DR. SNOW'S CASE OF STRANGULATION OF THE ILEUM.

Original Communications.

CASE OF STRANGULATION OF THE ILEUM IN AN APERTURE OF THE MESENTERY.

BY JOHN SNOW, M.D.*

The subject of the following case was the patient of Mr. Marshall of Greek Street, and I am indebted to him for the following account of her illness, having seen her during life myself only at his last visit.

Mrs. Oliver, 24 years of age, of good constitution, in the 8th month of her first pregnancy, arrived at the office of Dr. Snow on Saturday morning, March 21st, 1846, with rather severe pain, extending over the whole of the belly, of an intermittent character, being increased at intervals varying from a quarter of an hour to half an hour. There were sickness and vomiting, but little or no tenderness on pressure of the abdomen. The pulse was about 80; the bowels had been moved by castor oil. She thought her labour was coming on, but the os uteri was not at all dilated. Supposing the pain depended on irregular spasmodic action of the intestines, a grain and a half of opium, and a carminative mixture, were administered. In the evening the pain had somewhat abated, and the vomiting had nearly ceased.

22d.—She had slept very little during the night; the pain was as severe as on the previous morning, with shorter intervals of intermission, and the vomiting had returned. Opium was continued, intervals, and efferescing and cathartic draughts. In the evening the breathing was accelerated, and the pulse was upwards of 100: there was slight distension of the bowels from flatulence. An enema was administered, and was followed by what the nurse considered to be a copious and healthy motion, but it was not seen by me. She now complained of thirst.

23d.—She had passed another restless night. The pulse was now 120, and full; the breathing extremely hurried, and the thirst very great. The countenance was anxious. Sixteen ounces of blood were abstracted from the arm, to the great relief of the dyspepsia; the pulse became small and weak, but was not diminished in frequency. To take calomel and opium, and efferescing draughts. The stool was repeated, but no faecal evacuation followed.

24th.—The vomiting continued, and during the night a considerable quantity of dark green liquid was brought up; not, however, having a faecal odour. There was a little tenderness on firm pressure, and great tympanitic swelling of the abdomen. The countenance was somewhat improved since yesterday, but the pulse was very rapid—140. A repetition of the calomel, and a continuation of the calomel and opium, and the fomentations which had been employed throughout, were directed. She died four hours after this visit, on the 4th day of her illness.

Examination 24 hours after death.—The abdomen was tympanic and very much swollen, and a great quantity of dark green liquid similar to that which had been vomited, had flowed from the mouth after death. As soon as the peritoneal parietes were cut through, several pints of red serum flowed out. The stomach and small intestines were extremely distended with flatus; the only symptom observed was a little of a creamy consistency between two folds of small intestine in the centre of the abdomen; this part of the intestine exhibited a reddish surface externally: the rest of the intestines were nearly of the natural pale colour, except the last portion of the ileum, about 18 inches of which were of a deep purple, approaching nearly to black, and lay in folds in front and to the right side of the ascending colon. The contents of the uterus being removed in order to bring this part more clearly into view, these folds of ileum were seen to be bound down just in front of the junction of the cæcum with the colon, and constituted as closely as if a thread had been twisted tightly round them. The hand which held them down did not seem thicker than the smallest hempen twine; one end of it was constantly with the peritoneum covering the vermiform appendix at about three-fourths of an inch from its commencement, and the other with
the peritoneum covering the ileum, about an inch from its termination. The appendix vermiciformis was doubled on itself at the junction of this band, and the process of peritoneum inclosing it was dragged upwards, so as to give the appearance of a tight ligament, extending from that point to the upper edge of the pelvis, in front of the right sacro-iliac synphysis. On Mrs. Marshall's attempting to pass his finger under the band, it gave way, and liberated the strangulated ileum, but the parts still remained in an unnatural position: the ascending colon was twisted on itself, so that the cæcum was exposed with its inner edge outward, the ileum entering on the outer side, and the origin of the vermiciform appendix being on the anterior and external side; these intestines, however, were readily removed into their natural places. The coats of the dark-coloured portion of ileum, which had been strangulated were much swollen from the great congestion. The stomach was pale externally; its mucous membrane was ashly brown, and gave way under the fingers. This viscus, and the duodenum, contained dark green fluid, and the jejunum and the ileum, down to the stricture inflected, contained a good deal of yellow liquid faces; the colon was empty. The head of the foetus was closely fitted to the cavity of the pelvis, and the os uteri was dilated to the size of a half-penny, the membranes being unruptured.

