

**The history of an extraordinary introsusception / By John Coakley Lettsom.
With an account of the dissection by T. Whately.**

Contributors

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THE
H I S T O R Y
OF AN
E X T R A O R D I N A R Y
I N T R O S U S C E P T I O N.

By JOHN COAKLEY LETTSOM, M. D. F. R. S. and A. S.

WITH AN
ACCOUNT OF THE DISSECTION.

By Mr. THOMAS WHATELY, SURGEON.

L O N D O N:
Printed by J. N I C H O L S.
MDCCLXXXVI.

Dr. Withering
with Mr. Whatley's best respects



ACCOUNT OF THE DISSECTION

By Mr. THOMAS WHATLEY, Surgeon.

LONDON:
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MDCCLXXVI.

History and Dissection of an extraordinary Introsusception.

By John Coakley Lettsom, M. D. F. R. S. and A. S.

Read at the Royal Society, March 16, 1786.

A. B. a child four years old, was first indisposed about the middle of September, 1784. When I was consulted, which was on the 7th of October, the symptoms resembled those of a cholera morbus. At this period, however, the diarrhoea had ceased; but the patient continued frequently to vomit, especially after taking nourishment.

On the 20th a dysentery succeeded, with mucous and bloody stools, which ceased after a few days continuance, when she nearly recovered her former state of health, without even reaching after her usual food. She was now removed into the country; and I did not hear of her again till December, when she was brought to town, on account of the return of the dysentery, which was, at this period, accompanied with a troublesome tenesmus, and a considerable degree of fever.

By anodyne medicines, and the use of opiate clysters, these complaints were occasionally moderated, and sometimes they totally ceased for a few days, but seldom longer, and the intervals of relief gradually shortened; the attacks became also more violent, commencing with violent rigors, and fever succeeding; the pulse grew weaker and weaker, and the patient became extremely extenuated in flesh; and towards the conclusion of this month,

month, after repeated vomitings of a dark-coloured fluid, like coffee grounds, it finished its painful existence.

Bleeding, before the debility was become alarming, afforded no material respite. Fomentations to the abdomen, and tepid bathing of the whole body, were equally ineffectual. Anodyne starch clysters afforded some truce, but it could not be durable; the nature of the mischief was too momentous to afford any hope of permanent relief, as the dissection after death will evince.

Examination of the Body after Death, by Mr. THOMAS WHATELY, Surgeon.

Upon exposing the cavity of the abdomen, the sigmoid flexure of the colon immediately presented itself to view, enlarged to the size of that of an adult, as also a large distended intestine appearing to be at first view a continuation of the transverse arch of this gut; and at the place where this seeming arch joined the sigmoid flexure, there appeared a firm or tight band, as if surrounding the intestine, and here it was strongly bound down.

On a nicer inspection this arch was found to be a portion of the ileum, which passing within the band was inclosed in the sigmoid flexure of the colon.

All the parts between this portion of the small intestines and the sigmoid flexure, amongst which were the caput coli, cæcum with its appendix, and the whole of the great arch of the colon, could no where be seen. The want of these parts, the enlarged size of the sigmoid flexure, and the hard feel evidently shewing that it contained some substance, left no room to doubt, but that all the missing portion of the intestines

was

was contained within the sigmoid flexure. A finger introduced into the anus felt a round substance in the rectum, with an opening in the middle, not unlike the os tincae. This substance did not adhere, the finger passing round it freely, between it and the internal coat of the rectum. The liver, the urinary bladder, and small intestines, were the remaining parts which first appeared when the parietes of the abdomen were turned back.

Upon looking for the omentum, a portion of it only was found attached to the stomach, the remaining part evidently passed within the band into the sigmoid flexure.

The stomach was tied much closer to the spine than natural, by the displacing of the omentum and great arch of the colon. The gall bladder was as large as that of an adult, and was full of thin bile, but without obstruction to its passage into the duodenum.

The general external appearance of all the intestines was natural, except slight inflammation in some places.

The cavity of the abdomen also contained more than half an ounce of thin pus; and on the right side were two ligamentous peritoneal substances, very much on the stretch; one formed by an extension of that part of the peritoneum called ligamentum * coli dextrum; the other at the place where the colon is connected to the peritoneum over the right kidney.

As the further investigation of this uncommon disease required particular attention, I cut out all the parts connected with it, bringing away the whole sigmoid flexure of the colon,

* I have observed, that in some children the caput coli is naturally connected much more loosely than in others. It is probable, that the present case was one of those.

with the rectum, anus, uterus, and bladder; also a part of the arch of the ileum with the omentum, and a portion of the stomach and duodenum.

