REMARKABLE CASE OF
FOREIGN BODIES IN THE STOMACH
AND DUODENUM,

COMPLETE OBSTRUCTION OF THE BOWEL, AND MECHANICAL
DISPLACEMENT OF ORGANS.

BY
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COMMUNICATED BY
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Mrs. B., æt. 41, the wife of a corn dealer, residing at B—, in Oxfordshire, was a rather tall, well-formed woman, of fair complexion, good intelligence, and habitually benevolent to the poor.

In the year 1844 I first attended her in childbirth. The labour was natural, and she soon recovered. My father had previously been her medical friend, and was with her at the birth of five children; a fortnight after the birth of the fifth child, in December 1842, she was affected with hæmatemesis, vomiting a wash-hand basinful of blood. During the succeeding forty-eight hours she lay in a state of total unconsciousness, pupils greatly dilated, and the pulse scarcely perceptible. The vomiting did not return, and she slowly recovered, but her countenance ever after was sallow.

In the autumn of 1845 I found her complaining of frequent sickness, with pain at the epigastrium, and in the left groin. On examining the abdomen, I discovered a hard tumour in the left iliac fossa, which moved freely across the

abdomen, as she turned from side to side. The size and shape of this tumour were very like an ordinary placenta, one edge much thicker than the other; the thickest edge much harder, and imparting to the fingers the feeling of its being very heavy. She stated that she had felt this substance for some months, and whenever she turned in bed it always moved, and caused nausea, but gave her no pain when she was quiet, nor was it tender to the touch. She suffered much from flatulence, and pain between the shoulders shooting through to the left breast. The catamenia had not appeared for three months, and she believed she was pregnant. The bowels were torpid, and she was obliged frequently to take her usual aperient of blue pill and colocynth. The nausea increased, and the stomach rejected everything; large quantities of a green ropy mucus, occasionally with blood, were thrown up, all of which was carefully examined, without detecting anything which would throw light on the case. Numerous remedies were employed to allay her distressing sickness, but were all equally unavailing, and the emaciation and exhaustion became so great, that her death was daily expected. One teaspoonful of pale brandy was now given every hour, and not an atom, or drop of anything beside. From this time the vomiting ceased. After continuing this for two days, a little food was allowed, and she gradually gained strength and flesh, and in four months was able to walk two miles, and looked almost as well as usual.

During this illness, Dr. Cowan, of Reading, visited my patient; he was greatly interested in her case, and expressed himself to be as much puzzled as I was respecting the nature of the tumour, which he compared to a cannon ball rolling across the abdomen.

Nearly five years elapsed before any serious symptoms returned. The pain between the shoulders was often complained of, and there was occasional sickness. Much difficulty was experienced in keeping the bowels in order; the secretions were generally healthy in colour, and formed.

Occasionally the face and limbs became œdematous, but an aperient pill, with a little gin in gruel taken at bedtime, would always remove these symptoms in two or three days. The catamenia never returned after the illness of 1845.

On the 8th of October, 1850, I again saw her in consultation with Mr. Corsellis, of B—. From him I learned that she had been ill three weeks, that all her old symptoms had returned. Incessant vomiting, with pain between the shoulders, had reduced her to a state of great weakness and emaciation. A few hours after my visit, severe spasmodic pain came on in the bowels, and quickly terminated her sufferings.

Post-mortem.—Eighteen hours after death, with the assistance of Mr. Corsellis, I examined the body. The thoracic viscera were healthy, and free from adhesions. On opening the abdomen the stomach was found drawn down to the pubes, and in its form resembled a champaign bottle. The pyloric end lay beneath the arch of the pubes, and the duodenum under a portion of the sigmoid flexure of the colon, from which it was traced to the pancreas, which was drawn down considerably out of its normal position. The liver was large, and paler than natural. The gall-bladder distended with bile. The spleen and pancreas were healthy, but small. The kidneys rather hypertrophied. The bladder small. The uterus and ovaria healthy. The intestines were of very small calibre. The cæcum and colon resembled the small intestines, the bands and sacculated appearance being scarcely discernible. The jejunum and ileum contained a little ropy mucus, and there was some faecal matter in the rectum. No ulceration was apparent throughout the whole length of the intestinal canal, nor was there found the slightest peritoneal attachment or appearance of inflammation within the cavity of the abdomen.

