

similar manner, a like result—a curve forms above and another below the seat of disease. It need scarcely be said that solid bony union must have taken place before lateral curvature is possible.

The *Symptoms of Lateral Curvature of the Spine* are so marked that it would be thought by some, perhaps, impossible to overlook a distortion where the gait and figure of the person proclaim the affection. And yet this distortion is constantly overlooked; or the awkward appearance is attributed to any but the right cause. Such was the case with the patient from whom Fig. 7 was taken. This was an only and an orphan child, to whom her mother was entirely devoted. She was 16 years of age; and the curves must have existed during at least four years; yet curvature of the spine was never suspected until one week before advice was sought. Then, during a visit to a relative, the distortion was pointed out. It will scarcely be credited, however, that curvature should not have been discovered in the patient from whom the following drawing was made, and that it had to be pointed out to the mother when it had arrived at the stage at which it is depicted. (Fig. 17.)

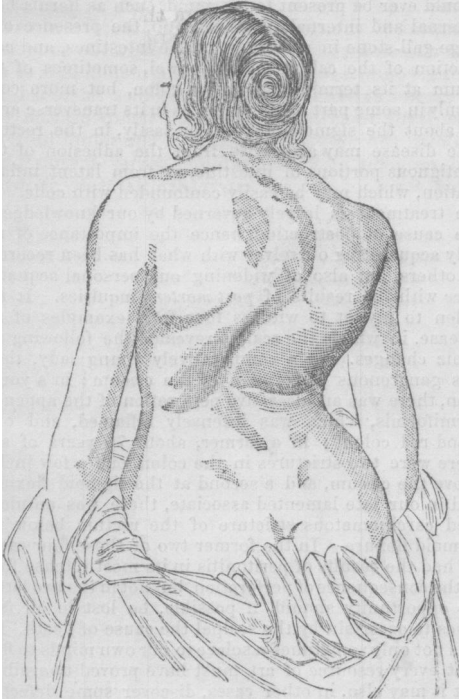


Fig. 17.

And still more strange will it appear when it is stated that, in consequence of great general debility, her mother always assisted her to dress; yet it was never discovered that the spine was crooked. We might almost believe that some eyes which constantly rest on a deformity cease to see it; just as some ears cease to be affected by a din close to them.

The *external characters of scoliosis* differ as much as the periods of development of the affection itself differ; and, consequently, they are not the same when curvature is incipient and when it is confirmed.

## Transactions of Branches.

### EAST YORK AND NORTH LINCOLN BRANCH.

CASE OF FATAL OBSTRUCTION OF THE BOWELS.

By HUMPHRY SANDWICH, M.D., Hull.

[Read Sept. 23, 1863.]

OUR late lamented associate, the late Mr. Land of Patrington, was in the fifty-ninth year of his age. He was rather slightly organised and of the nervous temperament. He had latterly become thinner and paler in the face, which wore a somewhat cachectic aspect. His health was nevertheless tolerably good. His general habit was to have two loose evacuations daily. He called on me in Hull a few days before the actual seizure by his fatal malady, and during our interview on another subject, he incidentally mentioned his having been for a week or two tormented with a noisy rumbling in his bowels, so audible as greatly to annoy him when in the company of others. Assuming that this arose from a little indigestion, I simply advised him to take three grains of rhubarb with every meal. I saw him a few days afterwards, when, as he still complained of flatulent distension, I prescribed two grains of calomel at bedtime, and rhubarb with tartrate of potash the following morning.

On the following day he mentioned his case to Mr. Craven; this was on Wednesday morning, August 26th. There was now decided obstruction of the bowels. Mr. Craven prescribed five grains of calomel, to be followed by a pill containing one grain of calomel and three of extract of colocynth every fourth hour, to be assisted by soap and castor-oil injections. Late in the evening of the same day, myself and Mr. Craven were summoned to Patrington, which we reached at midnight. We found our patient very much worse. The obstruction continued; the abdomen was a good deal distended; the pulse was 100; and there was slight vomiting occasionally, but not stercoraceous. We learnt that he had lately eaten some veal, which might have led to the attack. As there was some tenderness on pressure in the right iliac region, but none elsewhere, we applied twelve leeches over the ilio-cæcal region, to be followed by a blister. He was also placed in a warm-bath; and afterwards, turpentine was freely applied to the surface of the abdomen, alternated with hot fomentations. We also prescribed one grain of the pure extract of aloes with two of extract of henbane every third hour, as also the continued use of injections.