The Drawing * (Tab. VII.) was taken by Mr. POLE, Surgeon, of the natural size, and the small intestines added from a sketch I made before the parts were removed from the body.

I then made a longitudinal incision through the coats of the sigmoid flexure of the colon, from the anus to the band at its upper part. Within the cavity, which was lined with mucus, appeared a large intestine, taking on the form of the sigmoid flexure, which on examination proved to be the great arch of the colon and the cæcum inverted; so that the villous coat was external, and in contact with the villous coat of the sigmoid flexure, through the whole extent of both; at the extremity of which inverted intestine were two apertures, viz. the large one felt by the finger *per anum*, and a smaller one.

It now plainly appeared, that the band was formed by the upper part of the sigmoid flexure being drawn tight by the inversion of the part of the colon immediately above it, the further progress of which was prevented by the peritoneal connections at that place not giving way; which caused it to appear as a band tying the intestine down.

This inclosed intestine was very much diseased, the upper part next the band being highly inflamed, and as it approached the caput coli in the rectum gradually terminated in mortification, so that for three inches from its extremity it was perfectly black.

No adhesion whatever appeared between the coats of these intestines, as this inverted colon might be lifted out of the sigmoid flexure to the band.

* Mr. BASIRE very accurately reduced the scale under my own inspection from which the engravings are taken.

Upon cutting through the coats of this inverted intestine it was observed, that they were very much thickened and diseased; the enlargement of the gut, which was fully equal to that of an adult, consisting chiefly in a thickening of its various muscular fibres *. The peritoneal coat, now become its internal surface, was every where highly inflamed, but not black as on the outside, the inflammation gradually increasing from the band to the extremity of the cæcum. Through the whole length of its cavity was included a portion of the ileum uninverted, with its connecting mesentery, which communicated with the larger aperture above described at the extremity of the cæcum, and with the arch of the ileum above the band. It was contracted in size, but was nearly free from thickening or inflammation; some adhesions only connected it with the coats of the colon; but the portion above the band was at least four times as large, thus resembling in magnitude as well as occupying the place of the great arch of the colon. Besides this intestine, this cavity contained a portion of the omentum continued from that above, passing within the band, and extending half-way to the rectum; an enlarged cluster of mesenteric glands, of the size of a pigeon's egg, which just emerged from under the band, and were connected with a portion of the mesentery above; and, at the lower part, the appendix vermiformis larger and longer than natural, but likewise uninverted, the mouth of the cavity of which formed the smaller opening in the cæcum before mentioned. It was at this point of the dissection that the same ingenious Surgeon drew the figure, tab. VIII.

* The increased action of these muscles, necessarily attendant on their inverted state, would increase the size of their muscular fibres, as happens in the bladder, when it acts frequently.

As long as the parts had been in this very uncommon situation, the fæces must have passed through the valve of the colon, directly into the very lowest part of the rectum, without ever coming in contact with any portion of the large intestines.

And in the last week of the child's life, when a prolapsus frequently happened, the fæces passed directly from the ileum into the night-stool.

The arch of the ileum, in default of that of the colon, formed the reservoir for the fæces; which, with the partial interruption to their passage by the stricture occasioned by the band, probably caused its enlargement. But the fæces contained in it were of a thinner consistence, and wanted the factor usually met with in the colon.

EXPLANATION OF THE PLATES.

T A B. VII.

A general view of the intestines, in the situation in which they appeared on first opening the body,

aa. The enlarged ileum, putting on the appearance of the great arch of the colon.

b. The sudden enlargement of the ileum.

c. The ileum passing within the band into the colon.

d. Part of the omentum passing within the band.

e. The intestinal band, formed by the inversion of the great arch of the colon immediately above it ceasing at this place.

ff,

ff. The sigmoid flexure of the colon, containing the introsuscepted portion of the alimentary canal.

g. The rectum distended with the same.

h. The anus.

ii. Small intestines of the natural size and healthy appearance.

T A B. VIII.

The same view, with the sigmoid flexure laid open, and the edges turned back, to shew the contained parts; and likewise the introsuscepted colon laid open, to display the uninverted ileum and appendix vermiformis contained within it.

a a a a. Internal surface of the sigmoid flexure of the colon spread open.

b b b b. The external surface (by the inversion now become internal) of the great arch of the colon within the sigmoid flexure spread open.

c c. Part of the ileum uninverted.

d. Appendix cæci uninverted.

e e. A probe piercing the distended ileum, passed within the band, and brought out in another portion of the ileum, contained within the inverted colon below the band.

