A CASE
OF
LARGE BILIARY CONCRETION IN THE
ILEUM.

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Received June, 1871—Read October 24th, 1871.

ON the 29th of January last I was requested by Dr. King, of Eltham, to visit Mrs. A—, who was suffering from obstinate constipation with vomiting. She was a rather stout woman, fifty-eight years of age, and had generally enjoyed fair health. About eight months previously she had a similar attack of constipation with great pain; and a hard tumour could then be felt in the right hypochondriac region. The existing illness commenced on the 18th of January, eleven days prior to my seeing her: the symptoms were constant bilious vomiting, accompanied by constipation and severe griping pain in the bowels. On the day that I first saw Mrs. A—, the vomiting had become stercoraceous. There was at that time no tenderness of abdomen, no distension nor tympanites. The pulse was quiet, the tongue moist, and the countenance placid. Only fluid nutriment could be taken, and that in small quantity.

Warm water was thrown into the bowels as long as it could be retained, and a small quantity of feculent matter returned with it. An active aperient was then given, with opium; and free friction of the abdomen with castor oil was ordered. Two days subsequently, on July 31st, a scybalous motion was passed, and the stercoraceous vomiting ceased. On February 10th bilious vomiting recommenced and continued until the 18th. From that date till March 11th there was no vomiting, and the bowels acted daily, the motions being of a healthy character. From the beginning of this illness till this date the abdomen could bear pressure; and any pain was relieved by friction with castor oil. The pulse ranged from 80 to 90 in the minute; the tongue was coated, but moist; solid food was not taken except on one occasion.

On March 11th bilious vomiting again recurred, attended with severe abdominal pain, principally in the region of the ileo-cæcal valve, where a hard tumour could be felt, and the belly became tympanitic: the pain was then much increased by pressure or friction. The pulse was rapid, and the tongue coated and dry. Death took place on the 17th, four days subsequent to my second and last visit, and at an interval of eight weeks from the commencement of the illness.

There was no appearance of jaundice throughout this attack; and Mrs. A— had never suffered from jaundice at any previous time.

The post-mortem examination revealed the existence of extensive peritonitis.

Two large gall-stones occupied the ileum, close to the ileo-cæcal valve; and an ulcerated opening in the small intestine had permitted the escape of several small biliary calculi into the sac of the peritoneum. The liver was somewhat larger than natural, but otherwise healthy. The gall-ducts were dilated and thickened. "The gall-bladder did not appear to be altered in character; nor was there any adhesion between it and the duodenum, or anything indicating that the concretions had ulcerated through into the duodenum from the gall-bladder." I quote the words of Dr. King, to whom I am indebted for the history and most of the particulars of

this case, as well as the post-mortem examination which he conducted, but which I did not witness. Each of the large concretions measures about an inch in length and four inches in circumference; and they weigh together nearly an ounce and a quarter. They appear as if moulded to the shape of the ileum.

Mr. Wagstaff, who kindly examined both the larger and smaller specimens for me, reports that they consist of cholesterine only with bile pigment; and that the microscope shows no vegetable matter, nor anything added to the concretion in the intestines. Chemically the concretions yielded 95 per cent. of cholesterine, and five per cent. of animal matter.

I think this case worth recording, on account of the rare size of the concretions, and the singular absence of any proof that they had passed from the gall-bladder to the duodenum by an ulcerated opening through their contiguous surfaces. Yet this is the only conceivable way in which such large bodies would have found their way into the bowel, especially without any attendant symptoms; and the absence of any preceding or accompanying jaundice proves that there could not have been any protracted obstruction to the passage of the bile from the gall-bladder or liver to the duodenum.