On Thursday, August 27th, at our morning visit, the symptoms were unabated; but the pulse was at 90, which was the limit of its range ever afterwards. He had not slept, and the abdomen was more distended. Mr. Craven now carefully introduced O'Beirne's tube, which was pushed far beyond the sigmoid flexure. Some pain and resistance were incurred in the upper part of the rectum, and flatus passed from the tube. Two or three pints of warm water were injected; and five grains of calomel were placed on the tongue. The operation with O'Beirne's tube was repeated at our evening visit; but on both occasions the water returned, not even discoloured by an admixture of fæces. On one occasion afterwards, he voided a little mucus tinged with blood, which we saw the next morning.

On Friday morning, August 28th, we found our patient suffering from severe hiccup, which had harassed him during the greater part of the night. As was to be expected, he was much discouraged by this symptom. And here, I may remark, that from the time of his first interview with Mr. Craven, he had felt and expressed the presentiment of a fatal issue of his disorder. The abdo-

men continued much distended, but with very little tenderness; for he could bear deep pressure everywhere beyond the precincts of the blistered surface without flinching. We now put him upon soothing doses of opium—a quarter of a grain of powdered opium with half a grain of calomel every second hour, to be alternated with the aloes and hyoscyamus the following hour. At our evening visit we reintroduced the warm water injections through O'Beirne's tube, which returned with very minute fragments of faecal matter, but not sufficient to discolour it. The opiate plan had already allayed the hiccup, and we advised its continuance and that of the aloes, but both of these less frequently. With that plan we had also combined an antispasmodic containing chloric ether, and allowed small doses of brandy with beef-tea.

On Saturday morning, August 29th, the hiccup had quite gone; he had slept several hours, and he was more cheerful. We again threw up the warm water, and persuaded him to smoke tobacco while on the night-chair, to which he reluctantly consented. We also advised a continuance of the common injections with castor-oil and small quantities of turpentine. On our evening visit we found that the last evacuation had been largely faeculent, as witnessed by his son, who is a surgeon. Unluckily the servant had removed it. It was followed by a smaller one, which we saw, and which was decidedly faeculent. The patient's mind was now much relieved, and he was more hopeful of a successful issue. His friends also were much encouraged. Still our patient complained of thirst, and the abdomen had not sensibly decreased in volume.

Early on Sunday morning, August 30th, we were summoned to Patrington. On our arrival, we had the mortification to learn, that after a restless and anxious night, and without any further action of the bowels, Mr. Land had expired half an hour before, while in the act of vomiting an immense quantity of dark coloured and offensive fluid matter. His death was probably occasioned by the shock given to the nervous system, which was originally feeble, and still further weakened by the want of sleep and insufficient food, and a state of prolonged irritation. The shock was evidenced at first by great mental depression, subsequently by hiccup, and eventually by collapse in the last fatal act of vomiting.

I cannot close this melancholy narrative without expressing the deep regret, which we all must feel for the loss of an associate, whose gentlemanly bearing, transparent character, high integrity, and love of his profession, entitled him to a high place in the esteem and regard of his professional brethren.

A *post mortem* examination made about nine hours after death—in which we were assisted by Mr. Evans, the able house-surgeon of the Hull Infirmary—revealed the following appearances. There was more fat than usual in the omentum, mesentery, and cellular tissue covering the parietes of the abdomen. Lobules of fat also surrounded the diseased structures of the rectum, wherein was the focus of the principal disease. There were no signs of peritoneal inflammation anywhere. The mucous membrane of the small intestines shewed a few patches, and but a few, of congestion in its slighter forms. The same was true of the mucous membrane of the large intestines generally, except that it was much congested for a few inches above the stricture in the upper part of the rectum. There was no distinct pouch above the strictured part, as is often the case; but instead of the distension of this part, all its tissues had become thickened. On the other hand, the portion of the rectum below the stricture was thinner than natural. The stomach and small intestines had been largely evacuated by the last and fatal act of vomiting. But the entire colon from the sigmoid flexure to the caecum was greatly distended with fluid faeces, probably amounting to two quarts, but without any scybala or solid masses. The transverse

arch of the colon through all its coats was thin and degenerate and easily lacerable. But we will now advert to the principal seat of the disease. This consisted of a distinct strictured portion of the rectum a little below the sigmoid flexure of the colon, as if a string had been tied around it, all the coats being massed together in a homogeneous tissue of scirrhus matter, but with its inner surface deeply ulcerated. On subjecting a minute portion of the interstitial deposit of this mass to the microscope, we detected here and there the true cancer cells. "Scirrhus," Dr. Baillie tells us, "is found much more frequently at the sigmoid flexure of the colon, or in the rectum, than anywhere else." And the explanation of the fact is, that "there is more of glandular structure in the inner membrane of the great intestines towards its lower extremity than in any other part of it; and this sort of structure has a greater tendency to be affected with scirrhus than the ordinary structures of the body."