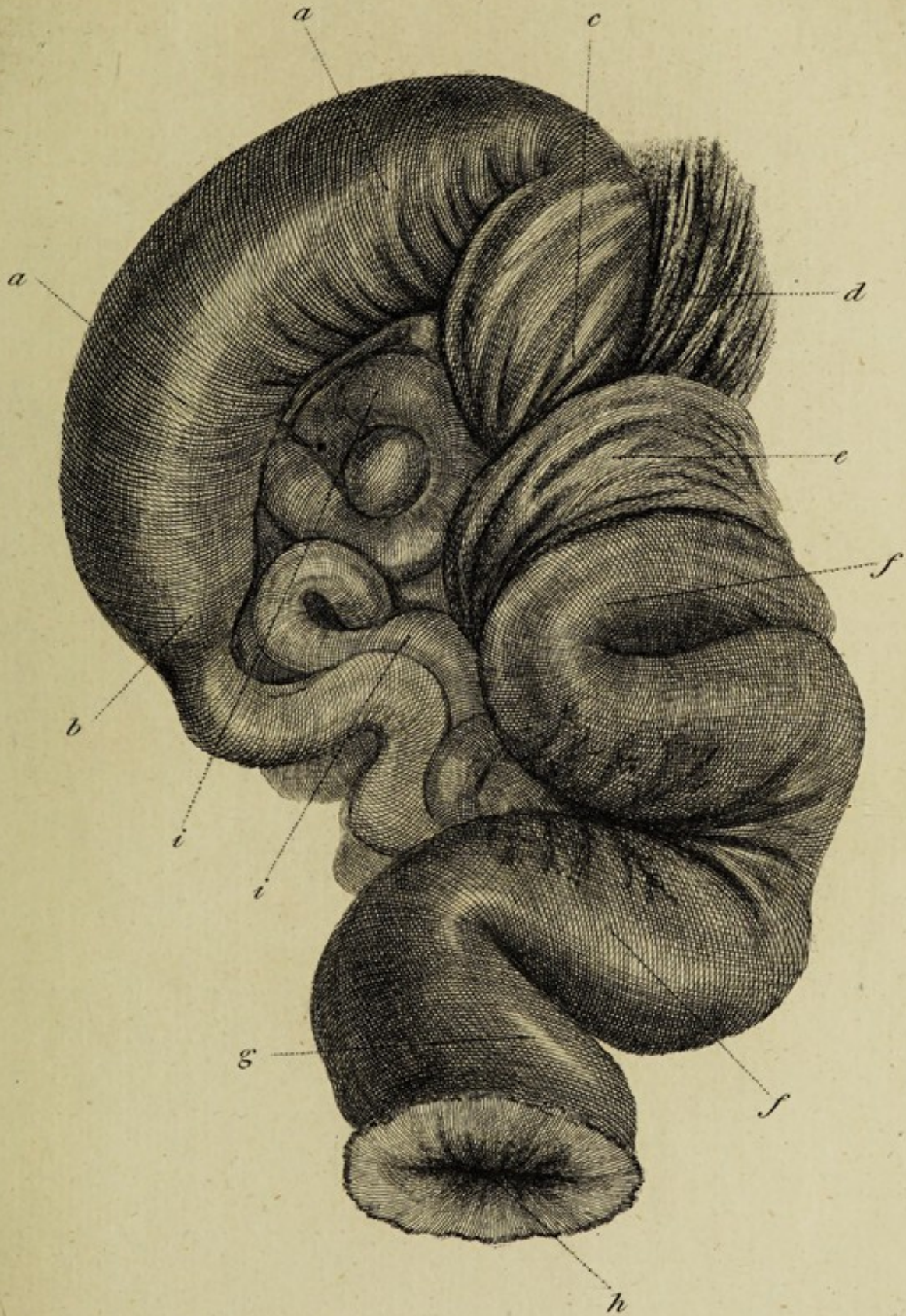
ff. A blow-pipe passed through the valve of the colon, where it opened into the rectum, and brought out through the coats of the ileum above.

