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## A CASE OF INTESTINAL OBSTRUCTION OF EIGHTEEN WEEKS' DURATION, WITH REMARKS.<sup>1</sup>

BY JOHN G. BLAKE, M. D.

THE subject of this report was a man forty-six years of age, Irish by birth and a builder by occupation, who was accustomed to spend most of his time in the open air. His habits, partly necessitated by his business, were active but not laborious. He came to this country during his minority, and was for several years engaged in constructing railroad bridges, erecting churches, etc., in the Southern States. He had intermittent fever, but no diarrhoea or any other disease peculiar to the climate. For the last fifteen years he had lived most of the time in the New England States, and for the last ten, with the exception of one year in Pittsfield, in Boston. He had been temperate in the use of alcohol, but not so moderate with tobacco, which he used at times, and for considerable periods, very freely both by chewing and by smoking. His health during the last ten years was uniformly good, except during his residence in Pittsfield, a year and a half before the beginning of his last illness. For three months, during that time, he was confined to his bed with what he called congestion of the lungs and liver, probably pneumonia, with some hepatic complication. He fully recovered, however, and was in perfect health the following summer, as I can testify from personal observation. I was his physician through the entire time of his residence in Boston, and do not recall ever being asked to prescribe for anything more serious than a cold, catarrh, indigestion from imprudence in diet, slight constipation, and the condition usually described as "biliousness," which in the majority of cases means commencing dyspepsia.

Last November the patient returned to Boston, and was perhaps less actively engaged than for many years before. Added to this was anxiety on account of business transactions, which created a good deal of mental excitement and did not improve his digestion. He became unduly solicitous about the condition of his bowels, which naturally would have acted every second day at farthest, and if twenty-four hours elapsed without a movement he would take a cathartic of some sort, —

<sup>1</sup> Read before the Boston Society for Medical Observation, October 2, 1876.

pills, Seidlitz powders, citrate of magnesia, or castor-oil. He suffered also from flatulence.

On the 29th of February I was sent for and found him in bed. I learned that, his bowels not having acted to his satisfaction, he had taken Epsom salts, Rochelle powders, castor-oil, and pills, but without obtaining faecal evacuations. The stools consisted of glairy mucus, not unlike white of egg, mixed with blood, and were attended with great forcing efforts on his part, accompanied by severe pain. He did not perceive any sudden increase of pain or nervous shock, or sense of anything giving way while the cathartics were acting.

A careful examination of the abdomen failed to discover any tumor, or marked pain or tenderness on pressure at any point. There was a sense of soreness about the lower part of the abdomen, and a slight degree of tenderness on deep pressure in the umbilical region, but nothing more than the straining efforts at stool would occasion. The other organs were perfectly healthy, and his appearance at this time was that of a strongly-developed, vigorous man in the prime of life and weighing one hundred and eighty pounds. He was quite free from pain, with a pulse of 72, seemingly well, and only anxious about the action of his bowels.

No change took place in the patient's condition during the next week ; then he began to be troubled with tympanites, which, together with vomiting, became his most distressing symptoms. Hiccough also appeared about the end of the second week, and continued until the tympanites was relieved. As time elapsed he began to emaciate, and continued slowly but surely to lose strength and flesh, until toward the close he was literally a living skeleton. Not a particle of fat remained ; the muscles were atrophied and the bones almost protruded.

On the morning of June 27th the bowels moved spontaneously, and during the succeeding twenty-four hours the patient had an evacuation of a tarry-looking matter every hour, the quantity, estimated as accurately as possible, being about a gallon. He was quite conscious of the movements, but had no power to control them. On the two following days the number of operations and the amount diminished considerably, and on the fourth, fifth, and sixth days they did not exceed six daily, or four ounces in quantity at any one time. He continued to take nourishment in moderate quantities, notwithstanding an increasing ulceration of the mouth resembling cancrum oris, of which he had made but slight complaint previously. On the seventh day he suffered from the heat, appeared more feeble than at any previous time, declined nourishment, and could swallow only with excessive pain. At noon his bowels began to move frequently, and within an hour he had six loose discharges, more natural in color, but thinner, than any previous ones. These weakened him much, and as he still refused food it was evident

that the end was at hand. He rested fairly through the night, but sank away next morning, and died at ten o'clock, July 4th, nineteen weeks from the beginning of his illness.

For the week preceding the movement of his bowels, hiccough again appeared, and continued day and night with but very short intervals of rest. German wine was the only thing found to affect it favorably, and that but very slightly. The urine continued natural in appearance and free in quantity throughout, influenced a good deal, no doubt, by the liquid character of the nourishment.

