C A S E
OF
ULCER OF THE LOWER PORTION OF
THE ILEUM

COMMUNICATING WITH THE BLADDER.

BY
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CASES of ulcer of the intestinal tube communicating with the bladder are sufficiently rare to justify me in recording the following case, in which an opening from the terminal portion of the ileum into the bladder existed for nearly seven months, and through which the whole of the fæces was passed for the last three months of life.

S. G. B., æt. 60, had spent many years in tropical climates, but had never had any severe attack of dysentery. In March, 1862, he first complained of some pain and slight fulness in the left groin, which soon increased, and a tumour in the left iliac fossa was perceptible. It was hard, lobulated, and somewhat tender to the touch; it gradually increased in size, making way towards the mesial line of the body, when it began to cause considerable irritation of the bladder, with frequent desire to pass water. The tumour, having increased

to the size of an ostrich's egg, occupied the upper part of the left iliac and lower portion of the lumbar regions. It seemed attached posteriorly, and was not movable. The patient had not until this time suffered much in general health, except being somewhat more than usually liable to attacks of dyspepsia and the bowels did not act with their ordinary regularity.

In April, 1863, whilst at Brighton, he was one day much alarmed by the passage of flatus through the urethra. After which the pain in the bladder, and on making water, was so intolerable that Mr. Furner was obliged to order him large doses of morphia and other sedatives. A few hours after the flatus began to pass some feculent matter became mixed with the urine, and the deposit of mucus, combined as it was with shreds of lymph, in this excretion, showed the inflammatory action which had been set up in the bladder by the proximity of the tumour and the presence of fæces in its cavity.

Day by day the urine continued to be mixed with semi-fluid fæces, the bladder by degrees becoming accustomed to the novel character of its contents, ceased to pour out such large quantities of mucus, though he always had to relieve it about every hour. The size of the tumour was not apparently influenced by the discharge; at times it was much more painful than at others. The quantity of fæces passed per anum gradually diminished, while that voided through the urethra increased, and for the last three months, notwithstanding the regular use of enemata, only a few scybalous lumps were passed through the proper channel.

During the progress of the disease, and from the constant distress which this state of things occasioned, as well as from the semi-fluid diet to which the patient found it best to restrict himself, he had become from a large and corpulent man, greatly emaciated, though his countenance never assumed the cachectic aspect so indicative of the presence of malignant disease. About the middle of August a more than usually profuse discharge of fæces occurred, being far more than could be accounted for by the ingesta, this produced great

exhaustion and pain, so that he was compelled to take large doses of opium with stimulants. The abdomen became extremely tympanitic, but on examining the site of the tumour it was evidently greatly reduced in size. From this time his general powers began rapidly to decline, and having been comatose for three days he finally sank in the beginning of October.

Post-mortem examination twenty-six hours after death.—The abdomen was still thickly coated with fat. On opening its cavity all trace of the tumour had disappeared; from five to six inches of the lower part of the ileum were found much distended, the calibre of this portion of intestine being as large as the colon under ordinary circumstances. The coats of the bowel were attenuated and in almost a gangrenous condition, it was adherent to the inner wall of the abdominal parietes, to the upper surface of the pubes, and on dissecting away these adhesions, and laying open the intestine, an ulcer the size of a sixpence, with ragged edges, was found communicating directly with the cavity of the bladder. The intestine then contracted to its natural size, and after one small convolution opened into the ileo-cæcal valve, which, with the colon, was in a natural condition. The other portions of the intestinal tube were perfectly healthy, and free from any appearance of ulceration. The bladder was much contracted, its coats thickened, the mucous membrane rugous and very dark in colour.

During the long progress of the foregoing case the patient saw many eminent members of the profession, but, from a dislike on his part to consultations, I very seldom had the advantage of discussing the case with any of them. The general impression in their minds was, I believe, that the tumour was of a malignant nature.

The chief indication as to treatment was to avoid any food that was likely to irritate the bladder, and he found most comfort from taking everything of a fluid or semi-fluid kind:—soup, milk with rusks, pounded meat or game in the form of panada, constituted his diet, and for some months he took

opiates in proportion to his need. Great comfort was derived from occasionally syringing the bladder with tepid water, but it was remarkable how soon this viscus became reconciled to the constant transmission of fæces through it, which, though at first it caused the greatest agony and severe inflammatory action, was afterwards passed with a comparatively slight amount of distress.

Cases somewhat similar to the foregoing are reported by Mr. Charles Hawkins, Vols. XLI and XLII, 'Med.-Chir. Trans. ;' Mr. Sidney Jones, Vol. X, 'Pathological Society's Transactions ;' Mr. McWhinnie, 'Medical Times and Gazette,' 1863, page 28.