Having tied the œsophageal end of the stomach and the duodenum, I removed these organs. The stomach contained about a pint of semi-fluid matter, and felt very

like the crop of a fowl; the duodenum resembled a large sausage stuffed with lead. On cutting into the stomach I found it partially filled with some gruel-like fluid, and in the lower half,—which evidently constituted the tumour during life,—an immense number of pins, of a purple black colour, not corroded, varied in size, all bent or broken, many very pointed. The pyloric half of the stomach presented a remarkably thickened condition of the villous coat, being highly vascular, and raised in rugous elevations like the stomach of an ox. The muscular coat also was greatly hypertrophied. The weight of the pins contained in the stomach was *nine ounces*. An incision made into the duodenum *displayed a mass of pins very tightly packed, of various shapes, similar to those found in the stomach, and wholly obstructing the tube*. These weighed a *pound*, as nearly as I could ascertain without removing them.

Her husband could scarcely believe the truth of what he saw, when we showed him the contents of the stomach, for he affirmed that he had never seen his wife put pins into her mouth. A son, 17 years of age, said that he had often observed his mother biting pins, and believed that she swallowed them. She took them out of her thimble with her tongue, having previously bent the head and point together. When his mother corrected him for any bad habit, he would say—Why do you eat pins? This reply always silenced her. He stated that the servants when shaking the carpets frequently remarked on the number of bent pins they found.

Mrs. B— had a keen appetite, and would always partake of any food she fancied, however improper or indigestible. I have known her eat cold boiled pork when unable to raise herself in bed, having four days previously vomited a large quantity of blood.—Of her early history I can learn but little. A sister informs me that, when a child, she was fond of eating starch and slate pencil—and she remembers her biting pins. When seventeen years of age

she vomited blood, and remained for some months an invalid, until sent for change of air to Bath.

The view taken by my friend Dr. Cowan of this extraordinary case is so well and clearly expressed in a letter I received from him, and so entirely coincides with my own, that I append it.

READING; *Sept. 5, 1851.*

MY DEAR MARSHALL,—Your statement of the most remarkable and, I believe, unique facts of Mrs. B—'s case, has the great merit of being strictly accurate and trustworthy, and cannot fail to be classed amongst those rare and curious anomalies in medical experience, which however interesting to detect, are sadly baffling to our philosophy. From what I personally knew of Mrs. B—, there was nothing in her appearance, manner, or character, to lead me to suspect any form or degree of mental eccentricity; and the singular results of the *post-mortem* examination are, I think, to be referred to an inveterate but unconscious habit, and not to morbidity of thought.

I do not think she had the slightest suspicion of the real cause of her illness, nor that she would have hesitated to have confessed her apprehensions, had they been experienced. She probably accidentally swallowed the pins from time to time, without noticing or disregarding the fact, and during a long series of years the wonderful accumulation took place. The true interest of the case is clearly the impacted state of the duodenum, that bowel being wholly impervious to all solids, and but very slowly, if at all, permitting the percolation of any fluid.

How, under such circumstances, the functions of digestion could be discharged, solid food retained and assimilated, and natural faecal evacuations thrown off, are difficulties I do not feel prepared to explain; and are instances of adaptation beyond what I should have thought theoretically possible.

The appearance of the duodenum proves beyond a doubt its gradual and long-continued obstruction; and though it is easy to assert that the stomach, under such circumstances,

did all the work, and that the evacuations were wholly excreted, yet I confess the departure from ordinary conditions is so extreme, that I prefer admitting my ignorance, rather than attempting a solution. No doubt, some ingenious physiologist will strive to enlighten the darkness, but my confidence in clever speculation is infinitesimally small.

Very faithfully yours

CHARLES COWAN.