CASE OF INTESTINAL CONCRETION.

By SAMUEL S. DYER, Esq., Surgeon, Ringwood.

George Wills, aged 14 years, October 11th, 1848. Ever since birth he has, more or less, suffered from irregularity of the bowels, the excretions generally consisting of small and hardened scybala. At five years of age he had a more than usually severe aggravation of symptoms, nothing passing his bowels for a fortnight. At this time an artificial anus was proposed by the surgeon in attendance, but objected to by the parents. They have been constantly in the habit of giving him enemata of soap and water, or gruel.

He is now suffering great pain, recurring with greater severity at intervals of a few minutes; nausea, but no vomiting; the abdomen tympanitic, and enormously distended, measuring 39 inches round on a level with the umbilicus. The cavity of the thorax is diminished by upward pressure of the diaphragm, producing dyspnoea. There has been no relief from the bowels for the last three days. No tumour of any kind in either groin; unusual resonance on percussion in each lumbar region. On examination per rectum, I could distinguish, high up, some hardened faeces, and by this means removed as much as I could reach.

Small doses of Sp. Terebinth, with Tinct. Opii, were given to relieve pain and flatulence; and fomentations, and injections of warm water, which, however, returned without any faeculent matter. The long tube of O'Beirne could not be passed higher than five or six inches.

Oct. 12th and 13th. Symptoms continuing; still unable to reach or remove any faeces. Vomiting, hiccup, increasing pain; and early on the morning of the 14th, he died.

Post-mortem 28 hours after death.—Parietes of abdomen very much attenuated; signs of former and recent peritonitis; no enlargement of mesenteric glands. The entire intestinal canal greatly distended with flatus, one convolution alone, ascending, crossing and descending, as large as a man's thigh being all that appeared on turning back the parietes. In the sigmoid flexure of the colon and upper part of the rectum, was an enormous mass as hard as bone; this being removed from its position, and its enveloping intestine opened, appeared a mass of concreted or hardened faeces, measuring four inches long, and nine round, of greenish-brown colour, velvety feel, and covered with thick mucus.

As I know from two years personal experience that this boy had been as large as a woman in the last month of utero-gestation, it is not unreasonable to suppose that such a concretion had existed here, forming an obstruction from that time at least, if not from the date of the illness, nine years since. The pathological and practical questions which are suggested by this interesting case are, first,—What was this concretion? Was it formed of the husks or beards of some grain interwoven and matted together, as detected and explained by Dr. Wollaston and Mr. Clift? Or was it that the fluid part of the faeces had always of late years been absorbed? Its appearance very closely resembled the description of the former as given by Dr. Watson in his lectures, and I should have inclined to the opinion

of this being the true nature of the concretion had not the mother assured me the child had never eaten any oat or barley meal, &c. Next, did the small quantity of alvine discharge come from the lower end of this mass separating, a fresh supply always accumulating above, or could it have remained in the same condition throughout, all excretions passing between it and the bowels?

Presuming no cathartics should be administered, under the almost certain belief that a mechanical obstacle was the cause of obstruction, should more violent means have been made per rectum, for its removal, or should we be justified in exploring the sigmoid flexure with scoops, and such like, or in making an artificial anus, as once proposed in this very case, had the parents consented, with (in addition to the filthy nuisance of such a supernumerary aperture,) the possibility of the recurrence of such symptoms?

MEMOIR ON TURNING,
AS AN ALTERNATIVE FOR CRANIOTOMY
AND THE LONG FORCEPS, IN DEFORMITY
OF THE BRIM OF THE PELVIS, &c. &c.*

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SECTION IX.—ON THE COMPARATIVE DANGER OF
LOCAL LESIONS OF THE MATERNAL ORGANS
(VAGINA AND UTERUS.) IN DELIVERY BY TURN-
ING, AND DELIVERY BY INSTRUMENTS.

As far as the observations in the preceding section go, they refer to the comparative degree of actual danger to the *life* of the mother under the opposite means of treatment, by which cases of labour, with arrestment of the head, and distortion of the pelvic brim, may be treated. They refer merely to the question of the probable death or probable survival of the mother, under the two different lines of practice spoken of,—viz., delivery by instruments, and delivery by turning. But it is possible, that, under such a form of labour as we have been considering, the mother may survive, that she may escape with life, and yet the maternal passages and neighbouring soft parts may be so much damaged and injured, as to interfere, in a more or less dangerous or distressing manner, with the state of her future health and future happiness. The cervix uteri, or the walls of the vagina, are sometimes so contused, or become so inflamed, that gangrene and sloughing supervenes, and lead on to the formation of cicatrices and strictures; or, what is still more deplorable, this resulting gangrenous inflammation may produce fistulous communications between the vaginal canal, and the rectum, or urethra, or bladder. No consequence could be possibly more deplorable than this last,—the occurrence of recto-vaginal or vesico-vaginal fistulae.