

The following cases frequently do badly: where one eye has been injured, or where the iris (or lens) is tremulous, or where there is any iritic adhesion, or sign of previous internal inflammation, or amaurosis, or roughness of the cornea, a tendency to conjunctival inflammation, or much disposition to gout or rheumatism; and a surgeon who is determined to shew first-rate statistics, by excluding all these cases, may select some that would give almost universal success. There is, however, another view of the question; for, unless we can say that the patient cannot possibly derive any advantage from the operation, it is hard to refuse him the chance. Here, for instance, we get many poor and blind persons who have travelled up from South Wales or the neighbouring English counties, and who beg for the trial of an operation; and if it prove unsuccessful, as a reference to the foregoing cases will show that it not unfrequently does, they go home more resigned and satisfied.

Were I to subtract from my list of unsuccessful cases all those which would be rejected as unfavourable by a strictly scientific surgeon who would lend no ear to the prayers of the bad cases, it would leave but a small number in which the operation of itself had failed.

[To be continued.]

## REMARKS ON OBSTRUCTION OF THE BOWELS: WITH CASES.

By EDWARD COPEMAN, M.D., M.R.C.P., F.R.C.S., Physician to the Norfolk and Norwich Hospital.

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CASE XXXIII. *Constipation: Impaction: Stercoraceous Vomiting: Inflation: Recovery.* December 27th, 1856. Mr. —, aged about 55, was attacked suddenly with pain in the abdomen, having had no relief from the bowels for seven days. I found the abdomen distended and tympanitic, but not tender. Pulse 90. There was not much constitutional disturbance; but he had been sick several times, and complained of great abdominal fulness. He had been taking aloes and opium for the last two days; before that, his surgeon gave him some croton oil, which caused vomiting. Several enemata had also been administered, but returned without any admixture of fecal matter. I ordered a grain of aqueous extract of aloes and a grain of opium every four hours, and an enema twice more in the day.

December 28th. The enemata returned as they went up, and there has been no relief from the bowels. Abdomen more distended; and bowels filled with fluid contents as well as air. He was ordered to omit the aloes, and continue taking a grain of opium every four hours.

December 29th. He has passed a little wind, or rather a little escaped, as he said he had no power to expel anything from the bowels. He suffered from griping pains in the night, but was not very feverish: vomited fecal matter this morning and looks haggard, expressing himself as without hope of recovery. Pulse feeble; abdomen more distended; he was unable to take nourishment, and suffering continued abdominal pain. As a last resource, we introduced the nozzle of a pair of bellows into the rectum, and tried to distend the lower bowels with air in the hope of thus relieving stricture. After we had persevered some time, he wished to go to the stool, and when there, passed flatus several times with some force, together with a very small quantity of relaxed feces; enough to encourage at least a ray of hope, however little of confidence. The grain of opium was continued every four hours.

December 30th. We found him better this morning, from the effects of a good night's rest; and the abdomen was certainly not quite so tense. But there had been no relief from the bowels since our visit yesterday; so

we again inflated the lower portion of the canal with a stomach-pump, and distinctly heard the air pass along the colon. On withdrawing the tube, which had passed up several inches, we found it had come into contact with fecal matter; we therefore injected some oil and water in the hope of being able to get it away. After this, he went to the stool and expelled the fluid and a good deal of air with force, together with more than double the quantity of feces that passed the day before. Being thus encouraged, we again inflated the bowels by the rectum until he complained of so much uneasiness and distension along the colon that we were obliged to desist; and he was put into bed faint, exhausted, and oppressed. We recommended gentle friction to the abdomen, and a continuance of the opium pills; and left him with the uncomfortable impression that our last operation of inflating the bowels had added to, rather than lessened, the danger of his case. A few hours after we left, however, he became easier, and passed a great deal of wind and some liquid feces. For several days afterwards he passed free liquid evacuations from the bowels, to the relief of all his painful symptoms; and, in fact, he gradually recovered.

