A CASE
OF
INTESTINAL OBSTRUCTION.

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I am desirous of laying the following case of Intestinal Obstruction before the Society without comment, as an addition to that which I presented to its consideration a short time since. It occurred in a blacksmith, 30 years of age, admitted, under the care of Dr. Pereira, into the London Hospital, December 16, 1851, complaining of rheumatic pain in the hips and knees, which he attributed to exposure to cold about five weeks previously. He had been the subject of rheumatic fever about seven years since; but both before and after that attack he had been in good health until the present illness. His bowels had not been opened for five days previous to admission, but the last evacuation had been very large. He vomited food and drink as soon as taken, and experienced pain in the abdomen on pressure, particularly when made upon its upper part. The whole abdomen was tumid and tympanitic. There was a reducible inguinal hernia on the left side. Ordered a common injection, which was followed by a small brownish evacuation.

17th. The pain and sickness are much the same as yesterday, and the bowels have not been opened. The pulse is 75 in the minute, soft and compressible. The skin is moist and warm, and the tongue is furred. Ordered

Ext. Colocynth. Comp., gr. x ; Hydrarg. Chlorid. gr. ij, to be taken immediately.

The hernia was examined by Mr. Critchett, who found it reducible. Another injection was ordered, and one drop of croton oil to be taken.

18th. The symptoms have rather increased in severity. The countenance is anxious, and hiccough has supervened. The bowels are still confined, and everything taken into the stomach is vomited. The tongue and skin are much the same as yesterday, and the pulse 80. A tube passed per rectum met with obstruction at a distance of four or five inches from the anus, and was bent upon itself at that point, nor could it be further introduced. Four or five ounces of house medicine were injected, but almost immediately returned without producing any fæcal evacuation. Ordered six leeches to the region of the umbilicus. Pil. Opii, gr. j, immediately, and a warm bath.

9, P.M. The pain of the abdomen is rather less. The sickness continues, and the bowels have not been opened. The tympanitic state of the abdomen is increased. Pulse 90. Ordered Pil. Opii, gr. j.

19th. The patient has passed a restless night. The abdomen is greatly distended and the pain much increased. There has not been any evacuation from the bowels, and a large quantity of fæcaloid matter has been vomited. The countenance is more anxious and pale, the tongue furred and dry in the centre, and the pulse 80, soft and compressible. On examination it was thought that the distended transverse colon could be clearly made out in its passage across the abdomen. The tube of a stomach pump was again introduced per rectum by Mr. Critchett, and again met with obstruction, and could not be passed beyond four or five inches from the anus. Ordered Pil. Opii, gr. j, at night.

20th. The countenance is less anxious, and there has not been any increase of pain in the abdomen, and no sickness since last night. The tympanitis has increased a little. The secretion of urine has been plentiful.

At 1, P.M., a consultation of physicians and surgeons was held. After a general review of the symptoms, the surface of the abdomen was examined. The transverse colon was thought to be distended with flatus, as well as its descending portion, there being a more than ordinary protrusion of the abdominal parietes above the left groin. The stomach tube was several times introduced per rectum by different persons, and each time met with obstruction at four or five inches from the anus, and was coiled upon itself. A grumous fluid covered the finger when introduced by the side of the tube.

It was generally supposed that obstruction of the intestine existed at the upper part of the rectum or sigmoid flexure of the colon, but hope of relief without operation was not abandoned. It was suggested that warm water should be injected per anum while the pelvis was raised above the head. When this was done to the extent of five or six ounces, the water returned as fast as injected without fæces. Ordered to continue the opium pill.