Since his death it has been ascertained that on the Sunday preceding his illness he partook freely of oranges, and swallowed some of the seeds. His daughter was positive that after the bowels moved she detected them, quite black, in the stools. No autopsy was allowed.

*Treatment.* — When first seen, enemata were freely used. A calomel pill every two hours, followed by castor-oil and lemon-juice, repeated several times, and morphine to relieve pain, were given. On the fifth day of his illness the bowels had become swollen. Dr. Cheever being called in consultation, a rectal tube was passed high up, and copious enemata were given of oil of turpentine, castor-oil, and a gallon of warm water. Great relief to the swelling was experienced and continued four days, when the injection was repeated without producing any result. On the tenth day the tympanitic distention was enormous, and the patient was in imminent danger of death; the liver was pushed as high as the nipple, and the heart pulsations appeared between the second and third ribs. An attempt at inflation was made by Dr. Ellis, but without affording relief. The patient's condition was exceedingly critical at this time, and finally, two weeks from the beginning of his illness, recourse was had to aspiration.

The smallest needle of a Potain's aspirator was pushed through the abdominal parietes, an inch above the umbilicus, into the distended intestine, and the flatus pumped off precisely as fluid would be. In less than five minutes the tense condition entirely disappeared, and space was afforded the compressed lungs to expand. The pulse soon fell from 140 to 96, and the improvement in the patient's condition and feeling was wonderful. At this time, on consultation, it was thought best to make a mild attempt to procure a movement, in view of the fact that no positive indication of inflammation or mechanical obstruction could be detected. A tablespoonful of infusion of senna, with aromatics to neutralize the well-known griping tendency of that cathartic, was ordered every hour for twelve hours, opiates being withheld during that time. After half a dozen doses the stomach became irritable, the bowels began to roll and gripe, and the attempt was abandoned, morphine being again resumed.

Three days after, citrate of magnesia was given in small, frequently re-

peated doses, but the result was the same, and these were the last endeavors to obtain a movement by aperients. The administration of morphine was continued in quantities sufficient to keep the bowels quiet, and when distention became distressing the aspirator was used. After the first relief it was not again required for three days; gradually the period grew shorter, and towards the end it was often imperatively called for three and four times in twenty-four hours. It never failed to give decided, if not complete relief. During the sixteen weeks it was used one hundred and fifty times. The needle was introduced wherever a coil of distended intestine could be made out, and when that was emptied another prominent point was selected, until the abdomen became quite flat. During the earlier weeks, one introduction and careful manipulation of the needle, with frequent cleansing from liquid intestinal contents, was sufficient, but during the latter part of the time it was often found necessary to introduce it three or four times during a visit, in order to obtain complete relief. Several times a larger needle was employed, and through it the intestinal contents were repeatedly withdrawn to the amount of half a pint. Over a quart of dark, tarry-looking fluid was removed in this way.

No sign of general peritonitis followed the repeated punctures. There was perhaps a little local tenderness and possibly adhesion of the intestine to the abdominal parietes at the point most frequently selected, which was just above the umbilicus and in the median line. When a larger needle was employed, local anæsthesia was often produced by ether spray, or ice and salt. Abdominal distention caused distress in breathing, pain, high temperature, and rapid pulse. The use of the aspirator relieved all these and restored a condition of ease and comfort. Opium contributed to the relief of pain, but was powerless of itself to prevent or relieve the tympanites.

On May 8th Dr. Morrill Wyman saw the case in consultation with Dr. Bigelow and the writer, and performed the operation of inflating the bowels. It was done very carefully and thoroughly, but failed to afford relief. Three weeks after, it was again resorted to, the bowels being first completely freed of flatus. Various sorts of bellows were tried, and the air was passed high up into the intestine through a long tube. The operation was continued until Dr. Wyman was satisfied with its thoroughness, but no desired effect followed. The operation was painless, and the feeling of distention that followed was not more severe than the patient often experienced when needing the aspirator. Of course the distention could be only partial and confined to the part of the bowel below the obstruction. It lasted but a few moments; indeed, it seemed impossible to prevent the air escaping almost immediately after introducing it.

These were the only attempts made to relieve the difficulty by operative measures.