He is still living; but his surgeon informs me that every now and then he gets "blocked up," on which occasions he gives him aloes to liquefy the contents of the bowels, followed by grain doses of opium every four hours until he gets relief. How long this state of things may continue it is impossible to say; nor do I know what is the particular cause of the obstructions from which he occasionally suffers; but probably there may be some permanent organic mischief which will one day produce complete obstipation and put an end to his existence.

CASE XXXIV. *Obstruction of the Bowels from Impaction: Peritonitis: Inflation: Recovery.* May 22nd, 1858. Mr. C., aged 22, a healthy son of a healthy farmer, was seized on Monday the 17th inst. with sudden pain in the centre of the abdomen, followed in the course of the day with chilliness and fever; this ushered in a sharp attack of peritonitis, for which he was leeches, blistered, and fomented, and took calomel and opium to commencing salivation. In a few days the inflammatory symptoms subsided, the tongue became moist, and the pulse fell to 80; but he could get no relief from the bowels in spite of purgatives and repeated injections, and the abdomen became very tympanitic. I found him with an anxious countenance, distended abdomen, complete obstipation, loaded urine; and he had been sick several times, but the ejecta were not stercoraceous. Pulse soft and under 90; tongue moist, but loaded; abdomen more tender over the sigmoid flexure of the colon than elsewhere, but I could not by palpation detect the precise seat of the mischief. The respiration was rather hurried, owing to the distension of the abdomen, and he experienced great difficulty in turning or moving in bed. It appeared that he had been in the habit of neglecting his bowels, allowing sometimes a week to pass without a motion. On introducing the finger into the bowels, I found the rectum empty but capacious, and the distended coils of bowel above were so forced down into the pelvis that I could not distinguish the course of the rectum higher than its pouch. The rectum itself was hot and tender, and the finger came away smeared with mucus, but without any tinge of feces. On trying an enema of soap and water, it came away as fast as injected, without any tinge or smell of feces; attempts were then made to pass O'Beirne's tube, but without success; and lastly, we tried to inflate the bowels by means of a pair of bellows. Whilst this operation was proceeding, I heard, and the patient felt, some air passing up the bowel above the umbilicus. A good deal, however, passed away as fast as it was blown in, and we were doubtful of any good effect being produced. Just before I left the house, with a feeling in my mind that the case must terminate fatally, he men-

tioned to the nurse that he thought he wanted to pass something; and on using the bed-pan, he passed several ounces of thick fluid of a very offensive smell, and tinged with fæces. This gave us some encouragement, and I advised a repetition of the use of the bellows at night; also a pill every four hours consisting of a grain of the watery extract of aloes and two and a half grains of the compound soap and opium pill. Anodyne fomentations were ordered to be applied to the abdomen.

May 23rd. I received the following report from his surgeon. "Last evening matters were much the same, so I proceeded to 'blow him tight'; and he after a time declared that he thought his bowels would act; but they did not, so I gave him a pipe, and had the satisfaction when I went this morning to find that the bowels had acted three times; to which happy consummation I believe all the remedies had tended, and I think the pills you ordered had no small share in the transaction. I am extremely pleased with the present result of our labours, and hope all will go on well."

This young man had a tedious recovery, although the bowels continued to act under the use of the same pills. He became much depressed from the severity of his illness, and once or twice it seemed doubtful whether or not he would sink under it; nevertheless, in a few weeks he became much better, and gradually regained his natural health and strength.

CASE XXXV. *Intussusception: Death.* Mr. W.'s infant, aged 7½ months, was struck on the head with a whip by a little boy who was playing near him, he himself being at the time seated on a chair for the purpose of having his bowels relieved. The blow was a slight one, but the child was frightened and perhaps a little hurt, and screamed for a time violently. Previously to this he had been in perfect health, and was rarely heard to cry. This occurrence took place on Saturday morning, September 24th, 1859. The screaming was soon followed by great depression and faintness, for which the medical attendant administered restoratives; soon afterwards vomiting commenced, and continued uninterruptedly until his death. The last matter vomited being described as what "ought to have come the other way." During his illness he frequently rolled his head about, and thrust his hand into his mouth; he was also frequently drawing up his legs and writhing as if in pain. It was supposed that the blow on the head had produced some cerebral mischief, and a leech had been applied to the temple. There had been no relief from the bowels from the commencement of the attack, but there had been much straining, and a small quantity of bloody mucus had several times escaped. I was summoned on Sunday the 25th, about thirty hours from the beginning of the attack, and the child was just dead as I arrived at the house. On hearing the above history, and searching the body externally for some cause of obstruction (for I thought the symptoms indicated intestinal obstruction) I found no hernia; but the abdomen was distended, and I could feel coils of bowel in several directions, which led me to express to the parents the idea which forcibly occurred to my own mind, that the child had died, not from any affection of the head, but from intussusception.

