

degeneration (if there be any), to restore the lung substance to its healthy state, and thus prevent the further development of a disease, which admits of no cure when once established.

Mr. Rainey, in a specimen he examined, found "the pulmonary membrane studded with fatty matter," and he thought this deposit of fat preceded the formation of the perforations which take place in the disease. The observations of Mr. Rainey on this point have not been confirmed by subsequent inquirers, and the conclusion he arrived at cannot be considered in the light of an established fact.

I have examined with great care a number of emphysematous lungs, with the view of ascertaining the presence or absence in them of fatty matter, and although in one or two instances I have found evidence of it in the walls of the air-sacs, yet, as a general rule, I have found it absent. I have neither been able to discover its presence by the microscope, nor by heating a piece of lung tissue on paper, so as to get a stain from the dissolved fat.

The specimens I have examined, have been taken from lungs which were the seat of extensive, old-standing lobar emphysema, and from others in which disease of the lobular kind existed.

In my investigations on this point, I have examined pieces of lung, not only from the more diseased portions, but from those also in the contiguous parts, and from others where the lung tissue was quite healthy. With reference to the question of the existence of fatty matter, I have found no difference in any of these specimens; it was, as a rule, absent from all.

Dr. Jenner is of opinion that "the most frequent anatomical change in the lung," producing loss of elasticity of its tissue, "is fibrous degeneration, the consequence of the exudation of that variety of lymph which escapes from the capillaries when they are the seat of slight but long continued congestion."

I have examined, microscopically, several specimens of emphysematous lungs, with the view of ascertaining whether I could observe any difference in their elastic fibres, as compared with those of healthy lungs. My results are, at present, so imperfect, that I must refrain from giving them; contenting myself with merely expressing an opinion that, in many cases of emphysema, especially of the lobar kind, some degeneration of the pulmonary tissue does exist, into the nature of which, it behoves all pathologists carefully to inquire.

Interlobular Emphysema. This consists of an infiltration of air into the areolar tissue which exists between the various lobules. I have never seen it as an independent affection, but in almost every case where there has been extensive vesicular emphysema, I have found the interlobular kind existing to a greater or less extent. It is often very partial, and seems to have little tendency to spread. At other times (especially in cases of lobar vesicular emphysema) it is quite easy to pass the air from one lobule to another, so that it must traverse extensively the interlobular areolar tissue. From the communication of this tissue with that beneath the pleura, it is easy to see that the latter may become stripped from the lung by air which has first found its way between the lobules; and from its connection with the tissue surrounding the bronchial tubes and blood-vessels, and with that in the mediastinum, we can explain the occurrence of those cases in which emphysema of the cellular tissue of the neck has been produced by violent and long continued expiratory efforts.

[To be continued.]

REMARKS ON OBSTRUCTION OF THE BOWELS: WITH CASES.

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[Continued from page 957.]

CASE VII. Fatal Obstipation from Impacted Gall-Stones. My attendance was requested on September 3rd, 1858, by Mr. —, a farmer, 50 years of age, of plethoric habit and considerable bulk and strength. He was accustomed to high living, frequently taking malt liquor and other stimulants, but not to excess. A month ago he was attacked with severe pain in the right side, supposed to be from gall-stones, followed by jaundice. On Monday last, after recovering from his former attack, he was seized with pain in the body, resulting in complete obstruction of the bowels; and when I saw him this morning, he was constantly vomiting dark green matter; he had cold extremities, clammy perspirations, imperceptible

pulse, and although perfectly sensible, was fast sinking. He died soon after I left him, and I was favoured with the following interesting report of his case, by my friend, Mr. —, who regularly attended him.

"Poor H. — died at about one o'clock on Friday; at that time he asked for a draught of harvest beer, which he swallowed eagerly; immediately afterwards, severe vomiting took place, and he expired in the effort. You could hardly have reached the first station when this took place. I obtained leave for a *post mortem* examination and performed it yesterday, twenty-seven hours after death. Before describing the appearances, I will just remind you of the circumstances of the case. He was 50 years of age, a man of most powerful build, and of energetic and active habits, a very free liver, but not intemperate. During the fourteen years I have attended his family, I can remember no serious illness from which he has suffered; an attack of sciatica, which has recurred from time to time, in a mild form, having been the worst, until July 2nd of the present year, from which (although with rather a long interval of comparative health) we may date his last attack. On that day he was seized with the ordinary symptoms of gall-stones, the paroxysms however being unusually protracted and severe. I attended him until the 15th, when he was well enough to pursue his usual occupation, and to go long journeys, and I saw no more of him until Monday last, August 30th, when the symptoms returned with even greater severity. Vomiting was incessant from the commencement to his death, neither food nor medicine remaining in the stomach for more than an hour or two at the very longest. Great pain and excessive tenderness in the right hypochondrium, and subsequently in the right iliac region, with a sensation of "stoppage somewhere," distressed him until Wednesday, September 1st, when all pain and tenderness ceased, to return no more; and vomiting of dark green fluid, with failing pulse and powers remained. On Friday morning, September 3rd, as you will remember, we found him pulseless, with cold clammy extremities, and, in short, in a state of collapse. The bowels had refused to act in spite of the administration of large soap, turpentine, and castor oil enemata, and free doses of calomel and opium; at first, and afterwards of calomel and colocynth; none of which, however, were retained a sufficient time to produce effect. The head remained perfectly clear until the last moment.

