A Mirror of Hospital Practice.

OBSTRUCTION OF THE BOWEL FROM FLEXION OF THE RECTUM.

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THE patient, a Jew from Bagdad, aged 45, was admitted into the J. J. Hospital on October 28th, 1898, complaining of pain in the abdomen, distention, and vomiting. He stated that the onset of the complaint was sudden and of two days' duration; it began with pain in the right iliac region and was followed by vomiting. He was a man of good physique, but in a poorly nourished and dirty condition. His face was expressive of suffering and had a pinched appearance. Pain was felt all over the abdomen, which was distended, but the walls were lax on pressure. There was slight pain complained of, rather more severe in the right iliac region. No tumour could be detected or any hernia. The note was tympanitic on percussion everywhere. Vomiting was frequent, the vomited matter being watery and food rejected as soon as taken; tongue furred but moist. Bowels confined for the last two days. Pulse of fair volume; in fact the patient's face was the worst part of him. His condition did not appear to be a very serious one judged from the other symptoms. He was admitted into the medical ward under Captain Childe, and a turpentine enema was administered and soon fæcal matter came away; the distension also appeared to be lessened.

On the following morning as there was no improvement in his symptoms, I saw him with Dr. Childe. The rectum was examined, and we then found that, as far as the finger could reach, it must have dilated, almost ballooned; no stricture could be detected. He was therefore at once chloroformed, and the abdominal cavity opened. Distended coils of small intestine at once burst through the incision and were with great difficulty restrained. The right iliac fossa was first examined, and the bowel found distended but otherwise normal. The small intestine was next passed through the finger, search being made for empty gut it was all distended, the hand was passed along the colon, and the sigmoid flexure into the pelvis. Here a short band about the thickness of a pencil was found to connect the rectum to the bladder, which was empty and to cause a sharp flexure of the bowel below its attachment, no other constriction could be felt. Dr. Childe introduced his finger at the same time per anum. It did not reach as high as the flexure, which was therefore about 6 inches from the anus. I divided the band, ligaturing it first, and at once fluid fæcal matter passed freely into a tray. This caused the distension to subside rapidly; the coat of the rectum appeared perfectly healthy. The abdominal cavity was then closed, and the patient removed to the ward, having a fair pulse. He was restless and complained of severe pain during the day and died at 2-30 P.M.

The *post-mortem* examination was made, and the body found to have most rapidly decomposed; large patches of purple being present in various parts. The intestines were greatly distended, particularly the transverse colon; the pelvis was full of fæcal matter, fluid for the most part. The rectum was perforated in two places, close to the attachment of the band and 2 inches below it. This latter opening was the size of a four-anna piece. The intestinal walls were dark and sloughy, a mass of fæcal matter mixed with the husks of beans and peas was found lodged in the bowel, the rectum itself showed no fibrous induration.

Remarks.—It is difficult to account for the rapid sloughing of the rectum, which appeared quite sound at the time of operation. If it had been due to decomposition, other parts of the bowel would probably have been also in the same state, but they were not, most likely the fluid portion having drained away per anum; and through the perforation the mass of bean husks and peas became collected at that spot and caused rupture of the previously diseased tissues. No sign of any such accumulation was present during life.

A SIMPLE BED-REST.

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WHILST in charge of the Mymensingh Jail the want of a suitable, cheap bed-rest, available at a moment's notice for cases of malarial cachexia in whom œdema of the lungs and pleural effusions, &c., by no means rarely occurred with startling rapidity, led me to devise a simple iron frame, which was attached to a certain percentage of the hospital cots.

On being transferred to Bhagalpore, I was desirous of having a few beds fixed up with a similar rest. Mr. H. W. Evans, the Deputy Superintendent, Central Jail, very kindly not only made me a rest but so simplified the original design that I think his pattern may prove useful to other medical officers and hence venture to bring it to notice. The rest is made of iron exactly the same as the bed itself. When not in use, it lies flat on the bed and gives rise to no inconvenience, the bedding being placed over it. When required, the rest can be raised to

any angle and then fixed by means of the side supports, each of which has six holes which fit over a small horizontal bolt. The bedding having been originally placed over the rest, the patient is not disturbed in any way whilst the change of position is being effected.

