Case of Intestinal Obstruction by a Gall-stone.

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Dr. Wright supplied me with the following notes of this case:—

Mrs. F. F., aged seventy-three years; bore seventeen living children, and has been very healthy all her life, with the exception of two or three illnesses connected with child-bearing, one being an attack of abdominal inflammation and another of phleghmasia alba dolens. On the night of February 12th, 1904, she was taken suddenly ill with an extremely acute attack of pain in the hepatic region, accompanied by vomiting; this was relieved by hypodermic injections of morphia. Two days after the patient was distinctly jaundiced, and I had no doubt at the time the pain was due to the passage of a gall-stone. After the acute pain subsided, a good deal of tenderness persisted over the region of the gall-bladder for a month; her temperature was slightly raised, her tongue furred, her bowels constipated, her appetite poor, and, in fact, from February 12th until the middle of April she was not well, suffering from what I looked upon as a condition of slight cholecystitis, brought on by the discharge of the gall-stone. Early in May she seemed to be perfectly well, so far as any liver or stomach trouble was concerned. On the 3rd of June she got an attack of phlebitis in one of the superficial veins of her right leg, which completely disappeared before the end of the month, and again she seemed quite well. On Saturday evening, the 6th of August, I was sent for and found her suffering from intense pain in the pit of the stomach. This had begun the evening before as a sensation of fulness, which had gradually increased until it became acute pain. Her son, who was a medical man, and staying in the house, had given her twenty-six drops of Collis Browne's chlorodyne without effect. I gave her $\frac{1}{4}$ gr. of morphia hypodermically, and ordered poultices to be constantly applied. I also left a dose of 30 minims of nepenthe, to be taken if the pain was not better. I was sent for early the following morning, as she had had a wretched night—sleepless, retching, and in constant pain, which none of the opiates had relieved. I found her looking very anxious; there was no rise

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of temperature, and no sign of any tenderness or tension in any part of the abdomen, but while I was standing by her bed she said she felt sick, and at once vomited, the discharge being so copious and expelled with so little effort that I felt convinced there was some obstruction of the bowel, and told her son I should like to get a Dublin surgeon to see her with me. I then gave her \( \frac{1}{2} \) gr. of morphia hypodermically, with the result that before I left the house she had dropped into a profound sleep. At three o'clock that day I met Mr. William Taylor in consultation. The patient awoke from the morphia sleep just as we came into the house, so that the last dose had given her six hours uninterrupted rest. She told us she "felt ever so much better, not a bit sick," and she took a little freshly made tea without any return of the vomiting. Mr. Taylor examined her abdomen most carefully, but could detect nothing to indicate where the seat of the mischief was, although it was somewhat distended with flatulence; the walls were soft, and there was no sign of tenderness or tension. We decided there was no indication for immediate operation, but that it was better to wait and see what medical treatment would do for her, as it seemed probable that all her symptoms might be due to the passage of another gall-stone, and that the acute stage of the attack had passed. That night I gave her a five grain dose of calomel, followed by a copious turpentine, soap, and water enema in the morning, but without result. On the 8th and 9th she seemed fairly well, although feeling nauseated. There was no vomiting or further increase in the abdominal distention, no tenderness or tension to be noticed anywhere, but there was absolute constipation. On the 10th of August I got Dr. Lennon to see her in consultation. That morning, before he came, she had brought up without effort some mouthfuls of that inky black vomit one sees discharged from the stomach in bad abdominal cases. He also examined her very carefully, and expressed a hope, as he could not detect anything definite in the abdomen, that the vomiting and constipation might be caused by faecal accumulation, and suggested copious enemata to be administered by the long tube every three hours. Of these she received four without any result whatever. During that night she several times brought up six or eight ounces of stercoraceous vomit, and on the morning of the 11th I felt that if we were not able to relieve her by an operation she would certainly die, and that soon. I therefore telephoned to Dr.