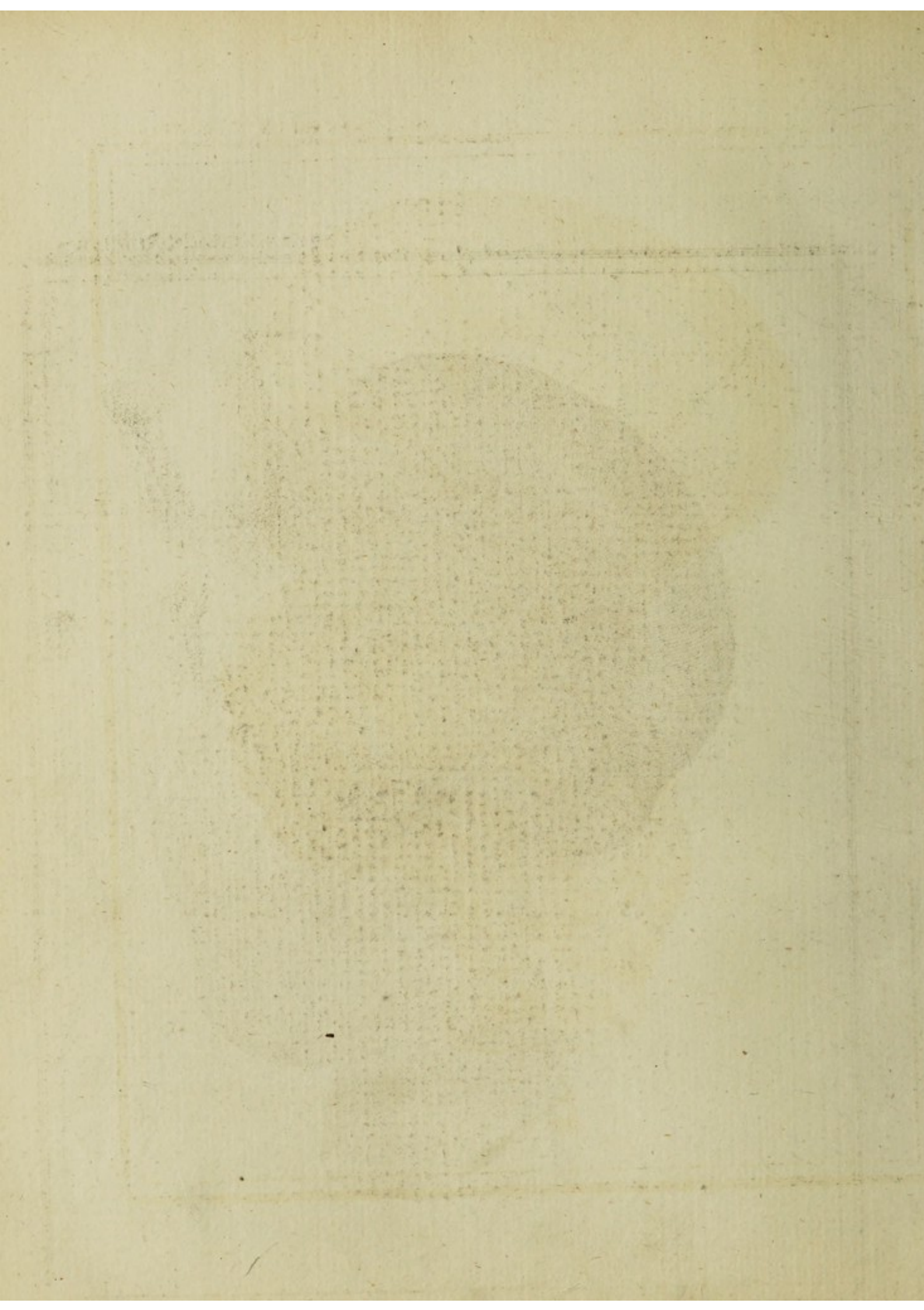
g g. A probe passed into the natural opening of the appendix cæci, and brought out above.