The above narrative of Mr. Land's disease, coupled with the concluding *post mortem* disclosures, suggests not a few important practical reflections. Obstruction of the bowels, through all its varieties, from simple constipation to the iliac passion, is a subject of great interest to the practical physician. The various causes of ileus should ever be present to his mind, such as hernia both external and internal, intussusceptio, the presence of a large gall-stone in some part of the intestines, and contraction of the calibre of the bowel, sometimes of the ileum at its termination in the colon, but more commonly in some part of the colon, as in its transverse arch, or about the sigmoid flexure, or lastly, in the rectum. The disease may also arise from the adhesion of two contiguous portions of intestine, or from latent inflammation, which may be easily confounded with colic. As the treatment is largely governed by our knowledge of the cause of obstruction, hence the importance of not only acquainting ourselves with what has been recorded by others, but also of widening our personal acquaintance with the results of *post mortem* inquiries. It has fallen to my lot to witness four fatal examples of the disease, in which the scalpel revealed the following organic changes. In a comparatively young lady, there was gangrenous perforation of the caecum; in a young man, there was an ulcerative perforation of the appendix vermiformis, which was intensely inflamed, and of a blood-red colour; in a farmer, about 70 years of age, there were two strictures in the colon, one a few inches above the caecum, and a second at the sigmoid flexure; and in our late lamented associate, there was an ulcerated carcinomatous stricture of the rectum below the sigmoid flexure. In the former two of these four cases, we had the results of peritonitis in its most intense form as the consequence of perforation, but not in the two latter. No opportunity should, if possible, be lost in all fatal cases to ascertain by the scalpel the cause of death. For it is not only sometimes a solace to our own minds to find, that every resource of art must have proved unavailing, but it may also, in other cases, discover some defect in our treatment, and thus give a clue to more successful practice in similar forms of disease.

One symptom of the existence of stricture in the colon is the fact, that the faeces are never discharged except in a liquid state, as appears latterly to have been the case with Mr. Land, or, if figured, that they are of an extremely attenuated calibre. Dr. Mason Good describes the case of a lady, aged 35, and then living, who had been subject to it for ten years, and whose faeces were not more voluminous than those of an infant; also the case of a man, aged 49, who had laboured under the disease for twenty-one years, and could never pass a motion larger than a crow-quill. By means of a purely liquid diet both these individuals contrived to enjoy a tolerably comfortable existence. I need scarcely remark, however, that we may have habitual liquid stools without

stricture. A distinction, moreover, should be drawn between cases of thickening and stricture of the intestine from simple chronic inflammation, and that produced by carcinoma, which, as in Mr. Land's case, produces a destructive ulceration, as well as contaminates the blood and wars with vitality. "In advanced stages of the disease," says Dr. Baillie, "the countenance is sallow, the strength is much impaired, the body is much emaciated, and the constitution at length altogether sinks." This downward course had already begun in Mr. Land's case, but had not advanced far, when he was cut off by an acute attack of ileus. It is remarked by Dr. Abercrombie, that "there is a state of the bowels in which fluid fæces may be discharged regularly and freely, and apparently in abundant quantity, while there is yet going on for a length of time an immense accumulation of feculent matter in a very hardened state, extending through the whole of the colon." No scybala, however, were found in our patient's bowels, but an oppressive load of liquid fæces, which Nature, being incompetent to get rid of it *per vias naturales*, made a desperate effort to discharge by regurgitation and vomiting, and sank exhausted. Much light is thrown on this incompetence both by the thinness and degeneracy of the transverse arch of the colon through all its coats, and by the thickened and congested state of the tissues of the rectum for a few inches above the stricture, not losing sight of the impediment offered to the passage of the fæces by the scirrhus mass itself with its deeply ulcerated surface. It is remarkable that, with the exception of the liquid stools and the rumbling flatulence which annoyed him for a short time before the fatal attack, he appears to have had few of the usual premonitory symptoms of stricture, such as the straining and distress in evacuating the fæces.