The rests can be attached to the cots for about Rs. 3 extra. Medical officers when indenting on Alipore Jail for cots might, should they desire them, ask the Superintendent to supply a certain proportion (1-10) with this rest attached.

A CASE OF RENAL CALCULUS.

BY S. E. PRALL

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THE following case is interesting from the completeness of the history and the satisfactory termination. Mr. G., European, merchant by occupation, age thirty-eight years, consulted me in September of this year for severe pain in the back and left loin; he gave me a gouty family history and in regard to his present trouble said that he had had a somewhat similar attack a year previously which had passed off without any treatment; in the interval he had had no pain but occasional feeling of discomfort in the left loin; the bowels were as a rule inclined to be confined. At my first visit the patient was in bed on his back with legs drawn up and a somewhat anxious expression; the left side of the abdomen was discoloured with mustard applications and he indicated the left side extending to the edge of the erector spinæ muscle between the last rib and the crest of the ilium as the painful region; the pain was felt down in the track of the left spermatic cord as far as the external ring, but did not affect the left testicle or epididymis. A week or two before the attack he had bought a horse and had resumed riding after an interval of about two years, and it was after the riding exercise that he had begun to feel the pain in the back which finally came on one morning while he was on horse back with such a sudden severity that he was forced immediately to dismount, or he would have fainted with the extreme agony. The abdomen which was stout revealed little on manual examination, and there was nothing remarkable in the urine beyond its acidity; no deposit was found even after the use of a powerful centrifuge and chemical examination gave negative results. Routine treatment was enjoined with rest and the symptoms passed off. Two months later he had a fall from a bicycle, and in the evening was again attacked with severe pain in the loin followed to his alarm by a copious hæmaturia; this had disappeared on the next morning but returned in the evening together with pain and feeling of soreness, extending from the left side of the umbilicus to the external ring; there was no pain either in the penis or testicles. The abdomen gave no definite results on examination beyond an ill-defined tenderness on the left side; there was no swelling or increased resistance beyond that due to the abdominal muscles; the pain had been sufficiently severe to cause vomiting, and there was slight fever and a furred tongue. The urine was dark porter-coloured, and under the microscope shewed many blood corpuscles and a few crystals of oxalate of lime of the square variety. Lt.-Col. Hatch, I. M. S., saw the patient with me in consultation, and at my request explored the bladder thoroughly with a sound as it was possible that the stone might have found its way down into the bladder, and be susceptible of immediate removal; there was, however, no stone discovered in the bladder and further active measures were abstained from. The symptoms passed off as they had done before under simple treatment, and the patient returned to his ordinary method of life, having received a caution as to what we judged to be the matter with him, and having been instructed to watch his urine carefully in the hope that he might be successful in passing the stone per urethram. A fortnight later he gave me a small loosely bound stone about 30 grs. or less in weight which he said he had passed that morning, and which on being analysed proved to be a pure oxalate of lime concretion and under the microscope shewed the characteristic crystals.

The stone was brown, oval in shape, and was composed of numerous crystals loosely compacted and was apparently uninjured.

Since then the patient has had no further symptoms.

SOME SURGICAL CASES

TREATED IN THE

SAMBHU NATH PANDIT HOSPITAL, CALCUTTA.

BY D. G. CRAWFORD, M.B.,

MAJOR, I.M.S.,

Officiating Civil Surgeon, 24-Parganas.

CASE NO. 1. *Fracture of leg and wound of foot.*—Sheikh Amir Jan, Mussalman male, 26, was brought to hospital on 25th July 1898 in the afternoon. He said that, about noon that day, when carrying a drum of jute about 2 maunds in weight, it fell upon his right leg. There was a simple fracture of both tibia and fibula, a little above the ankle; also a punctured wound, about ½ inch in diameter, on the inner side of the right foot, from which arterial blood was flowing freely. The native doctor of the jute mill in which the accident occurred, who brought him to the hospital, stated that he had only been able to control the hæmorrhage