

Original Communications.

CASE OF OBSTRUCTION OF THE BOWELS: RECOVERY: REMARKS.

By W. NEWMAN, M.D.Lond., of Fulbeck, Grantham.

J. C., aged 26, agricultural labourer, had been employed for the last few weeks in cleaning drains, etc. He was the subject of most severe illness seven or eight years ago. The prominent features were most acute abdominal pain, with continual sickness and absolute constipation. The bowels did not act for seven days; and, according to his mother's account, who was in attendance, "his motions came up by his mouth" for several days. The attack ended by profuse diarrhoea; but the abdominal pain did not cease entirely for some weeks.

I had occasion to see him in several returns of a much slighter kind—pain in the abdomen, with constipation, followed usually by profuse purging.

Oct. 13th. He was seized with dull pain in the abdomen at 6 p.m. The bowels acted slightly after it came on. He had been in good health prior to this seizure. The bowels had acted on the 11th, and, he believed, on the 12th also. He had a walk of six miles to his own home after the accession of pain.

Oct. 14th, 2 a.m. A messenger came over, and my assistant saw him. He was in very great pain, and constantly sick, throwing up food mixed with biliary matter. There was pain in the abdomen, not relieved by pressure. Pulse 80. The skin was hot; he was thirsty. A turpentine fomentation was applied to the abdomen; and calomel with opium was given.

11 a.m. He was much in the same state. The sickness was constant; dark greenish bile was thrown up, and that in some quantity. He was ordered to take a grain of opium every two hours.

5 p.m. He was in the same state. The abdomen was more full on the right than on the left side, and dull on percussion on the right side to the middle line. The sickness was unrelieved; the bowels had not acted. He rolled about the bed when the pain came on.

Oct. 15th, 5 p.m. I was called up with a message that he was much worse. There was no great change in his condition. The sickness was constant; even a little water taken into the stomach excited vomiting. The ejecta were now yellowish, mixed sometimes with more or less of green bile. Examination by the rectum made out that no fecal accumulation existed in that portion of the gut. I introduced an O'Beirne's tube eight or nine inches at least, and injected more than four pints of thin gruel, with an ounce of turpentine. The whole was returned, with a large quantity of fecal matter, brown and healthy, not particularly hard, nor in scybalous masses. He expressed himself as somewhat relieved. He was ordered to have two drops of croton oil immediately.

12 p.m. Another large injection was administered. Two or three hard masses came away. No relief resulted. The pain was at times very intense. He was ordered to have two grains of powdered opium immediately.

2 p.m. He was in much the same state. The face was very anxious; there had been no relief from the bowels. The pain was colicky and intermittent; when it occurred, there was a good deal of abdominal movement, more towards the left side than the right. The gurgling of fluid was audible at some distance from the bed. Percussion could barely be tolerated. The dullness over the ascending colon, etc., had been replaced by resonance. Perhaps the most painful point was a little to the left and below the umbilicus. Offensive

flatus was expelled from the mouth; and the ejecta, not much deeper in colour than the material thrown up on the previous day, had a positively offensive and fecal odour.

10 p.m. He said he was a little easier. Pulse 100; face very anxious; pupils not contracted. There had been no more evacuation. A galvanic current from Kemp's machine was passed through the abdomen, with no further result than that of inducing violent contractions of the abdominal muscles and increasing the peristaltic action of the intestines (the gurgling of fluid was distinctly audible). A copious injection was again given by an O'Beirne's tube, and the expulsion hastened by the reapplication of the galvanic poles. A few small scybala were expelled. No relief followed. Two grains of opium were ordered to be taken immediately, and a grain every two hours.

Oct. 16th. The matters vomited had a stercoraceous odour, and were somewhat darker in colour. He complained very much of pain. Pulse 100; face very anxious.

11 a.m. Mr. Eaton saw him with me. Another copious injection was administered by the flexible tube; but not a tinge of fecal matter was present when this was returned.