PRETERNATURAL LABOUR: RARE PRESENTATION.

By HENRY MUNROE, M.D., F.L.S., Lecturer on Medical Jurisprudence at the Hull School of Medicine, etc.

[Read September 23, 1863.]

It will happen to every medical man who has a large midwifery practice, that now and then he will be called to a case in which all his skill, tact, and judgment will be required. In my own time, I have had many difficult cases of midwifery, having attended during the last twenty-four years about four thousand, exemplifying most of the presentations described by writers on this subject; but the one I am about to bring before your notice has been the only one of the kind I have had; nor have I noticed any description of a similar presentation. The case is as follows.

Elizabeth Richardson, a thin spare woman, poorly fed and living in a single room in the locality of Witham, was taken in labour of her third child about 5 A.M. on Saturday, February 21st, 1863.

She was attended by a neighbour, who, on this occasion, undertook the office of midwife. The membranes were ruptured, and the liquor amnii escaped about 6 A.M. The labour pains after this somewhat ceased. She had slight pains during the whole day of the 21st; but the child made very little progress. Towards evening, the pains gradually increased; but as night advanced, they began again to decline. The midwife, on Sunday morning, the next day, July 22nd, finding the pains increase, but the progress of the child not at all advanced, or not at all understanding the presentation, sent for Mr. Anningson, surgeon, about 1 P.M. When Mr. Anningson arrived, he found, on examination, that five parts of the child were presenting themselves; viz., one leg was very well down in the vagina, also both arms, the funis, and the crown of the head.

He attempted to turn the child by bringing down the leg, but found that he only wedged the child up tighter, and that all his efforts to deliver in this way were futile. About 2 P.M., he sent for me to assist him. I imme-

diately attended. There could be no difficulty in making out the presentation and the position of the child. I found it quite impossible to return the arms and bring the head into a natural position, on account of the close contact of the uterus over the child.

I at once placed a broad ligature round the child's leg, and gave it to Mr. Anningson. Then pushing up the head and shoulders, and necessarily the arms, I requested Mr. Anningson to make strong traction with the broad ligature. The pains were then not very forcible, for the woman was growing much exhausted. By alternating our movements of pushing up the head and chest and pulling down the leg, our efforts were in about a quarter of an hour rewarded with success by getting the breech into the pelvis low down. The other leg was somewhat in the way; but, by a little manipulation in passing the finger over the thigh, it was also got down. The case now being made a footing case, the child was easily brought into the world alive.

The pressure on the hand and arm of the operator was very great; but the woman recovered without any bad symptom.

How the cord had escaped pressure, I can scarcely tell; but so it was. The child was born alive, and is now in a healthy condition.

## Reviews and Notices.

THE SCIENCE AND PRACTICE OF MEDICINE. By WILLIAM AITKEN, M.D. Edin., Professor of Pathology in the Army Medical School. Second Edition, revised and rewritten. In two Volumes. Vol. I, pp. 727. Vol. II, pp. 1095. London: 1863.

The tendency of writers on Medicine has, during several years at least, been decidedly to produce special rather than complete systematic treatises. Thus, while we have had fevers, the diseases of the lungs, the diseases of the heart, those of the nervous system, of the abdominal viscera, of the kidney, etc., most ably described by men who have given their attention more particularly to these parts of the human body, Dr. Watson's classical *Lectures* have been nearly, if not altogether, the only example of an attempt at a comprehensive work on Medicine; and these have owed their well-merited reputation rather to the fact of their containing the teachings derived from a long experience and able judgment, than to their being a thorough digest of the doctrines at present held by the most able and laborious investigators in things medical. Besides this, in the interval of time which has elapsed since the publication of the last edition of Dr. Watson's work, the progress of inquiry has been continuous, and much new and valuable matter has been laid before the medical world. Hence the preparation of a work like that of Dr. AITKEN, the object of which is "to incorporate and connect the more recently established facts which illustrate the nature of diseases and their treatment with the time-honoured doctrines on which the Science of Medicine has been based," is by no means a superfluous undertaking.

The book is divided into four parts. The first part is on Topics relative to Pathology; the second, on Methodical Nosology—Systematic Medicine, or the Distinctions and Definitions, the Nomenclature and Classification of Diseases; the third, which naturally occupies the greatest portion of the two volumes, is on the Nature of Diseases: Special Pathology and Therapeutics; and the fourth is on Me-