REMARKS

ON A

CASE OF RARE IMPOSITION OF THE VISCERA.

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THE following case is worth recording, as an instance of a very rare malposition of internal viscera, unrecognisable by any known sign or mode of examination, defying detection, and disappointing reasonable surgical efforts and anticipations.

On July 12th, 1880, I saw Mr. K., aged 67. He had suffered for some time under occasional constipation from cancerous stricture of the rectum. Complete obstruction had been established on the previous evening—i.e., the 11th; and Dr. Russell and Mr. Taylor agreed that, unless the bowel was opened, the patient must sink. A small tube had been gently insinuated through the stricture, and a little water injected, without any perceptible result. During the night, however, the bowels had partially unloaded themselves by frequent spurts of liquid fæces, and by the expulsion of large volumes of air. The abdomen had diminished in size, and was softer; vomiting had ceased, and the stomach had retained liquid food. The necessity for immediate surgical interference had therefore disappeared.

For several days, this improved condition lasted, but complete obstruction recurred; and, on the afternoon of July 22nd, I found great and uniform abdominal distension, tympanites slight but equal, fulness of both loins, incessant sickness, weak and quick pulse, and a large, hard, cancerous mass occluding the rectum within easy reach of the finger. I at once opened the colon in the left loin by Amussat's method. The only peculiarity noticeable in the operation was that the bowel was deeper than usual, and overlapped by renal fat, some of which was removed. The colon was fixed by sutures to the wound and incised, giving exit to a large quantity of air and a small quantity of solid stool. Examination by the finger through the wound did not yield evidence of any large accumulation.

On the following morning, July 23rd, the symptoms of obstruction were unrelieved: a very small quantity of stool had escaped by the wound, and the vital power was failing. By the injection of warm water through the artificial opening, some small fecal lumps were washed out of the lower part of the colon, but the upper segment of the bowel was empty. During the day, no further escape occurred; and, in the evening, the patient died.

On opening the abdomen after death, the whole intestines were found much injected, and a small quantity of blood-stained fluid lay in the peritoneal cavity. The large intestine was greatly distended; the small bowel almost empty. Commencing at the rectum, which was closed by a mass of cancerous deposit surrounding its lower part, and tracing the intestine upwards, the sigmoid flexure—forming a very large curve—was found, in the right iliac fossa. From this region, the gut passed upwards on the right side to the liver, then crossed transversely to the spleen, and thence downwards to the left iliac fossa, where the cæcum was found with its appendix and a long meso-cæcum. The whole tract of the large bowel, from the rectum to the transverse colon, was greatly distended with putty-like fecal matter. In the left lumbar region, the upper part of the cæcum was seen to be opened, empty, and fixed to the wound by the sutures. The small intestines occupied their proper position, except that the lower part of the ileum ran transversely from right to left, to terminate in the cæcum. No other malposition existed, and no other disease was discovered.

The failure of colotomy in this case was due entirely to the transposition or lateral reversal of the large intestine, so that the bowel was opened above the fecal accumulation, and the operation thus rendered ineffectual.

THE USE OF NITRO-GLYCERINE IN ACUTE AND CHRONIC BRIGHT'S DISEASE, AND IN THE VASCULAR TENSION OF THE AGED.*

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IN April of the present year, I wrote an article in the *BRITISH MEDICAL JOURNAL* on the Use of Nitro-Glycerine in certain diseases; but in that paper were not included the observations which I purpose making here; for, at that time, my cases were too few from which to draw definite conclusions.

During the last year, I have tried the above remedy, with great benefit, in a number of cases of chronic Bright's disease; and of others accompanied by that condition of the vessels which was described by Sir W. Gull and Dr. Sutton. From the relief obtained in these instances of vascular tension, I was led to try it in acute nephritis, and, as the sequel will show, with very beneficial results.

The following condensed jottings will, perhaps, serve to illustrate the pitch of my remarks.

CASE I.—A. M., aged 56, had been suffering from chronic renal disease for two years. When I saw him, twelve months ago, he had a pale pasty appearance; his eyelids were puffy, and his legs cedematous; his pulse was tense and corded, the walls of the vessels being much thickened; the heart was greatly hypertrophied, and his breathing was at times most laboured and difficult, but at others comparatively tranquil. The urine, of which only a pint and a half was passed in the twenty-four hours, had a specific gravity of 1008, and contained much albumen.

A one per cent. solution of nitro-glycerine was at first given in one-minim doses every half-hour, till its physiological effects were produced, in order to relieve the asthmatic symptoms, which it did so effectually that my patient would never be without it. After taking his medicine, in three-minim doses, thrice daily for a week, he drew my attention to his urine, which, he said, came remarkably freely. I had it passed into one vessel for twenty-four hours, and found the specific gravity to be 1012, and the quantity three pints; moreover, it contained very little albumen. He took the remedy regularly for some months; after which time, the pulse had become softer and more regular, the hypertrophied heart seemed to be much quieted, and a mitral regurgitant murmur, "evidently due to dilatation", had disappeared; the breathing was quite easy and normal, except during exertion. The urine was examined from time to time, and continued abundant and of fair specific gravity, with an absence of albumen and casts. After some weeks, he felt so well, that he discontinued his medicine; but, finding his old symptoms returning, he had again to resort to the remedy, with the same good results.

CASE II.—Mrs. E., aged 45, a pale pasty-looking woman, consulted me for dizziness, shortness of breath, palpitation of heart, sickness, cedema of legs, puffiness of face, and general ill health. She said her mother and grandmother had died of kidney-disease, and that she was evidently suffering from the same affection.

I found that she was only passing 150 grains of nitrogen by the urine in twenty-four hours, and that there was considerable vascular tension. I ordered milk-diet, diaphoretics, diuretics, aperients, iron, etc., at various intervals, but without much improvement, so that she began to despair, and consider herself doomed. On taking the solution in minim doses every four hours, she began at once to pass more urine, and the nitrogen increased to 230 grains in twenty-four hours. Her other symptoms also improved. After a few days of this treatment, I ordered 20 minims of tincture of sesquichloride of iron, and one minim of nitro-glycerine solution, thrice daily; in a fortnight, the change was really wonderful; the vascular tension had subsided, the cedema had disappeared; and, all her symptoms being relieved, she felt able to go to the sea-side for change of air.

The following case is interesting, because my patient had one attack of apoplexy, and apparently staved off another by resorting to nitro-glycerine.

CASE III.—Mrs. F., aged 52, consulted me in June, saying she had lately been suffering from attacks of dizziness; and that, two days before seeing me, she had had an unusually severe seizure, which had left her right side weak, and had rendered her speech indistinct. I found the right side of the face and right arm slightly paralysed, and the right leg numb and decidedly weak; her speech was also rather indistinct. Her pulse was hard and corded, and all her vessels indicated increase of tension. The urine was normal in quantity, but had a specific gravity of 1006, and showed a trace of albumen.

* Read before the Leeds and West Riding Medico-Chirurgical Society.