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HISTORY OF A CASE OF IMPACTED COLON.

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JULY 22, 1842, I was called to see H— W—, female, aged 13. Had been under treatment some months for diabetes. Found her of a pale, sallow, almost bronzed complexion; with harsh, dry, and cool skin; pulse about 70 in the minute, deficient in strength and fulness. She was petulant, yet indisposed to action or even ordinary motion. She made no complaint, but wished to be left entirely alone. She sat up much of the time, and seemed of small constitutional strength. Although my attention was directed by the parents to the disease of the kidneys, yet I inferred, as the result of my examination, that she was not then suffering from a too great flow of urine. The bowels were not markedly full, but were rather tense; there was no tenderness—no fulness over the bladder. There was a fulness over the region of the left kidney, which extended into the left hypochondriac region, and which, taken in connection with the history of the case, I supposed to indicate some anomalous morbid condition of the kidney. I was informed that until within a day or two the bowels had been regular, but that they were then constipated. Unable, from the appearances and history of the case, to form a satisfactory diagnosis, I deferred any further examination, and prescribed three powders of calomel and rhubarb to be taken every three hours, to be followed by a purgative draught of senna and sulph. magnesiae, and likewise directed the operation to be assisted by copious injections of soap water. Without, however, burdening this article with the extract of every day's entry upon my journal, suffice it to say that in a subsequent examination, had upon ascertaining that all the above-mentioned means had failed to produce any effect, it was discovered that the tumor, which I had previously supposed to be connected with the kidney, extended in the course of the colon from the cæcum to the rectum—that it was, in fact, an *impacted colon*. From this time every means, medicinal and mechanical, devised by the ingenuity of man, were made use of to remove the contained mass of feces, but without success. The stomach was insensible to the most stimulating cathartics. Antimony failed to nauseate or give pain, even when given in the largest doses. Mechanical distension was relieved by partial vomiting, or, perhaps I should say, by regurgitation; the patient having no sen-

sation of sickness. The soft parietes of the abdominal cavity were not affected by external stimulation. By the introduction of a flexible tube, the colon was washed out to the acute flexure in the left hypochondrium, but no force or perseverance could pass any fluid or bring away any fecal matter from beyond that point. In the first large evacuation procured by injection, probably from the sigmoid flexure, there came away a mass, which proved, after a thorough washing, to be raspberry seeds, one pint by measure. The girl, now thoroughly alarmed, confessed that about twelve days before I saw her, she had eaten as many berries, which grew immediately about the house, as she could, and that with the exception of a small evacuation the day after, she had not had, or felt any inclination to have, anything pass the bowels, but that fearing she would be obliged to take medicine, had daily deceived her mother—a deception easy until two days before I was called, as previously she had gone out every day. She grew gradually weaker, the pulse became quicker and more feeble, the respiration more hurried and labored. She did not appear to suffer from pain during the whole of her sickness, and was quiet until the 30th, when she was generally anxious and restless during the day, and on the evening of the 30th death put an end to so unequal a contest.

*Autopsy.*—I was unable to procure an examination of this body till the very hour before the burial services—thirty-six hours after death. Of course, for want of time, I confined my attention to the abdominal cavity. The general complexion of the body was dark, with a yellow tinge—a bronzed skin. The peritoneum was somewhat injected, and slightly studded with rose-colored spots. The stomach and duodenum contained various medicines, mixed with some food, and all but little changed; there was no appearance of inflammation about any portion of the alimentary canal. The liver was darker than natural, and much softened, as were all the glands of the cavity. The gall-bladder was of a natural size and of perfect integrity of structure, and about two thirds filled with a dark-colored bile of a jelly-like consistence; there was in the vicinity the appearance of a greater than usual exudation of bile. The kidneys, and especially the left, were enlarged and softened. But the principal object of interest was the colon. From the cæcum the ascending and transverse portions were largely distended and filled with a mass of a leaden or clay color, of the consistence of thick mortar, but possessing much greater adhesiveness; it had no fecal odor. There was not a uniform consistence to this mass—some portions, which appeared to have been originally lodged in the pouches, being firmer, and requiring a strong thrust with the handle of the knife to break them. The density, at the acute flexure in the left hypochondrium, was likewise greater, shutting up the intestine at that point, as by a valve. The pouches of the colon were obliterated, and the whole organ seemed to have lost its elasticity. A glance at the thoracic organs sufficed to show that there was no morbid alteration of structure in them.

I would remark, in conclusion, that I could not discover any exciting cause for the above-mentioned results, save the eating of so many berries

on the 10th of July. But here the great difficulty is not solved. We find it difficult, if not impossible, to form an opinion upon the antecedent condition of the primæ viæ rendering it so susceptible to impression—or the state of the brain and nervous system, animal or organic, contributing to the result; upon the nature of the shock produced upon the system by the introduction of that quantity of crude vegetable matter; or upon the existing state of the system from the 10th to the 30th; that there should have been no nervous sensation, answering to the pressure of so much fecal matter in the rectum and colon, and that there should not have been produced pain or uneasiness by the administration of the most irritating articles of the materia medica. Interesting questions might be multiplied, but they will occur to the minds of any who may read this article.

TH. R. CROSBY.

Meriden, N. H., May 7th, 1844.

P. S.—It may perhaps be asked by some, whether this case might not have demanded an opening into the cæcum, and the forming of an artificial anus? The reasons which prevailed to leave untried such an operation, were the previous health of the patient, the extent to which the colon was impacted, and the paralysis that existed throughout the entire alimentary canal. *Query*—Did death ultimately occur in this case by the extension of the paralysis?

## EPIDEMIC ERYSIPELATOUS FEVER.—NO. V.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.]

**PUERPERAL FEVER.**—In the form of epidemic puerperal fever the disease appeared at Lyons, in the *Hotel Dieu*, in the year 1750, and made shocking havoc among the puerperal women, and Ponteau regarded it as an *epidemic erysipelatous inflammation of the peritoneum*. The same opinion of the nature of this affection was entertained by Dr. Lowder, and Drs. Home and Young of Edinburgh, who saw the disease in its epidemic form in the lying-in wards of the Royal Infirmary. How so clear-minded a writer as Dr. Gordon, in his account of the disease at Aberdeen, could have arrived at the conclusion that the erysipelas and puerperal fever were "*concomitant epidemics*," since he avers that "*a very frequent crisis*" of the puerperal fever was "*by an external erysipelas*," is really unaccountable. A change of location does not imply a change of character, but, on the contrary, a change of place implies an identity of character. Otherwise, a metastasis or re-percussion of disease is an incongruity.

In epidemic erysipelatous puerperal fever this metastasis occasionally has occurred. When it passes from the internal location to the surface, it denotes a favorable event. Dr. Nunneley, in his treatise on erysipelas, refers to Dr. Hutchinson, of Nottingham, who had observed two cases of