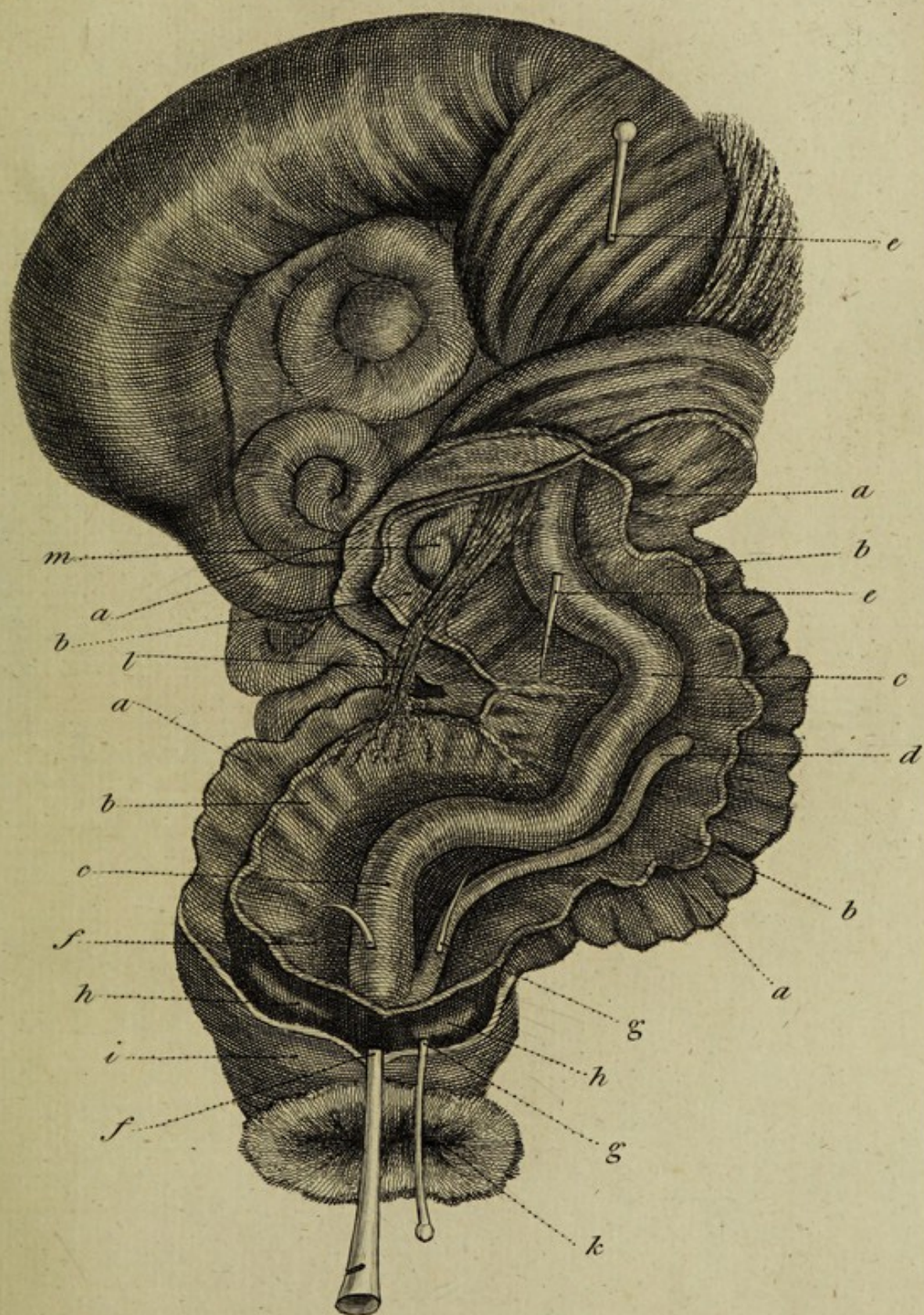
h h. The cæcum inverted.

- i.* Part of the rectum.
- k.* The anus.
- l.* Part of the omentum, attached to the peritoneal surface of the great arch of the colon, and continued from the portion above.
- m.* The cluster of enlarged mesenteric glands.













Vaginae vteri relaxationem eiusque prolapsum, tum in virginibus, tum in feminis quae cum viro commercium habuerunt, tum quoque in grauidis et puerperis non raro obseruari, iis imprimis, qui artem obstetriciam ipsi exercent, cognitum est; videtur tamen hic morbus in obstetriciorum scriptorum libris non ita expeditus esse, vt superflua sit succincta eius historia obseruationibus superstructa.

Est autem vaginae structura ea, vt praeter vasa et nervica filamenta numerosa, quae ipsi insunt, praecipue ex tela



cellulosa, stipata, dilatabili, quae externe, in superiori vaginae extremitate, obtegatur peritonaei continuatione, in inferiori vero extremitate fibris muscularibus a leuatoribus ani eiusque sphinctere externo profectis instructa est. Interiorem vaginae ambitum circumuestit membrana rugosa dilatibilis, laxiore cellulosa tunicae modo descriptae annexa, epidermidis continuatione manifeste enata.

Haec igitur, quam diximus, rugosa membrana, ob laxiorem suam cum ipsa vagina nexum, facile relaxatur et prolabitur, adeo, ut, vel tumorem in ipsa vagina efficiat, vel extra labia pudendorum haereat et externe in conspectum veniat. Illud vocamus vaginae relaxationem, siue prolapsum *incompletum*, hoc vero *completum*, qui, si tota vaginae membrana rugosa elabatur, *uniuersalis*, et si aliqua tantummodo eius pars egreditur, *partialis* nobis audit.

