CASE OF
FISTULOUS COMMUNICATION
BETWEEN THE
INTESTINUM ILEUM, AND URINARY
BLADDER,
SIMULATING STONE IN THE BLADDER.

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For the early history of this case, I am indebted to Mr. Smith, who was the patient's regular professional attendant.

Mary Fletcher, æt. sixty-five, of spare habit of body, and endowed with considerable nervous irritability, had, during the greater part of her life, enjoyed what may be termed very fair health. Four years ago she first placed herself under the care of Mr. S. At that period she suffered from an obscure abdominal affection, and the medical treatment consisted principally of a mild mercurial course. The result of this was, a gradual improvement of health, but not complete restoration. The abdominal pain, although mitigated, ceased not in some degree to trouble her, and the uneasiness was

more distinctly referable to the right side, somewhat lower than the umbilicus. She continued to linger on in this state until about the month of November 1842, when symptoms of a much more distressing nature began to be developed, indicative of disturbance of the urinary organs. These gradually increased, whilst her health continued to give way. A strong suspicion was entertained that they were caused by a calculus in the bladder. With a view of ascertaining this fact, her medical attendant frequently importuned her to submit to an examination, but so great was her apprehension of pain, that his importunities always proved fruitless, and his only resource was, to fall back upon opiates; the administration of which seldom failed of affording temporary relief. In the month of February last, Mr. S. requested me to visit the patient. At this time she described her sufferings as being very intense, and greatly exceeding any thing she had previously endured; her emaciated appearance and distressed expression of countenance forcibly corroborated her statement. The leading symptoms were now, frequent and painful micturition, urine bloody, ropy, highly offensive, and when voided was observed occasionally to deposit fragments of extraneous matter, the exact nature of which was not ascertained. After much entreaty, she permitted me to introduce a female catheter into the bladder; the operation, although conducted with great care, was productive of exquisite pain. A grating sound was imparted to the point of the instrument, such

as is sometimes felt on the introduction of a sound into the bladder of a patient suffering from an enlarged prostate. No calculus could be detected, and it was concluded that the mucous surface of the bladder had probably become the seat of some malignant ulcerative process, and that the only rational plan of treatment to be adopted, was, to support the general health, and continue to combat the pain by the occasional use of anodynes. She continued thus for a period of three weeks, when an attack of diarrhœa supervened, under which she sunk.

Autopsy, sixty hours after death.—The abdominal cavity being laid open, and its parietes reflected, the first thing that attracted observation was a preternatural adhesion between one of the convolutions of the bowels, and some one of the pelvic viscera, the peritoneum apparently forming the bond of union. At the time of the inspection, it was not convenient to attempt anything like an accurate demonstration of the morbid appearances. The whole of the diseased mass was therefore carefully removed, in order that this might be accomplished with minuteness and deliberation. On a subsequent examination the following morbid appearances presented themselves. The ileum proved to be the seat of a disease which seemed to have originated in stricture.

Induration, thickening and ulceration of its mucous surface, were gradually the consequence, which ultimately terminated in perforation of its remaining coats. A further result was in all pro-

bability a deposition of lymph, which had the effect of establishing an adventitious union between the posterior part of the bladder and the convolution of the bowel. On slitting up the bladder, commencing at the meatus urinarius, its cavity was found to be partly filled with fæculent matter, and also to contain portions of what appeared to be undigested food, such as currants, seeds, and other vegetable matter. At its fundus was discovered an opening evidently the result of ulceration, sufficiently large to admit the point of the index finger, and which communicated freely with the adhering bowel. Through this opening the excrementitious matter readily passed. The cavity of the bladder was contracted, and the mucous surface much congested, presenting at its posterior part, patches of ulceration. It may be here observed, that, as the ulcerative process advanced, and the coats of the intestine became perforated, a portion of its contents must necessarily have passed into the general cavity of the abdomen, causing inflammation and speedy death; an effect, however, obviated in this case by its communication with the neighbouring viscus, and which proved the means of protracting life, although in a very uncomfortable state.

Fistulous communications between the rectum and bladder in the male, and the vagina in the female, are not rare. A case is recorded by Dr. Baillie, where a communication had formed between the kidney and a portion of the intestine, by which the pus produced

in the kidney was evacuated through the intestine. I am not aware, however, of any case where the small intestine had adhered to the urinary bladder, and a fistulous opening been established between them, the latter viscus being in part converted into a fæcal reservoir, excepting one about to be alluded to.

Although the ulceration and ultimate perforation of the ileum seemed to have originated in stricture of the ulcerated part, it is not improbable that the ulceration had given rise to the thickening and induration observed in that part, as well as to the effusion of lymph on the serous surface of it, whereby it had adhered to the bladder. M. Louis, in an interesting memoir (*Archives Générales de Médecine*, T. i. p. 17), has detailed several cases in which perforations consequent upon ulceration occurred in the lower portion of the ileum, the contents of the bowel being effused in the peritoneal cavity in most of them, owing to the absence of adhesions between the perforated part and the adjoining viscera. My friend, Dr. Copland, in an elaborate treatise on the lesions observed in the digestive canal (*Dictionary of Pract. Medicine*, vol. i. p. 547), states, that, “in other cases, the gastro-intestinal contents do not pass into the peritoneal cavity, owing to the circumstance of the peritoneum having, previously to its perforation, become inflamed, so as to throw out coagulable lymph on its surface, which excites inflammatory irritation in that part of it directly

opposite, and thereby forms adhesions, and shuts the opening.” And further on he adds—“ When the viscus, which becomes accreted to the surface of the perforated portion of the intestine, has itself a cavity, then a communication generally takes place between them : thus Camper (*Mém. sur le Prix*, &c. T. v. art. 9) met with an opening into the bladder.”