ULCERATION OF THE ILEUM AND FATAL PERITONITIS FROM ENCYSTED GALL-STONES.*

By HORACE JEAFFRESON, M.D. Lond.

THE following case is one, in which large gall-stones, at an uncertain period (probably several years) prior to the death of the patient, passed by ulceration from the gall-bladder into the duodenum, and thence onwards to the lower end of the ileum, where, being too large to pass the ileo-cæcal valve, they became shelved in slightly pouched portions of the ileum just above the valve, and eventually set up irritation and ulceration of the bowel, which resulted in perforation and fatal peritonitis; one of the gall-stones, after death, being found to have escaped into the cavity of the peritoneum.

Such is, I believe, the nature of the case, of which I am about to give a somewhat more detailed account. The main interest of the case arises from its rarity; and I bring it to your notice more as a pathological curiosity which should be recorded, than as a subject likely to give rise to any very profitable discussion.

Emma B., aged 53, a married woman, had been for four years the subject of progressive paralysis agitans, attended with great emaciation, especially during the last two months of life. During the latter six weeks, she had from time to time complained of griping pains in the belly, varying in position, and not referred more to the right than the left side. On one occasion, when the abdomen was examined, a hard body—giving the idea of an enlarged gland—about the size of a walnut, was felt situated midway between the umbilicus and the right iliac fossa. On subsequent examinations, this body was not felt, and little further thought was given to it. Hot fomentations and slight opiates usually gave relief when pain came on. The bowels, which were habitually confined, were as regularly kept open by an aloetic dinner-pill. The motions were healthy, and of a full bile-colour. From time to time, there was sickness, but the vomit had no special characters. She was never known to have suffered from any such attack as usually attends the passage of gall-stones. She had never been jaundiced; and the presence of gall-stones had never been suspected. These facts I gathered from her former medical attendant, Dr. Grove, and from the husband, whose information extended backwards for upwards of fourteen years.

At noon, on Saturday, Dec. 28, 1867, pain in the abdomen, of a very severe character, set in. Shortly afterwards, I saw her. She then had an altered pinched look, great restlessness, and thoracic breathing. The belly generally was very tender, hard, and flat. There was vomiting of dark green grumous fluid. Hot fomentations, with turpentine, were applied to the abdomen, and opium given in frequent doses. The patient steadily sank, and died in thirty-six hours from the onset of acute symptoms.

That she died of peritonitis was quite clear, and that it was caused by perforation of some portion of the alimentary canal was the most probable suggestion that came to my mind. Before making the *post mortem* examination, I had pretty well settled in my mind that the emaciation and failing nutrition of the past two months had resulted in a perforating ulcer of the stomach, which I expected to find.

In making the examination, I was only permitted to open the abdomen. Peritonitis was general, but most marked in the right iliac fossa. The intestines were intensely injected, fleshy, and matted together with recent lymph and bathed in sero-pus. The stomach was small, but healthy, and shewed no sign of ulceration. To the duodenum, at about its middle, the fundus of the gall-bladder was adherent. An attempt to carefully separate them led to the making of a hole in the duodenum at the point of adhesion. The gall-bladder itself was shrunken, and its coats thickened. It contained no bile; the whole cavity being filled with gall-stones. Four of them, found nearest the fundus, were about the size of Spanish nuts, of light fawn colour, and flattened on two or more sides. The remaining fragments were darker, striated, and very irregular in shape, not at all corresponding to the facets of the other four stones. These darker and less regularly formed gall-stones were situated at the upper part of the gall-bladder, nearest to the cystic duct. On further examination of the intestines, a large slough, about the size of a shilling, was found to have separated from a pouched portion of the ileum just above the ileo-cæcal valve. From the hole thus formed, a hard body had escaped, and was found lying loose in the cavity of the pelvis. This proved to be a portion of a large biliary calculus, which, together with a second part found inside the bowel above the valve, formed three-fourths of a cast of the gall-bladder. These two pieces fitted together by smoothly polished circular facets. The other portions