Quum autem tota vaginae tunica interna prolabi nequeat, absque vteri ipsius, cui vagina adhaerēt, descensu, nec etiam absque vrethrae et ipsius vesicae vrinariae quadam distensione et dislocatione, sequitur, nullum dari vaginae prolapsum *simplicem*, nisi *partialis* sit, et uniuersalem procidentiam semper esse *complicatam*.

SIGNA, quibus vaginae prolapsus dignoscitur, ea sunt, ut tactus exploratione tumorem in ipso vaginae pariete, aut vero rugas elongatas et prominentes sentiamus, vteri autem segmentum inferius in situ naturali deprehendamus, si nempe

pe relaxatio vaginae aut prolapsus partialis incompletus et simplex adest. Idem prolapsus, si completus est, tactu et visu facile dignoscitur: prominet enim extra vaginam ruga aut quasi plica cutanea, quae, decumbente femina, sponte retrocedit aut facile reponitur, eadem vero pedibus insistente denuo elabitur et elongatur. In hoc casu, ut et in priori, segmenti uteri inferioris situs non a naturali recedit. Differens vero est ratio prolapsus vaginae completi et uniuersalis, in quo tubus cutaneus, farciminis quasi in modum, e pudendis dependens cernitur. Peruius est hic tubus, sanguini menstruo effluenti viam praebet, et digitum explorantem ad uteri usque segmentum inferius, quod e naturali sede delapsum est, admittit; reponitur etiam absque difficultate, si nimirum non adest tumor inflammatorius, qui quo minus id fieri possit impediat.

Accidit enim, vel sola vestimentorum frictione et irritatione, vel humorum ex quacunque causa affluxu, vel etiam sub partu, si caput infantis in ipsum vaginae prolapsum descendit, ut eius moles mirum in modum crescat. Tum vero non tubum format, sed corpus pyriforme, duriusculum, carni crudae simillimum, ampliori et inferiori in loco perforatum, stylum exploratorium in ipsum suum cauum admittens, et ipsius uteri procidentiam quodammodo referens. Hinc quoque factum est, ut eiusmodi prolapsus vaginae medicis et chirurgis quibusdam ita imposuerit, ut eum pro vera uteri procidentia habuerint, cuius rei exempla nonnulla



in obseruatorum scriptis occurrunt *), quem tamen errorem euitabis, si ad ea signa, quibus vteri procidentia a vaginae prolapsu distinguitur, animum conuertas. In illa nimirum tumor, qui e verendis dependet, superne latior et crassior, inferne autem, vbi perforatus est, tenuior atque angustior deprehenditur, stylusque exploratorius ad latera istius tumoris intra pudendorum labia immissus libere ascendit; in hoc vero, tumor ita dependet, vt eius latior pars inferiora, angustior autem superiora spectet, stylusque exploratorius ad latera ipsius intra pudendorum labia immissus libere non ascendat, sed eam vaginae partem, quae vteri segmento inferiori adhaeret, mox offendat. Nec quoque, si ad ea, quae supra indicauimus, attendas, eiusmodi vaginae prolapsum commutabis cum vteri inuersione, aut polypo, aut sarcomate, peculiaribus suis signis inter se distinguendis, quae singulatim exponere huius loci non est.

Ad CAUSSAS prolapsus vaginae in genere ea pertinent, quae tunicam internam siue rugosam vaginae relaxare et prolongare eiusque nexum cum ipsa vagina debiliorem reddere valent. Huc igitur referas fluorum album diuturnum et inueteratum; menstruorum profusionem iteratam; ponderis grauioris eleuatio-

*) Vid. IOB. V. MEEKREN, in *obseruat. medico-chirurg.* cap. 54. WIDMANN in *Ephem. Nat. Cur.* Cent. VIII. obs. 98. Fuerunt etiam, qui vaginae prolapsum ingentem cultro resecantes, ipsum vterum se abscidisse putarent, istasque feminas, vtero licet destitutas, concipere et fetum edere nihilominus potuisse affirmarent. Conf. HEISTKRI *institut. chirurg.* part. II. sect. V. cap. 158.

tionem et sustentationem; commotiones et nifus corporis vehementiores, quales fiunt saltatione, risu immoderato, lapsu, tussi, vomitu rel.; aerumnosam alui depositionem; titillationem libidinosam digiti immiffione peractam; coitum nimium; abufum balneorum calidorum et remediorum emollientium exter-
norum; violentias in difficili partu vel obstetricis manu vel capite infantis praegrandi vaginae illatas; neglectum a partu decubitus et immodicam gressionem: quae vero omnia morbum, de quo nobis sermo est, in iis praecipue feminis produ-
cunt, quibus pelvis ampla est, et quae colluie serosa abundant, corporisque habitu laxo, pituitoso, ad cachexiam prono laborant.

