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INTUSSUSCEPTION OF THE ILEUM.

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I was called on Wednesday, Oct. 31st, at 11 a.m., to see Mr. S., aged 63, who had been seized suddenly with pain an hour before while in the field assisting his men in digging a ditch. He had been engaged in the same work for some days previously without suffering any inconvenience—and none was felt up to 10 a.m. the time of the attack. He was as well as usual in the morning; eating his breakfast heartily and having had a free evacuation from his bowels. I found him in extreme torture, complaining of constant and continuous pain in the lower part of the abdomen, localized if at any spot in particular, a little to the right of the median line, about half way between the umbilicus and the pubes, not enough to the right side, however, to make one suspect trouble at the ileo-cæcal orifice—though when asked to point out the seat of pain he would pass his hand over the whole pubic region. Accompanying the pain were violent attacks of vomiting occurring every few minutes, the ejected matter being mucus and bile. Superficial examination of the abdomen, the walls of which were quite lax, revealed nothing suggestive, and nothing was discovered by digital examination per anum. The urine was voided freely. There was no hernia. The heart's action was somewhat hurried, the pulse being 80, and intermittent, dropping a beat in every 8 or 10.

I put the patient on Hoffman's anodyne in such doses, 10 minims of chloroform being added to each dose. This quantity was repeated every fifteen minutes for the first hour. I also gave him an injection of warm water, to which was added soft soap and castor oil. This emptied the bowels thoroughly. The patient was grow-

ing worse, pain becoming more severe, notwithstanding, I had used hypodermically $\frac{1}{4}$ grain of morphine. He lay on his back keeping his body perfectly motionless, and his suffering was very acute. As I feared the case would prove to be one of invaginated bowel, I gave a copious injection of warm water (3 quarts), in which was dissolved 25 grs. of extract of belladonna. I passed this up slowly and had it retained for fifteen minutes, when I allowed it to come away, which it did without carrying any fecal matter with it. I gave by the mouth, 15 grs. of calomel and $\frac{1}{2}$ grain of morphine, believing it would have the best chance of remaining on the stomach. I left a similar powder, to which was added 5 grs. of jalapine, to be given in two hours after previous one, and directed that he should have free injections of warm water every two hours. I left at one o'clock and did not see him again until seven, when I found that the instructions had been followed with out any benefit as far as the bowels were concerned—though the pain was lulled somewhat. I remained five hours with him—at times patiently kneading the bowels, again giving injections, to some of which I added extract of belladonna, placing him on his right side with his shoulders low down and his hips elevated as much as possible,—without any change in his condition. I left him at midnight with orders that nothing was to be given till six in the morning when I saw him. He had used the bed-pan twice without having anything pass his bowels, though the urine had passed freely.

Upon manipulation of the abdomen now, a distinct enlargement could be felt in the right inguinal region, apparently about the ileo-cæcal orifice, a couple of inches from this, and directly to the left or it, another enlargement could, with difficulty, be made out. This last was very painful—the former not at all painful on pressure. I gave an injection every two hours—the bowels to be rubbed gently with the hand at intervals during the day.

The pulse was now about 100. The vomiting was persistent, but not stercoraceous; no fecal odor from the breath. I saw him in the evening, when I had the pleasure of meeting Dr. McDonald, of Brighton, and Dr. Gould, of Colborne. The enlargement first mentioned, in the inguinal region had entirely disappeared, but his condition had grown rapidly worse. His pulse was almost in-