Selected Articles.

CASES OF INTUSSUSCEPTION TREATED WITH THE AID OF BARNES' BAG; WITH REMARKS.

Of the two cases which I propose to relate, for the purpose of showing that Barnes' bag may sometimes be usefully employed for reducing and preventing return of an intussusception, the first occurred in 1877. The patient, a man of fifty-seven, was in the London Hospital under my colleague, Dr. Stephen Mackenzie. Six months before admission he had noticed that there seemed to be a constriction in his rectum. He passed his fæces in small lumps streaked with blood. The bleeding increased, until it amounted, according to his estimate (which was probably excessive) to as much as a teacupful three or four times daily. These symptoms subsided under treatment, but were followed by loose motions and by two attacks of bleeding and pain. During the later attack he felt the gut protrude externally for two inches and then return. This happened three times in half an hour, and the pain was excruciating. The pain and bleeding continued up to admission, seven days from the outset of the attack, and a slimy discharge took place from the rectum. On admission the patient was a pale, cachectic, wasted man. The abdomen was distended, tympanitic, and tender, especially the hypogastric region. No tumor could be felt in the abdomen. On rectal examination a rounded firm swelling about the size of a hen's egg, with a velvety surface, was detected. The finger could be passed all round it, and at its apex was an orifice into which the finger could be readily passed. Examination with the speculum showed that the mucus membrane was deeply congested. There could be no doubt that an intussusception existed, and Dr. Mackenzie, whose description I have followed, asked me to see the case and treat it. As the intussusception was within reach, and, from the absence of abdominal tumour, appeared likely to be of limited extent, I thought that it would very probably yield to the equable pressure which could be exercised on it by distending a Barnes' bag with fluid after introducing it into the rectum empty, and so it proved. The intussusception gradually receded, and finally disappeared altogether. "With reposition of the bowel the patient passed a quantity of flatus and liquid fæces, and obtained great relief. A swelling was noticed in the left inguinal region, but this disappeared in a few days. He remained in the hospital a couple of months; the hæmorrhage and slimy discharge disappeared, but his motions were nearly always liquid or semi-solid, and he suffered from flatulence and crampy pains." He continued under Dr. Mackenzie's observation until his death, about a year and a half later. The diagnosis which Dr. Mackenzie formed at the time when the patient was in the hospital was "an nular stricture of the decending colon, leading to prolapse of the bowel through the straining efforts necessary to overcome the obstruction"; and at the post-mortem which Dr. Mackenzie obtained at the Leytonstone Workhouse he found primary cancer of the sigmoid flexure and secondary cancer of the peritoneum and liver.

The second case occurred recently Alfred B., seven months old, was brought to the receiving-room at the London Hospital by his mother on Sunday, Nov. 17th, 1889. She said that the bowel had come down, and on examination by my house surgeon, Mr. Hicks, the child was found to be suffering from intussusception, and was at once admitted into the wards. The mother stated that about a fortnight ago she had noticed one morning that the child seemed to be in great pain, very restless, crying incessantly, and vomiting. About four o'clock in the afternoon of that day the child passed a quantity of blood. The mother at once took him to the local doctor, who treated him up to his admission into the hospital. Blood continued to flow from the rectum for three days, and then stopped, excessive diarrhœa taking its place. Diarrhœa and vomiting continued till the child was brought to the hospital. On the previous day the bowel had descended, and the mother had pushed it back; but as it would not remain up she thought it best to apply to the hospital for relief. After admission Mr. Hicks saw the child and reduced the intussusception by injecting two pints of water with a Higginson's syringe. The injection was effectual for a time, but the next morning the bowel was down again. It was noticed that the ileo-cæcal valve formed the apex of the intussuscepted portion of bowel which projected considerably beyond the anns. Reduction of the intussusception was easy as far as the upper part of the rectum; but all attempts to reduce it further by means of injections of fluid and insufflation aided by position failed, as shown, on examination of the abdomen, by the persistence of a characteristic tumour in the position of the descending colon and sigmoid flexure. As often as the bowel descended it was replaced and retained by strapping the buttocks together. In spite, however, of all that could be done, it constantly recurred, and on Nov. 22nd, I made an ineffectual attempt to reduce it by injections and insufflation, aided by suspension of the child by his legs. Finding that I could not succeed in this way, I reduced the intussusception as far as it would go, and retained it by the introduction into the rectum of an empty Barnes' bag, which was then distended with air. Instructions were given that the bag should be removed twice a day to allow the