Sed haec haftenus. Superest enim, vt commendemus
Clariff. Medicinae CANDIDATOS

IACOBVM LVDOVICVM GEBHARDT

WETTERAVIENSEM

et

GEORGIVM FRIDERIC. CHRISTIANVM
FVCHS,

IEENSEM

qui quantum in litteras incubuerint, ex ipso eorum vitae curriculo satis iam patet. En igitur vitae historiam ab ipsis Candidatis relatum!

Ego, Iacobus Ludouicus GEBHARDTUS *Marienbornae in
praedio Wetteraviensi die XXIIdo Augusti anni MDCCCXII.*
luceat



lucem primam adspexi. Patrem, Henr. Phil. Lud. GEBHARD-
 TVM, Medicum Fratrum, qui postea Ebersdorffiam se contulit,
 cum matre Anna Dorothea e gente BEZOLDIANA, omni qua
 decet pietate, adhuc veneror. Parentes isti carissimi nec neglexe-
 runt educationem, quae spectat ad religionem Christianam, sed
 etiam ad mores et eruditionem. B. HAGEN, Prof. Baruthensis,
 praeter ceteras disciplinas, linguam latinam, graecam et gallicam
 me docuit. Deinde patre optimo duce res pharmaceuticas, et post
 reditum in patriam morbos primum sanare didici. Cum vero
 cognitionem meam maectare atque amplificare studerem, lectio-
 nibus ordinariis et priuatissimis b. MOLLERI, medici et chirurgi
 Fratrum, praecipue chirurgicis interfui. Is enim in huius doctri-
 nae theoria et praxi tanto ardore et studio me erudiuit, quanto
 celebrare satis vix possum; cuius etiam sub auspicio multa
 peragere mihi licuit. Septem fere annis hic peractis anno
 CIOIOCCCLXXIV. Tigurum in Heluetia migraui, ubi BVRG-
 HARDTVS, Demonstrator anatomiae et chirurgiae, locum
 ammanuensis et chirurgici et pharmaceutici mihi deman-
 dauit vnaque doctrinas, anatomicas, chirurgicas et vinculo-
 rum applicandorum mihi tradidit, aegrotos nec minus visitare
 me misit. Vix huius viri probi in me merita collata effari pos-
 sum. Filius eius BVRGHARDTVS parenti adiunctus artem ob-
 stetriciam me docuit. Collegia pathologica, physiologica et ma-
 teriam medicam apud Ill. RAHNIVM Prof. Med. virum maxi-
 me colendum audiui. Cum praesertim mihi licitum erat, anato-
 miam excolere, in theatro anatomico Tigurenfi Professor elige-
 bar, colloquio ibi solito de variis amputationis generibus ha-
 bito ac peracto. Ceterum in Nosocomiis ibi bene institutis aegros
 videre et sanare grata permissio data erat. Hinc in patriam re-
 dii

dii sed iussu et beneficio Comitis HENRICI XXIVmi tum clementissime regnantis Dresdam petii, ut usum caperem e nosocomiis militum. Quo facto doctrinis medicis et chirurgicis imbutus iterum redii et artem medicam quantum fieri potuit exercui. Denique non possum, quin Clar. SCHRADERVM Med. Doctorem, Consiliarium et Archiatrum domus Comitum Ebersdorfianae publice celebrem, qui me innumeris beneficiis, summa humanitate et consilio optimo in aegrotis sanandis accumulavit benignissime, cuius vitam Deus diu incolumen servet.

Petiit nuperrime ab Ordine nostro summos in arte salutare honores. Ad examina igitur consueta admissus, bene in iis respondit et Ordini nostro ita satisfecit, ut cathedra ei aperiretur, ex qua die x Martii dissertationem suam *historiam osteosteatomatis maxillae feliciter curati*, Praefide Ill. GRVNERO, Collega nostro coniunctissimo, defendit, praemiisque diligentiae ornatus est.

II.