required to make up the complete cast of the gall-bladder, as it would have been in health, could nowhere be found in the bowel. They must either have been smaller and able to pass by the ileo-cæcal valve, or they never came from the gall-bladder when the other two portions ulcerated through, but were represented by the irregularly shaped and darker portions of calculus, which I mentioned above as having been found at the upper part of the contracted gall-bladder. All the gall-stones were composed of nearly pure cholesterine; and the composition of those taken from the bowel only differed from the more recent ones found in the gall-bladder, in being stained of a dark colour by the fecal fluids.

As far as I know, the case I have just detailed is an unique one: That gall-stones too large to pass by the ducts occasionally escape by ulceration into the intestine—usually the duodenum—has been long well known. Frerichs drew attention to this fact; and one singular case has come to my own notice. It occurred in the practice of my brother, Mr. G. Jeaffreson, of Framlingham, in Suffolk. His patient vomited a large gall-stone; and, on examination after death, which occurred some time subsequently, the gall-bladder was found adherent to the stomach. Frerichs also speaks of fatal obstruction sometimes occurring from a gall-stone becoming coated with fecal matter and so blocking up the canal. But the case I now give is, I believe, the only one on record where large gall-stones have ulcerated into the bowel quite safely, and then, after a long interval, caused death by ulcerating out again, and passing into the cavity of the peritoneum.

Of course, I only speak of this case as unique in reference to my own experience and reading. It may be that some gentlemen present, or some of the readers of our JOURNAL, may be able to give or refer me to cases of a similar description.

CASE OF ANTIPHLOGISTIC TREATMENT.*

By AUGUSTIN PRICHARD, Esq.,

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IN these days of universal tonics and stimulants, before the shape of a lancet and the taste of purgative physic quite fade away from our memories, I should like to take the opportunity afforded by this meeting to record a well-marked instance of antiphlogistic treatment of the olden time.

It is difficult to perceive the causes of the rapid and thorough change in our practice which has occurred in so short a time. That the so-called change of type in the nature of disease is a fact, the memories of many of us will amply testify; and the changes in the relative frequency of various diseases, the occasional appearance of a new disease, and the reappearance of an old one, help to confirm the idea. But this is not sufficient to account for the complete change which we have seen; and, although we may flatter ourselves that our modern ideas are the result of conviction, I fear that we must plead guilty of being in some degree the willing victims to fashion.

In my earlier days, three cathartic pills every night, and a good strong black dose every morning or even three times a day, was an ordinary prescription, instead of the iron and quinine and liquor cinchonæ of the present day; and the operation of venesection has become so rare, that many of our pupils have but little opportunity of practising it; whilst, as surgical pupil at the Bristol Infirmary, I have bled forty patients in the day with my own hand. I believe that bleeding was sometimes carried too far, whilst now it is far too much neglected; but I cannot recall the case where a patient was the worse for a good purgation; and I am certain that many acute and chronic diseases, not only of the digestive, but of other organs, and especially many classed under the fashionable, convenient, and comprehensive title, "neuralgia," may be cured by purgatives alone. If my younger hearers would give their patients more opening medicine than they usually get now, I believe it would be better for them: for the patients, I mean. I have notes of cases taken in bygone years in our medical wards, where patients were bled for many very different diseases; and there was no lack of success. I am sure that it was of service in cases of obstinate chronic skin diseases. A list of the diseases for which, as a pupil, I performed venesection, under the direction or by the orders of the physicians of the infirmary at that time, is as follows:—Amenorrhœa; suppressio mensium; arthritis; ascites; amaurosis; bronchitis; chorea; cephalalgia; cyananche tonsillaris, acute and chronic; cerebral congestion; epilepsy; enteritis; gastro-enteritis, acute and chronic; fever; hysteria; hemiplegia; hæmoptysis; hæmatemesis; paralysis; poisoning by lauda-

* Read before the East Surrey District Society of the South Eastern Bra

* Read before the Bath and Bristol Branch.

num; pleurodynia; pleurisy, acute and chronic; pneumonia; pleuritis; phlegmasia dolens; erysipelas; erythema nodosum; eczema; lepra; porrigo; purpura; and rupia.