21st. Another consultation of physicians and surgeons was held. The patient is apparently worse, and the pulse more weak. The abdomen is rather more tumid, but the swelling is more diffused, and neither the protrusion above the groin nor the apparent tract of the transverse colon is so distinctly marked as yesterday. The pain is seated chiefly above and about the umbilicus. The propriety of operative interference was again canvassed. All were agreed that intestinal obstruction existed, and that the indications pointed to the sigmoid flexure of the colon or to the top of the rectum as its probable seat; but to some it did not appear clear that all chance of relief from medicine alone had vanished. Taking, however, the general agreement that mechanical obstruction existed into consideration, and the probable increase of danger if relief was delayed, it was finally determined to explore that part of the abdomen in which the obstruction was suspected to be seated. An exploration was accordingly made, by means of a perpendicular incision above Poupart's ligament, on the outside of

the course of the epigastric artery, about two inches in extent. An opening being made into the abdomen, the peritoneum was divided to the extent of an inch. The descending colon and its sigmoid flexure, together with the rectum, as far as they could be reached with the finger introduced through the wound, were found empty and contracted. The small intestines, however, were greatly distended, and of a dark colour. That part of them which lay near was drawn through the wound, and a large quantity was thus exposed. After enlargement of the abdominal opening to the extent of three inches, an exploration with the finger was made as far as practicable, but without any satisfactory results, and the obstruction remained undiscovered. As the exploration proceeded, the patient became somewhat exhausted,—a condition which appeared to be augmented by the administration of chloroform; and on this account it was thought advisable to discontinue the search after the obstruction. The intestine and omentum which had been withdrawn from the abdomen were therefore returned, and the wound closed by four or five sutures.

Ordered brandy and water, and five grains of *Pil. Saponis c. Opio*; both to be repeated when necessary.

11:50 P.M. Patient appears quite easy, and says he feels no ill effects from the operation. Fæcaloid vomiting still continues; countenance placid; pulse 102. Ordered to continue the soap and opium pill.

22d. Has been quiet all night, and has slept a little. Vomiting has occurred once during the night; the bowels have not been relieved. The distension and pain on pressure of the abdomen are not greater than yesterday. He says he is easier than he has been since his admission into the hospital. Pulse 110. Tongue is covered in the centre by a whitish fur, but is moist; there is much thirst. Ordered *Hydrarg. Chlorid.*, gr. j; *Pil. Opii*, gr. ss, every three hours; and ice to be used to allay the thirst.

23d. The patient continues much in the same state as yesterday, but the pulse has increased to 120. Ordered to omit *Hydrarg. Chlorid.*, but to continue *Pil. Opii*, and to

take Pil. Saponis c. Opio, gr. v, at night. An injection of warm water was made per rectum ; it was, however, returned immediately without fæces.

24th. The countenance is more anxious ; the pulse 120, and feeble. The patient is evidently losing ground. The skin is clammy and the tongue furred. There is not much pain, but a troublesome hiccough has supervened. Ordered to continue Pil. Opii, to take wine and brandy, and to have a mustard poultice to the epigastrium ; after which, lint moistened with Tinct. Opii is to be applied.

25th. The features are pinched, the skin and nails blue. The patient is sinking. He gradually became insensible, and died at 10 : 30, P.M.

Post-mortem Examination.—The small intestines were very much distended, and occupied the whole front and lateral parts of the abdominal cavity, so as to exclude from view all the other abdominal viscera. Their convolutions were slightly adherent, and faint traces of lymph were here and there seen on the surface of the peritoneum. There were also red lines on the intestines, where their surfaces receded from each other. There were discovered two openings in the intestine, at the lower part of the cavity, supposed to have been made accidentally by the scalpel, and no fæcal contents had escaped. When, with difficulty, these intestines were turned aside, the rectum and whole length of colon were found contracted and empty ; a lump of hardened fæces, however, occupied the cæcum. About four feet of the lowest part of the ilium were also found contracted and empty ; at that distance from the cæcum, the ilium became abruptly distended, and at the boundary between the contracted and distended parts was a small and narrow band of membrane, so disposed as to encircle the intestine, and similar in character to the adjoining peritoneum. It was thought to be congenital. The stomach was contracted, and the liver small ; the rectum was healthy. The wound of the operation was closed firmly by adhesions, both externally and internally, and a large cushion of omentum was adherent to its inner surface and parts adjoining.

After the removal of the intestines from the abdomen, a diverticulum was discovered, which had escaped previous observation. This was about three inches in length, and proceeded from the ileum about four inches below the obstructing band of membrane, and was so attached to the mesentery and collapsed, as to lead to its being in the first instance overlooked.