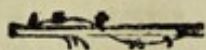
Ego, Georgius Fridericus Christianus FUCHS, natus sum, Anno Domini millesimo septingentesimo sexagesimo, die decimo nono Augusti in hac musarum sede, patre Georgio Augusto Medicinae et Philosophiae doctore, matre Christiana Elisabetha ex stirpe KOCHIANA, uterque iam dudum inter coelites triumphantes. Hi parentes optimi, et post eorum obitum rerum mearum domesticarum tutores, nempe Ioannes Fridericus HIRT, olim antisles circuli Ienensis, nunc antisles superior circuli saxonici, et pro tempore Christianus Fridericus POLZ, Professor Philosophiae Publicus ordinarius, viri omni pietatis cultu a me prosequendi, omnem navarunt operam, ut non solum religionis praeceptis, sed etiam

B

litteris



litteris imbuerer, qua in re domestica institutione usus sum, usque ad annum decimum sextum aetatis meae. Anno Domini millesimo septingentesimo septuagesimo quinto, in numerum civium academicorum a Magnifico t. t. Academiae Praeceptore, Summe venerabili DANOVIO receptus sum. Disciplinas logicas et metaphysicas me docuit summe venerandus POLZIVS; venerabilis BLASCHE Professor Theologiae extraordinarius fundamenta styli me docuit; Matthesin puram, Physicam theoreticam experimentalem, Chemiam theoretico-experimentalem et historiam naturalem Illustrem SVCCOVIVM explicantem audiui. Interfui etiam praelectionibus b. WALCHII in historiam naturalem. In Matthesi applicata et Cosmologia Illustris WIEDEBVRG me erudiuit. Disciplinas historicas SCHMIDT b. m. et vir Excellentissimus MVELLER, quem etiam antiquitates germanicas et Bibliothecae academicae memoratu digna explicantem audiui, me docuerunt. In anatomia b. NEUBAVERVS et Vir Experientissimus SCHENKE me erudierunt, cuius praelectionibus osteologicis et botanicis etiam interfui. Physiologiam me docuerunt, vir Illustris NICOLAI Facultatis Medicae Senior, cuius Exercitationibus disputatoriis etiam interfui, et Vir Excellentissimus STARCKE. Pathologiam, Semioticen, Therapiam generalem et specialem, materiam medicam, Dieteticam, historiam medicinae litterariam, methodum formulas medicas conscribendi me docuit Vir Illustris GRVNER Dissertationis Praeses, cuius praelectionibus in Hippocratem et Celsum etiam interfui. Virum Excellentissimum STARCKIVM Pharmaciam, materiam medicam, artem obstetriciam et morbos biblicos explicantem audiui. Denique etiam minime intermisi, ut lingua gallica, anglica et italica imbuerer. Peracto studiorum cursu
anno



anno millesimo septingentesimo et octagesimo Berolinum me contuli, ubi Illustrem GLEDITSCH botanicam medicam docentem audiui, et Viri Excellentissimi WALTERI praelectionibus artis obstetricandi, viri Excellentissimi ACHARDI praelectionibus chemiae experimentalis, Viri Excellentissimi VOITI et Viri Experientissimi GOENNERI praelectionibus chirurgicis interfui. Ut vero etiam theoriam artis obstetricandi ad praxin applicarem, omnem moui lapidem, in Nosocomio regio Berolinensi, quo etiam sub viro-
rum excellentissimorum SELLII et VOITI adminiculo praxi medicae me dedi. Peracto dimidio anni spatio me ad hanc musarum sedem contuli et a Gratiiosa Facultate Medica petii, ut summorum honorum in arte medica me redderet participem.

Meis etiam sedulus interfuit lectionibus anatomicis et chirurgicis, meisque sub auspiciis cadauera humana dissecuit.

Hisce itaque variis scientiis, quae ingenium excolerent, egregie instructus Candidatus doctissimus ita sese exhibuit Facultati nostrae, ut communi suffragio ornaretur, ipsique aditus ad summos honores medicos aperiretur. Defendit igitur die XII Maii doctam suam dissertationem de *febre puerperarum* sub praesidio Ill. GRVNERI, Collegae nostri coniunctissimi, quo facto summi in arte salutari honores ipsi conferentur.

Cui igitur solemnitati ut MAGNIFICVS ACADEMIAE PRORECTOR, I. R. I. COMES ILLVSTRISSIMVS, PATRES ACADEMIAE CONSCRIPTI, VTRIVSQUE REIPVBLICAE
PRO-



PROCERES, COMMILITONES GENEROSISSIMI ATQVE
PRAENOBILISSIMI, ET SI QVI SUPERSVNT MVSARVM FAV-
TORES beneuole adsint, ordinis mei nomine oro rogoque.

P. P. sub Sigillo Facultatis medicae. Ienae d. x Maii

MDCCCLXXXI.