The patient, whose case I wish briefly to relate as an apt illustration of strict antiphlogistic or perhaps heroic treatment, was under the care of my father, then senior physician to the Bristol Infirmary.

John Ford, aged 18, was brought to the Bristol Eye Dispensary totally blind. He was taken suddenly in the street, a few days before, with a paralytic stroke, and his sight gradually and entirely left him. His pupils were widely dilated, black, and completely insensible to the rays of the sun shining into them. Mr. Estlin, to whom I was then apprenticed, considering the case as one of amaurosis depending on cerebral disease, and quite unfitted for treatment as an out-patient, advised his being sent to the infirmary, as giving the only chance of restoration of sight. He had recently been the subject of syphilis, and his mouth was slightly affected by mercury on his admission. He was by occupation a painter, much employed with lead and oil-paints.

The treatment was the following. On November 9th, he was bled at once, and ordered cathartic mixture every four hours. In the evening, twelve leeches were applied to the head. On November 10th, twelve leeches were applied to the head in the morning, and a blister to the back of the neck. In the evening, he was bled again, and ordered four grains of calomel every four hours. On November 11th, twelve leeches were applied to the head; the long incision was ordered; and in the evening he was bled from the temporal artery. On November 12th, the long issue in the scalp, ordered on the previous day, was made. On November 13th, twelve leeches were applied to the head, and a blister to each temple. On November 14th, he was bled from the arm, and directed to leave off the calomel. On November 15th, a milder purgative draught was substituted for the cathartic mixture which he had been taking every four hours since his admission. On November 18th, he was bled in an upright position until he fainted.

Up to this period, there had been no change as to the power of vision; but, when the long issue in the scalp began to suppurate and discharge freely, he told us that he could see the light and his fingers moving across. This statement was not believed, for the pupils remained fully dilated and fixed; but, in a day or two, it was clear that the sight was returning very slowly.

On November 23rd, ten leeches were applied to the forehead. He left off the saline, and took some sarsaparilla with iodide of potassium in scruple doses three times a day, and some aperient pills every other night. A change was made again in the middle of the next month, and depletion had recourse to. On the 16th, 18th, 21st, 26th, and 28th of December, he had a dozen leeches to his head; again, twice in the next month, and twice also in February, on the 25th of which month a seton was made in the back of the neck. On March 12th and 19th, a dozen leeches were applied to the forehead; and the same on the 1st and 7th of April. On April 19th, he was bled again, and had a cathartic powder. In each of the three following months, during which time he was under observation and gradually improving, he was leeches once; and this ended the treatment, for in August he was dismissed perfectly cured.

This man was detained as in-patient for many months, for his case attracted much interest at the time; and he was introduced by my father to the then existing Medical Section of the British Association for the Advancement of Science, at its meeting in Bristol, chiefly with reference to the new mode of producing counterirritation by the long issue in the scalp.

A summary of the treatment is the following. He was bled from the arm five times, once to syncope; bled once from the temporal artery; blistered three or four times; had the long incision in the scalp and a seton at the back of the neck, eighteen dozen leeches to the head, besides plenty of calomel and cathartic mixture.

A few years ago, perhaps a quarter of a century after the above treatment was carried out, the man, now middle-aged, presented himself to me as one of my out-patients, suffering from some slight surgical ailment, when we mutually recognised each other; and he informed me that he had been perfectly well ever since, and had been in constant work, without any defect of sight or any other function. I believe that, with less determined treatment, this man would have remained hopelessly blind.