The patient was nourished throughout by a diet consisting of beef-juice, champagne, brandy, strained farinaceous gruels, nutritive enemata, minced fresh beef, and pancreas from a recently killed pig. These last mixed in nearly equal proportions in the shape of a soft sausage and placed in the rectum resulted in a partial digestion and absorption of the meat, and a sense of satisfaction to the patient's hunger. How much this sensation was real and how much imaginary I cannot say. Of course the object kept in view in the matter of diet was to obtain the maximum of nutriment with the minimum of residuum, and to get as much nourishment as possible into the system without loading the intestine above the obstructed point. What we needed to keep him alive was sufficient absorbing surface, and when this failed he died. The progressive emaciation showed that we were not able to supply the natural waste, and as the balance against us was constantly increasing, the end could only be death by starvation.

Twice a week on an average the patient vomited freely bile, gastric juice, and such drink as he had taken for some hours before. He always felt better after these attacks, and could take nourishment with more relish. A bottle of very dry champagne, from half a pint to a pint of beef-juice, a little meal-tea, and one or two injections, made up the average of nourishment daily when he was feeling comfortable. Half a pint of old brandy was substituted for the wine when he desired a change. Various sorts of stimulants were resorted to as variety became imperative, and among the most pleasant to him was German wine, which he thought occasionally relieved the distressing hic-cough.

The amount of opium was increased from a quarter of a grain of morphine, three times a day, at first, to twelve grains daily during the last weeks of his life. Earlier, it was given by the mouth, but afterwards subcutaneously.

The temperature seldom varied from 98°. When the patient suffered from distention and pain it increased a couple of degrees, but rarely went above 101°. The average pulse was 80. Distention would also send this at times to 140, but when that was relieved the pulse receded again to its average rate.

With regard to the question of diagnosis, so much could be said and so little known with certainty that I will glance at it very briefly. The previous history might with a reasonable degree of certainty exclude stricture and tumor, and the mild character of the symptoms, namely, the absence of shock, of severe constitutional symptoms, and of stercoraceous vomiting, would be thought sufficient to indicate the absence of an internal hernia. Intussusception was for a time thought of, and a twist or adhesion of two coils of intestine from a circumscribed peritonitis was considered possible. No definite diagnosis was or could be

made beyond the fact that the difficulty was not in the large intestine ; of that we felt sure.

*Remarks.*— This case was remarkable from its duration. It is believed to be the longest of its kind on record. The journals contain occasional reports of persons living three or four months without having an evacuation, and in one case (that of Milton Brooks, reported in the *Chicago Medical Journal and Examiner* of May, 1876) it is stated that the patient went eight months without a movement of the bowels. Such, however, were preceded by a constipated habit constantly increasing, the system gradually adapting itself, and life becoming possible under circumstances that at first sight would seem incredible. The subject of this paper was seized without preparation or warning, and yet for eighteen weeks life was prolonged. There were two reasons for this result : first, the mild character, if it may be so termed, of the obstruction ; and second, the use of the aspirator. The average of cases of bowel obstruction terminate fatally or otherwise in two weeks, and the longest known to the writer was that of a patient of Dr. Bowditch in the Boston City Hospital, who recovered after four weeks. Instances of recovery after six weeks' duration are also reported by gentlemen who saw this case in consultation. I have no hesitation in stating, and believe Dr. Ellis will indorse it, that my patient could not have survived many hours, if the distention had not been relieved, two weeks after his illness began. His life depended then and afterwards more on the use of the aspirator than on morphine, nourishment, and all the other treatment combined. Indeed, the point of scientific value in the case consists in the lesson it teaches of the importance of this instrument under similar conditions, without regard to cause. Its use was suggested by a case of like character seen with Dr. Cheever some years before. Here a fine trocar and canula were introduced repeatedly, and the size of the abdomen diminished somewhat, but not so completely as if a vacuum were created and powerful suction employed. I have tried the former method of treatment since, but it was not satisfactory. A small needle will also answer the purpose with the latter method, and a possible danger from larger ones is avoided.

It is not difficult to imagine cases where the result would be favorable if life could be prolonged, and the danger from tympanitic distention and the pain resulting therefrom avoided. The use of the aspirator, as in this case, will certainly accomplish these results.

The question of gastrotomy was considered and strongly urged by me after all reasonable hope of the bowels moving spontaneously had passed. My reasons were, that the operation had been successful in similar cases ; that the history, so far as it could throw light on the reason of the obstruction, did not prohibit it or render relief impossible ; that death was inevitable under existing circumstances, and that the question of a few

weeks of life should not outweigh the possibility of cure. Writers on this subject share these views, and recommend at least an exploratory operation.<sup>1</sup>

Drs. Cheever, Ellis, Hodges, Morrill Wyman, and Henry J. Bigelow saw the patient once or oftener, and during the last weeks Dr. Bigelow saw him twice a week in consultation.

