A CASE OF FÆCAL IMPACTION IN AN INFANT FIVE MONTHS OLD.

By A. MARMADUKE SHEILD, M.B., F.R.C.S.

THE child was first seen by me on March 15th, 1886, and this history obtained. The mother, being unable to nurse, hand-feeding was resorted to at the end of the second month. Cow's milk, sweetened, and diluted with water, was at first given, but this was stated to have caused sickness, and was discontinued. A patent farinaceous food was next employed, slightly mixed with milk; and this, it was related, was "kept down" by the infant, who seemed to improve for a time; but soon new troubles arose. For the last six weeks the bowels had been very confined; small motions, "like pebbles," of a clay colour and very offensive, passing with much pain and difficulty. For the last week, the child had vomited incessantly, both after feeding and at other times, and had wasted rapidly. Moreover, blood and mucus passed from the bowel, mixed with liquid feces, described by the attendant as "bloody diarrhoea." The infant had been ruptured from birth; and the nurse stated that the protrusion was returned with difficulty. Occasionally the lower bowel had been noticed to prolapse. The case had been treated with manipulations of the belly, and castor-oil. The former had increased the pain and distress; the latter remedy was at once rejected. Enemata of warm water had been administered, but hardly in a very thorough manner. Several attacks of syncope occurred in the last two days, during which the surface was cold, covered with moist sweat, dissolution seeming, to those present, inevitable.

The child was a small, delicate, female infant, and lay quietly in the nurse's lap. It was very pale; the cheeks were sunken, the eyelids closed, and it was apathetic to the approach of relatives or strangers. The extremities were cold and dusky, the temperature about 98°, and the pulse very weak. At times its face was contorted, and it drew up its limbs, and feebly screamed out with pain, again relapsing into its pristine condition of quiet apathy. The mouth was hot and dry; the belly was tumid, hard, painful, resistant. In the left lumbar region was a hard irregular swelling, ill defined, and difficult of limitation and determination, on account of the resistance of the abdominal walls. There was a small reducible umbilical hernia. The motions were now inspected on a napkin; they had been passed that morning, and consisted of altered blood and mucus, mingled with fecal material, have a very foul odour as of putrid flesh. On introducing a finger into the rectum, a hard mass, of the size of a small orange, was felt about two inches up the bowel. This was obviously fecal, and, on pushing it up, it was easy to ascertain by bimanual examination, with one hand on the belly, that other swellings or masses moved upwards with it. The lowest mass, by the aid of oil, was dislodged with the finger; it was of the consistence of baked putty, and was full of farinaceous material and clots of milk, giving an acid reaction. Nothing like an intussusception or polypus could be felt.

The child was ordered enemata of olive and castor oil night and morning, and the belly was to be gently kneaded, and rubbed with aloe liniment. The diet was restricted to small quantities of strained veal-broth given at frequent intervals, with a few drops of brandy.

On March 16th, nothing had passed from the bowel, the enemata returning unretained. Sickness had been severe, and several attacks of syncope had occurred in the night. The belly was hard and resistant.

On examining the rectum, it was quite loaded with hard, fecal masses, an exact imitation, indeed, on a small scale, of a similar condition in the adult. These were dislodged, and brought away by the finger. They were quite hard, and seemed not affected by the oil enemata. A mixture, containing small doses of hydrocyanic acid with an alkali and carminative, was prescribed. The broth and brandy were ordered to be given every half hour in quantities of a drachm of the former to three drops of the latter.

On March 18th, there was slight improvement, for the child had been less sick, and appeared less pinched and collapsed. The rectum was cleared again to-day. The motions were softer, but still devoid of bile, white in colour, covered with blood, and very offensive. There was a marked improvement in the condition of the belly. The irregular swelling in the left lumbar region had disappeared. The quantity of broth was increased, and the brandy diminished. Peptonised milk, prepared according to the formula of Sir William Roberts, was added to the dietary, with thirty drops of cod-liver oil thrice daily.

On March 20th, there was manifest improvement. The child looked comparatively well; it laughed, and took notice. The enemata had been persevered in, had brought away some fecal lumps, and but little blood. The diet seemed to suit the child admirably. A small mercurial was ordered every other night, and minute doses of podophyllin dissolved in rectified spirit were given on sugar.

On March 22nd, the improvement was maintained, but the bowels were still obstinate. The motions had lost the offensive odour, and now contained bile. The child could only take small quantities of food at a time. The hydrocyanic acid mixture was omitted.

On March 25th, Dr. Day saw the case in consultation. He attributed the obstinate constipation to a deficiency of intestinal secretion, combined with torpidity of action. He advised a continuation of the treatment and dietary, and recommended in addition a carminative mixture.

After this, as there was no question of any obstruction of the bowel, the case passed from under my immediate notice. I hear, from time to time, that the child continues to improve; raw meat has been added to its dietary with advantage; it takes the peptonised milk freely. The bowels are still obstinate, and the enemata cannot be quite dispensed with. It is now gaining flesh and strength daily.

REMARKS.—Although instances of severe and dangerous constipation are occasionally met with in infants reared by hand, it is not often that the accumulations of fecal material cause such symptoms as were observable in the present case. The vomiting, constipation, and the passage of blood mixed with mucus, taken into consideration with the altered contour of the belly, sufficiently suggested the possibility of intussusception, and it was only by repeated examination, and the further progress of the case, that this conclusion was negated. When the obstruction became complete, spurious diarrhoea was observed, a symptom of the highest importance in connection with the diagnosis of fecal impaction.

The great importance of inspecting the motions and examining the rectum in some cases of intestinal derangement receives, from this case, due illustration, and the beneficial influence and action of enemata are well exemplified. The surmise is rational, that torpidity of the coats of the larger bowel, deficient secretion, and dry farinaceous food, all tended to produce fecal accumulation, and the offensive sanguineous discharge was sufficiently suggestive of a fretting of the mucous membrane by the contents of the gut. Purgatives given by the mouth in so small and delicate an infant would doubtless have been rejected, or further irritated an already sensitive stomach, and, perhaps, would have endangered the integrity of a bowel, the coats of which were ulcerated, by causing it to fruitlessly contract upon hard immovable masses. But, in the further progress of the case, the small doses of biliary purgatives seemed to act with benefit, in restoring the colour and normal odour of the evacuations.

Attention must be drawn to the importance of giving nourishment only in minute quantities; and often, in cases of vomiting and malnutrition, a drachm or two of milk retained by the stomach does more to sustain strength than an ounce which causes vomiting. This practice is exemplified and lauded by William Hunter, but it is difficult to make nurses and friends estimate its weight and advantage. The attacks of syncope were doubtless caused by the severe colicky abdominal pains exhausting a weakly anæmic infant, whose blood was impoverished by the unsuitable starchy food which had been administered to it.

The whole case furnishes additional evidence, if such were needed, of the bad consequences that may arise from improper feeding of infants, and how well and rapidly they may recover from a serious condition when the digestive functions are restored to activity and regularity.

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