On the following day, the 26th, I met the family surgeon for the purpose of making a *post mortem* examination; and we discovered the following cause of the symptoms and of death. The descending colon appeared to be full of fæces to within an inch or two of the termination of the rectum, and the small intestines were empty and collapsed. On examining the distended portion, we found, at about the situation of the junction of the transverse with the descending colon, that the finger could be passed into a pouch of bowel leading downwards towards the rectum, the part above being very small—apparently small intestine. On removing all this enlarged portion of the bowel, we found

that it contained, not fæces, but all the rest of the colon and cæcum. The cæcum had passed into the ascending colon carrying with it the appendix vermiformis, and had then travelled on as far as its connexions would admit, so that the cæcum, appendix, ascending and part of the transverse colon were invaginated in the rest of the transverse and descending colon and upper portion of the rectum; the invaginated portion being in a state of intense engorgement.

I append this case to the rest of the series on account of several points of interest which it possesses. First, as to the diagnosis: the blow on the head naturally led to the supposition that it was the cause of the screaming and pain in the first instance; and probably any medical man seeing the child at that time would have thought so. Then, with this impression upon his mind, many of the other symptoms would naturally confirm the opinion, for instance, the vomiting, rolling the head, putting up the hands, etc.; the difficulty of getting relief from the bowels also might be attributable to a like cause, as constipation is a very usual accompaniment of the cerebral diseases of infancy. I did not see the child until just after death; I heard the history from the parents, but had not the opportunity of seeing the surgeon who attended, and when I found the bowels distended in coils, and that bloody mucus had been discharged instead of proper motion, neither of which symptoms properly belong to cerebral inflammation, I came to the conclusion that the blow on the head which had been almost too slight to injure the brain, had suddenly startled the child and interrupted it in the effort of defæcation, that invagination then took place and gradually increased during the pain and straining which followed, and that the child died exhausted by the suffering thus produced. I mentioned my views to the surgeon who had attended and who kindly undertook the *post mortem* examination, but he seemed astonished and adhered rather to his first impression, although he thought the fatal event occurred much more rapidly than usual in cases of the kind. The appearances found after death cleared up all difficulties, and afford an additional proof of the value of distension of the abdomen and expulsion of bloody mucus as diagnostic signs of intussusception.

EXHIBITION OF CROTON OIL IN MANIA. Every practitioner is aware of the value of this active cathartic in the treatment of maniacal cases, and of the extreme difficulty which is often experienced in getting such patients to take either this or any other drug. They will at once detect its taste, which is certainly disagreeable enough if it is added to their ordinary food, and as far as taking it in the form of pill or draught, that is, in many instances, quite out of the question. The smallness of its dose appears to favour the idea that it can be dropped on the tongue and swallowed; but, independently of the great evil of restraining and exasperating a patient whilst thus dosing him, it is most difficult to apportion the dose, so as to give him a sufficient quantity, and yet not an excess; and also serious accidents are liable to occur to the eyes of the assistants, from the patient forcibly ejecting it whilst thus held down; indeed, I am disposed to think that such a mode of exhibiting croton oil ought to be employed only in very exceptional circumstances, if at all. Having some time since been obliged to exhibit it in acute mania, after every other means at my disposal had completely failed, it occurred to me to mix the oil with some sardines, as if for lunch, and I thus succeeded in getting it taken without further difficulty, the fishy taste of the sardines completely disguising the unpleasant flavour of the oil, and as the suggestion may be of use to others, I think it worth while to mention it. (*Dr. W. Frazer.*)