The following note, embracing the important points of this case, has been received from Professor Bigelow : —

DEAR SIR, — There are one or two points in the case of Mr. Treanor to which I hope you will give prominence for the benefit of other physicians. Here was a man with complete intestinal obstruction for eighteen weeks. Whether due to diverticulum, twist, or intussusception, it is of interest to know that it did at last spontaneously yield. The patient was kept alive by treatment until it did yield. It is impossible to say what an operation would have accomplished. But an operation would have been a dangerous one. I think that, on the whole, the chances of recovery from operation in a common case, the duration of which cannot be foreseen, would not be as great as the chances of a spontaneous relief of the obstruction ; especially if the latter were treated by what may be fairly called the new method, employed and so far as I know first employed by you, in this instance. I refer to the systematic and daily use for months, sometimes twice in twenty-four hours, of the aspirator, to withdraw the imprisoned gas. The abdomen of this patient was at one part thus peppered with points like a surface affected with old scabies.

During the greater part of his illness, if a day elapsed without such interference, the abdomen became tympanitic and painful, the pulse rapid and small, the vomiting was increased, and indications of collapse showed that death was not far off. It was then curious to see the patient, who had learned from you how to find relief, call for the aspirator, select a prominent point, and insert the tube into his intestine, while one of the family pumped out the gas. It is no exaggeration to say that he was saved in this way many times from the death which patients with obstruction often, perhaps usually, encounter.

This is a new thing. Although the final and proximate cause of death was diarrhœa, its principal agent was simple starvation. The patient, once healthy and robust, retained a persistent appetite during most of his disease, and slowly wasted to a skeleton for the want of pervious intestine enough to nourish him. His abundant soups and stimulus were vomited every few days, inspissated and half digested, almost with the regularity of an alvine evacuation.

<sup>1</sup> Since writing the above I have seen reports of successful cases of gastrotomy by Drs. Hilton Fagge, Howse, and Jonathan Hutchinson in the *British Medical Journal* of January 1, and April 1, 1876, and a notice of a successful case after obstruction of thirty-nine days' duration, by Surgeon-Major Johnson, which the reporter had seen.

I know no case where the aspirator has been so freely used ; but it should be distinctly stated that the tube employed was the smallest (of the diameter No. 1, *filière* Charrière,  $\frac{1}{3}$  of a millimetre.) The patient dreaded the tube next larger in size,  $1\frac{1}{3}$  millimetre, which was inserted a few times, producing pain and tenderness. It is a little difficult to keep so small a tube free, but it is uncertain how far a larger one would be innocuous. Indeed, a German writer has within the last year wholly condemned the use of the aspirator in the intestine because it produced in his hands fatal results. Yours truly,

HENRY J. BIGELOW.

## AN UNUSUAL RECTO-VAGINAL FISTULA.

BY E. CHENERY, M. D.

THIS rather unusual case of rectal fistula, opening into the vagina, may be of some interest to others as it was to me, since I was obliged to treat it without being able to find any account of a similar case.

Miss S., twenty-eight, employed in a shop, had for some time been declining in health. She finally left work and came home to rest and try means for her restoration. Her symptoms were those of general debility, anæmia, and costiveness, to meet which she was advised to take an electuary of subcarbonate of iron and powdered Peruvian bark. It was hoped that the bark in this preparation would serve to overcome the habitual costiveness, as also the constipating effects of the iron. Contrary to expectation the mixture proved violently cathartic, attended with considerable irritation of the rectum and sharp pain and weight in the perinæum. Each dose being followed with like effects, but few doses were taken. The pain and irritation at the lower part of the bowel which had now begun did not fully cease. A small swelling soon made its appearance to the front and right of the anus, about an inch and a quarter from the anus and three quarters of an inch to the right of the perineal raphé. Following the bunch, a purulent and offensive discharge came on from the vagina, with occasional bubbles of air. In this condition she subsequently consulted me.

On making pressure on this tumor, which was somewhat larger than half a filbert, it was found that the matter escaped into the vagina and appeared at the vulva ; and a speculum revealed the fact that the outlet was on the posterior wall of the vagina, about two inches within.

The case was regarded as a rectal fistula in which the sinus had come to the inner surface of the skin and, instead of perforating it, had burrowed upwards outside of the sphincter vaginæ, and made its exit through the vaginal wall of the recto-vaginal septum, traveling a long way to go a short distance.