"**POST MORTEM EXAMINATION** twenty-seven hours after death. Decomposition was advancing. The face and the upper part of the chest were greatly congested, of a dark purple colour and emphysematous. The body was loaded with fat. There was copious discharge of bloody fluid from the mouth and nares. The lungs were sound. The heart was rather large and flabby. Nothing else worthy of note was found. The abdomen was much distended and hard; a large quantity of offensive gas escaped when the cavity was opened. The stomach and intestines were enormously distended with air. The liver was very small. The stomach was apparently healthy. The duodenum was of a dark chocolate colour, both on its peritoneal and inner surface; its mucous membrane was broken down, and a perforation as large as a florin existed in the position of the mouth of the common bile duct. This tube, together with the entire gall-bladder, were completely gone and disorganised, their place being apparently supplied by condensed and dark connective tissue, which, however, presented no stain of bile, and which had (I suppose recently) become torn, and nearly entirely detached from the intestine. The cavity of the duodenum contained a gall-stone of about the size of a musket-bullet, of a cylindrical form, flattened at both extremities by attrition with other concretions, and weighing 84 grains; two more were found in the ileum, weighing respectively 64½ and 157 grains, the latter, also, being flattened at each end, cylindrical, and larger than a pigeon's egg; a fourth gall-stone, weighing 52 grains, was found loose in the abdomen. The liver was very small, not above half its usual size; its parenchyma was of a pale greenish-yellow hue; the gall-bladder was gone, as before stated. The ileo-colic valve was healthy, as also was the large intestine. The vermiform appendix contained a few pieces of old, hardened feces, but was neither enlarged nor inflamed. The other organs were apparently healthy. The following, then, were the diseased appearances:—

"**Liver.** Parenchyma, pale yellowish-green; reduced to half its normal size.

"**Gall-bladder and Ducts** destroyed; their place being supplied by condensed and dark connective tissue which was torn from the duodenum.

"**Duodenum,** shewing a large perforation in the position of the entrance of the bile duct; dark chocolate colour without;

mucous membrane broken down, and containing a large gall-stone; two more gall-stones in the ileum, one near the ileocolic valve weighing 157 grains. A fourth of smaller size loose in the abdomen. Vermiform appendix containing a few small pieces of hard fæces."

CASE VIII. *Fatal Constipation.* On April 29th, 1852, I visited a lady between fifty and sixty years of age, who had been, for many days, suffering from severe colic, constipation, foul tongue, and rapid pulse, for which she had been carefully treated by Mr. —. The above symptoms were still present, the abdomen was tumid, and the intestines appeared to be loaded. We ordered turpentine fomentations to the abdomen, an enema of turpentine and castor oil, and afterwards an opiate suppository. Under the idea that she might be suffering from gall-stones, which was favoured by her semi-jaundiced appearance, we directed large draughts of carbonate of soda in warm water, in the hope that it would either relieve sickness, which was constant, or, at all events, cause the vomiting to be less distressing.

April 30. The patient passed a more comfortable night; a little fæcal matter came away with the injection. The pain was much relieved, and vomiting less frequent. The pulse was 130 yesterday, 108 to-day. The tongue was a little cleaner. The injection was ordered to be repeated, with the addition of a pint of compound infusion of senna.

May 2. There had as yet been no relief from the bowels of a satisfactory nature; and to-day the tormina and vomiting had increased. I ordered a grain of opium every two hours, and another medicated injection.

May 3rd. She had some fæcal evacuation last night, and was easy under the influence of the opium. The colon was greatly distended. The enema was repeated, and the opium continued.

May 4th. The patient had a good relief last night, and the abdomen was much less distended; but a good deal of fæcal matter was still to be felt impacted above the sigmoid flexure of the colon. The remedies were continued.

For some days she went on well; a great deal of fæcal matter came away, and she got almost free from pain. But her general appearance did not improve; her pulse continued frequent and weak; her countenance and complexion indicated something more than ordinary disease, and she could take neither medicine nor nourishment without inconvenience. At length, she was suddenly attacked with almost constant vomiting of dark green fluid. This was somewhat relieved by creasote; but she became much exhausted, and died on June 20th.

I regret that an examination after death was not allowed, because it leaves us in doubt as to the cause of the fatal issue; but I am much inclined to think there must have been some cancerous or other malignant disease within the abdomen, from the peculiar colour of the complexion, and the inability to rally after the obstinate state of constipation had been overcome.