11 p.m. He was even in more pain to night. He had had a double dose of opium, to relieve the excessive pain. The pupils were contracted; face very anxious; pulse 120. A grain of opium was ordered to be repeated when the pain was urgent; and a suppository with three grains of opium was administered.

Oct. 17th. A dose of castor oil, given against orders by the friends, had been rejected. There was no improvement. The abdomen was more swollen, and almost everywhere tympanitic; even slight tapping gave rise to pain. The opiate pills were sometimes rejected. I determined to change the mode of giving the opiate, and so ordered a suppository containing a grain of hydrochlorate of morphia to be applied immediately; and an enema of four ounces of beef-tea or gruel, with half a grain of hydrochlorate of morphia, to be administered every six hours.

Oct. 18th. He slept even heavily last night, and this almost for the first time since the commencement of his illness. He had been relieved since the enemata were commenced. He said that *flatus had passed per anum two or three times*. I administered chloroform, not quite to full anaesthesia; then manipulated the abdomen, to try if any hardness or mass could be detected. The hand sank deep into the pelvis; but nothing could be felt, save, perhaps, a sensation of indefinite resistance to the left of, and a little below, the umbilicus. The morphia injection was continued.

8 p.m. The sickness had possibly not been quite so frequent to-day. The matters thrown up were fetid and stercoraceous.

Oct. 19th. He had been not so comfortable in the night. The pain was more severe, twisting and wringing in character, principally about the umbilicus. He had been violently sick; once in particular, and then a large quantity, of the usual stercoraceous character, was thrown up. Pulse 100, or more. He was very feverish at times, but was not in so much pain now; and the abdomen, though full and tumid, could be pressed gently with hardly any uneasiness. *Some flatus passed again per anum*. Urine passed, high coloured, but in fair quantity. The morphia injection, etc., were repeated.

Oct. 20th. He was much in the same condition. The face was very anxious; pulse 110. He complained of severe pain. The rolling movement was still very evident. The sickness was much as usual. He begged most earnestly for some relief; he would submit to any operation or "cutting", if there were a hope of his getting well thereby. He was said to have passed in the night a tablespoonful or more of "what smelt and

looked like motions"; but this had not been kept for inspection.

Oct. 21st. He was no better. He complained of being much weaker. He had been losing flesh the last few days, evidently. Pulse 120, without much power. The abdomen was swollen and tender. The urine was high coloured; not so much had been passed the last two days. The sickness was just the same; large quantities of fluid, with stinking flatus, gurgled up into the mouth. Flatus was passed *per anum* in the night; and this morning, while I was in the house, he discharged, while passing urine, about an ounce or a little more of "semifluid, healthy, brownish fecal matter, normal in smell and appearance, tingling linen with the usual stain". He complained very much of pain; said he could not wear it out many days more. The morphia injection was continued.

Oct. 22nd. There was no change; he was perhaps not in such constant pain. Pulse 120; face very anxious. The question of gastrotomy was carefully considered, and ultimately deferred for another day or two.

Oct. 23rd. He had not a good night; sick as usual; face not so anxious. Pulse 120, feeble. At 9 A.M., he had the sensation (so he said) of some rush of fluid in the intestine, and presently passed *per anum*, six or eight ounces of yellowish fecal matter. The abdomen was more easy.

Oct. 24th. The bowels acted once again on the 23rd; then two or three times this morning. The pain was almost gone, except on movement.

Oct. 25th. He was going on well. The bowels acted three or four times.

Oct. 26th. The bowels acted; the motions were natural.

The convalescence was tedious; and interrupted by dyspepsia and irregular action of bowels.

Dec. 9th. He to-day resumed his usual work.

REMARKS. I think there can be not much doubt that the seat of distension was in the small intestine; more than this, even, that an extramural band was very probably the efficient cause. I would base my opinion on these reasons:—

1. The frequent repetition of large injections until no tinge of colour from fecal matter was present when they were retained *per anum*.
2. Resonance on percussion in the whole course of the large intestine.
3. Diminished secretion of urine.
4. Distension just evident on the left side of the abdomen, about the umbilicus; pain present at this spot also in the first place, and radiating thence over the abdomen; dulness and increase of resistance (the latter slight also in this situation).
5. The existence of prior disease (seven or eight years previously) competent to the production of a constricting band.