To conclude: I do not wish to appear only as a *laudator temporis acti*, an upholder of old plans of treatment, to the exclusion of the numerous and invaluable methods which are constantly discovered; but to encourage my hearers to be less timid about the use of these active antiphlogistic remedies, now too much neglected; and not to follow the fashion blindly into the opposite extreme of treating all cases, acute and chronic, with tonics and stimulants.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

MIDDLESEX HOSPITAL.

CONGENITAL ADHESION OF THE PREPUCE TO SCROTUM, WHERE THE URETHRA HAD BEEN INADVERTENTLY SEVERED.

(Under the care of Mr. HULKE.)

WE are indebted to Mr. Flower, House-Surgeon, for the following interesting reports of out-patient practice.

The adhesion of the prepuce to the scrotum is not a very rare congenital malformation of the male intromittent organ, and it is one which need cause little anxiety for the future, since the extensibility of the integument is such that, before manhood is reached, the early cohesion has become so relaxed that the erection of the member is not seriously hindered. Not unfrequently, however, this condition is complicated by some defect of the urethra—usually a greater or less degree of hypospadias—as it was in the following case. Unless free micturition be impossible, any direct surgical interference is uncalled for; and any attempt to restore the urethra or to separate the normally free portion of the penis from the scrotum, should this be judged proper in any particular case, had better be deferred until the parts have grown sufficiently to enable the surgeon to carry it out with exactitude. If, however, he determine to set the penis free in early infancy, he must keep in mind the nearness of the urethra to the surface, and proceed with the greatest caution, always placing a bougie in the urethra before cutting the connecting integument. The omission of this precaution in the following case led to the accidental severance of the urethra, and the formation of a urinary fistula in the front of the scrotum, with so contracted an aperture that the child on several occasions was unable to void his urine. A male infant, aged eleven months, was brought to the out-patient room, August 2nd, 1867. The mother, an intelligent woman, said that it was born with the penis tied to the scrotum, and that, when five months old, a surgeon had separated the penis by cutting. Directly after this the urine flowed through the cut, and not from the natural passage in the glans as it had before done. A hood-like prepuce, tied below to a scar at the upper part of the scrotum, encircled the glans, the under side of which was grooved by an open urethral canal, which became a complete tube at the root of the glans, and admitted a probe for a quarter of an inch beyond this point, where it was obstructed by the scar. Behind this the urine was voided, with straining, through a minute orifice in the scar near a small knot which was the anterior end of the raphé, the distance between this orifice and the obstructed anterior part of the canal being about two lines. As a preliminary towards a plastic operation at a future time for restoring the continuity of the two portions of the canal, Mr. Hulke reestablished the patency of the front portion by pushing a trocar through the obstructing scar, and introducing a stout leaden wire along this part of the canal, which was worn for a fortnight, until the track had become callous; after which a large bulbous probe was daily passed from the glans through the front part of the urethra, across the scar into the scrotal orifice of the canal, the two apertures lying one in front of the other at the bottom of a shallow median groove. The mother was taught to do this, and instructed to continue it for many months.

SCIRRHUS OF THE BREAST, WITH THE AXILLARY GLANDS EXTENSIVELY INVOLVED: OPERATION: RECOVERY.

(Under the care of Mr. GEORGE LAWSON.)

THE following case was very unfavourable for an operation; but, as the cancerous growth was rapidly advancing, it seemed hard to deny the poor woman that chance of relief which excision of the disease alone afforded her. The breast was accordingly removed, together with a large mass of enlarged glands in the axilla. Notwithstanding that so large a portion of the skin was cut away that a great extent of the wound was necessarily left open to heal by granulation, the patient made a good recovery, and left the hospital in eight weeks with the parts firmly cicatrised.

Mary Ann H., aged 30, single, by occupation a cook, was admitted into the Middlesex Hospital, under the care of Mr. Lawson, on June 25th, 1867. Her general health was good.

Family History.—She was the third child of a family of nine. Her