CASE IX. *Constipation, leading to Impaction, Peritonitis, and Death.* I was summoned on August 31st, 1857, to an old lady, who had long been accustomed to neglect her bowels, so as to have relief but seldom except upon urgent necessity. I found her suffering from intestinal impaction, with commencing peritoneal inflammation. She had been carefully treated for more than a week, but had had no relief from the bowels, and was now in a very depressed condition. She had calomel and opium every four hours, and an enema of turpentine and castor oil administered by means of O'Beirne's tube. On the following day large quantities of very offensive fæces were discharged, affording considerable relief to the general symptoms; but the bowels still appeared to contain a good deal. The pills were continued and the enema was repeated.

During the next few days the bowels continued to discharge large quantities of offensive fæcal matter, principally liquid, but she was unable to take sufficient nourishment, and gradually sank exhausted.

There was no *post mortem* examination; but we have every reason to believe that in this case the sole cause of the fatal mischief was the impaction induced by the constant habit of neglecting, except under great urgency, the natural evacuation of the bowels. The house in which she lived contained no water-closet; and the privy belonging to it being in rather an exposed situation, she never would go to it as long as, by any possibility, she could avoid it. In other respects she had for many years enjoyed a very good state of health.

[To be continued.]

Transactions of Branches.

READING BRANCH.

TRANSACTIONS OF THE READING PATHOLOGICAL SOCIETY:
ANNUAL RETROSPECTIVE ADDRESS.

By NATHANIEL CRISP, Esq., Swallowfield.

[Concluded from page 960.]

VI.—OBSTETRICS.

Hydatid Placenta. Mr. HARRISON exhibited a hydatid placenta, from a feeble cachectic woman, 32 years of age, in the middle of the fourth month of pregnancy. Seven weeks before, miscarriage occurred, profuse coloured discharge took place, which, during the last four days, had much increased. The fœtus was small; the placenta large, about four-fifths of it consisting of apoplectic clots and masses of blood in different stages of alteration. The remaining portion contained many cysts of various sizes, with narrow necks, and full of transparent fluid.

Hydatid Pregnancy. Mr. WALFORD presented a specimen of hydatid pregnancy; labour occurring in the fifth month, the subject being a primipara. No quickening had been felt. Slight hæmorrhage had existed off and on for three months, and, according to the patient's account, some hydatids had escaped with such discharge; labour occupied about twelve hours; pains were very severe; the woman convalesced well, with the exception of a slight attack of phlegmasia dolens.

Fibrous Tumour of Uterus. Mr. MAY laid before us a fibrous tumour of the uterus, removed by excision from a married lady, 50 years of age, who had never been pregnant. For two years prior to the operation, the catamenia had been very profuse, with watery mucous flow in the intervals. On only two occasions, some months apart, was there pain or bearing down; at times she suffered from apparently muscular pains about the shoulder; latterly some difficulty had been experienced in micturition, and defæcation was accompanied by a feeling as if something would protrude. Vaginal examination revealed a tumour, about the size of an orange, connected with the interior of the uterus by a pedicle about the diameter of the thumb. An examination had been made six months previously, a tumour was detected, but only presenting at the os, which was dilated to the size of a shilling, the posterior portion of the uterus being much enlarged. The vagina being narrow; the tumour high up and large; an attempt to reach it with a knife or scissors, or to strangulate it with Gooch's needle or the double cannula, was unsuccessful. Another trial with somewhat modified instruments was about to be made a few days after, but before commencing the operation a copious enema of warm water, thrown into the rectum and forcibly expelled, had the effect of protruding the tumour externally; the pedicle was then easily divided, and what little hæmorrhage occurred was restrained by plugging the vagina. The lady was soon convalescent, and on the ninth day after the operation scarcely any of the pedicle could be detected on an examination with the speculum. Mr. May gave his preference to excision of tumours of this kind instead of strangulation, and considered that hæmorrhage was easily controlled; he also drew attention to the benefit likely to be derived from the use of copious enemata before operating on such cases.

Dr. Wells also exhibited a specimen of this form of disease.

Obstetric Statistics. Mr. HARRISON read a very interesting paper on "Statistics of 1000 cases in Obstetrics." It has since been published, and is well worthy of attentive perusal.

Ulcerated Uterus. At one of our meetings some discussion took place regarding the danger likely to arise should labour occur with an ulcerated condition of the uterus.

Mr. May mentioned a very interesting and conclusive case in support of these views, and several members stated that their experience proved that should ulceration of the os coexist with pregnancy, cauterisation might be employed with decided benefit to the mother, and without danger to the fetus. The benefit sometimes derived from dilating the cervix uteri in cases of sterility was referred to, Mr. Harrison stating that he had treated several such cases successfully in this way.

REMARKS. This is a brief summary of the cases and papers on obstetrical subjects which have been brought under our notice during the past year. Every one of us must be glad of any opportunity for adding to his stock of knowledge, on