chloroform, and, having been inverted, air was forced up the bowel by means of a pair of bellows. As the air was introduced it could be felt distending the colon by the hand placed upon the abdomen. Suddenly the sausage-shaped tumour seemed to melt away from under the fingers and the air rapidly diffused itself over the whole of the abdomen. The child was now sent back to bed, and an enema of one drachm of starch with two minims of tincture of opium administered. This was partly returned, streaked with blood. The child slept for two hours, and was then sick after taking a little milk. There was no action of the bowels. At 9 A.M. the child looked worn and anxious. Pulse 130. Abdomen hard and tense on palpation; no swelling to be felt. No action of the bowels. A poultice was applied to the abdomen, and the child was ordered to have nothing by the mouth but half a teaspoonful of raw meat juice, with two drops of brandy, every two hours. An oil enema was given, but it was returned with slimy mucus and blood. At 4 P.M. the pulse was 140, temperature subnormal. The child seemed to be in more pain; it had not been sick since it began the meat juice. Bowels not acted.

Oct. 28th.—At 11 A.M. the child was manifestly worse; there was a drawn and anxious expression of countenance, and it was constantly moaning and tossing about, as if in pain. The bowels had not been opened, but there had been passage of some blood and mucus. The face was slightly flushed, pulse quick, tongue moist and clean. The abdomen was still hard and tender, and slightly distended, mani-