In almost every particular, this case answers to the description given by Mr. Gay, in his paper on Intestinal Obstruction by Bands, noticed in the JOURNAL of April 13, 1861; and the question of abdominal section seriously canvassed on more than one occasion, was, therefore, I believe, thoroughly legitimate; the relief by nature's action might have been hoped for, but could not be expected.

This difficulty at once presents itself, however. Supposing the obstruction to have existed in the small intestine, whence the fetid odour and the fecal appearance of the ejecta? A somewhat similar case to the above is reported by Dr. Copeman in the BRITISH MEDICAL JOURNAL, Dec. 1, 1860. Three *post mortem* examinations showed strangulation of the ileum by a fibrous band; and fetid eructations and vomiting of fecal matters had been noted for several days.

Is it too much to suppose that in a state of disease and abnormal irritation, the small intestine may, by its

solitary or other glands, eliminate the fecal elements; an office discharged under normal conditions by the lower portion of the bowels?

A few words with regard to the bearing of a case of the kind on the *questio vezata* of the source of the colouring matter of the feces.

There can be, I think, no question that the small quantities of fecal matter discharged *per anum* on the eighth and ninth days were simply from the colon; *i. e.*, the normal secretion of the mucous membrane of this part, induced by, and partially mixed with, the unabsorbed portions of the nutritious injections. Note, too, that no flatus was passed *per anum* until the day after these frequent injections were commenced; and that the expulsion of flatus, and of these small quantities of dark brown fecal matter, did not bring with it any relief to the patient's sufferings. Again, when the bowels commenced to act freely (on the eleventh day), the motions were as opposite as possible to the brown and scanty discharge on the two preceding days—yellowish in colour, and not possessing so intensely an offensive fecal odour.

If, then, the view of the small intestine being the seat of the obstruction be correct, this case proves, so far as a single case can (for no one swallow makes a summer), that: The dark brown colour of the feces is furnished by the colon; the stimulus of the bile is not necessary to the production of this colouring matter from the mucous membrane of the colon; the morphia treatment cannot but be considered as satisfactory.

RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from p. 35.]

CASE VIII. *Labour Connected with Supposed Rupture of the Vagina into the Rectum.* Mrs. D., aged 22, in labour with her first child, summoned me on March 3rd, 1860. Her pains commenced on Wednesday, Feb. 29th, and her surgeon was in attendance several times on Thursday and Friday; on the latter day the liquor amnii escaped, and the head came down almost to the perineum; in the afternoon, however, her pains almost ceased, and Mr. — left her for a little while under the firm impression that he should soon be again summoned, and that the labour would be quickly over; but, to his astonishment, no message came during the night, the pains having been very slight, although frequent. On visiting her on Saturday morning, the 3rd, he found her very feeble and exhausted, with the child's head in the same position as on the evening before, down close upon the perineum; and, when he made the examination, a large quantity of liquid feces (?) escaped from the vagina, of a greenish brown colour and strong fecal smell. He could not discover any opening within reach of the finger, but thought that a communication must have been formed between the vagina and rectum by the long continued pressure of the head. He also felt the importance of immediate delivery, and requested my assistance. I found the head occupying the outlet of the pelvis, ready to be born, but her pains had ceased; and during my examination, a quantity of the same kind of fluid escaped from the vagina by the side of my fingers, of the exact colour and smell of healthy liquid feces. I could detect no opening within reach of the finger, and soon delivered her with the vectis, without any rupture of the perineum. The child was living and healthy; its head, but not its body, being covered with the same kind of matter as that which escaped before birth. I then again carefully examined the vagina and rectum, but could nowhere detect any communication between them; neither did any blood get into the rectum, although the