On examining the preparation which accompanies this paper, it will be found that the vermiciform appendix is enclosed within a double layer of peritoneum, which forms a kind of broad ligament, which is attached above to the cæcum and ileum, and was attached externally and inferiorly to the iliac fossa and brim of the pelvis. The hand could be passed behind this expansion. On the external side of the vermiform appendix there is an aperture in this membrane, with defined edges, through which the thumb can be passed, and behind the

The recorded cases which I have been able to find that most resemble this just detailed, follow as an appendix, but the authors do not offer any opinion as to whether the apertures were congenital or not: there is, however, one case of strangulation related by M. Moscati, p. 468, of the 3d vol. of the same Mémoires. In that case the ileum gave off a branch 24 feet previous to its termination, in the form of a funnel, terminating in a ligamentous band about 5 inches in length, and attached by its other extremity to the mesentery, leaving an opening through which some loops of the ileum became strangulated. This branch, I conclude, was the remains of the ductus omphalo-meconium.

Mr. Thomas Morton and Mr. Prescot Hewett have informed me that they have seen the appendice vermiciformis enclosed in a fold of peritoneum forming a kind of broad ligament.

I subjoin two cases translated from the Mémoires of l'Académie Royale de Chirurgie:

"M. de la Faye informed us in 1750 of a strangulation of the intestine by a similar band. Being invited to assist at the opening of a body in order to make a report in concert with the surgeon in attendance, he learned that the subject, who was newly married, had died in thirty-six hours, notwithstanding all the assistance that could be rendered him in that short interval.

The belly was swelled out like a balloon; on its being opened the cause of death was evident. On going over the intestines with care, there was remarked, an inch from the termination of the ileum in the greatest width, a band of the thickness of a strong thread, and of three finger-breadths in length, attached on one side to the appendix cæsi, and on the other to the part of the mesentery nearest to that intestine. The ileum had passed under that band to the extent of a foot: the strangulated portion was collapsed and inflamed. From the stomach to the seat of strangulation the intestinal canal was very much distended, and the part beyond the stricture was in the ordinary state. The band must have been vascular, for it was black and already gangrenous, so that it required only the slightest effort to break it. If the patient could have lived till the rupture of this band had taken place, he might possibly have recovered." —M. Hevius in Vol. 11.

On the 18th April, 1783, M. Sanceschiotto, Surgeon in Ordinary of the late King of Poland, Duke of Lorraine, opened the body of a man who had been brought to the hospital the evening before. He had been ill nine days with the usual symptoms of strangulated hernia; although there was no appearance of it externally. The pulse had always been small, with severe pain in the right lumbar region. There was an annular opening in the mesentry of a ligamentous consistence, through which had passed the eviscerated bowel with a part of the colon, and a greasy stool was formed after the operation. The patient continued to get worse; and there was a profuse vomit, preceded by occasional hiccough, no pain or tenderness of the abdomen; countenance depressed; pulse not much accelerated, and of good strength; urine rather diminshed in quantity, but not considerably so; tongue moist; thirst. A large quantity of warm water, with some turpentine, was thrown into the colon with the long tube; it immediately returned without any facial matter, but occasioned an escape of flatus, which afforded some relief. Afterwards 5 gr. of colomel were given, but the hiccough was not allayed the vomiting for a time, but did not produce any evacuation. He says that several years previous he was affected in a similar way, and that the constipation continued for five or six days, the greater part of which time he was obliged to lie on his back, in consequence of an injury. A dose of castor oil and turpentine was given, but immediately rejected by the stomach. He continued to get worse: the vomiting and hiccough were incessant. Expressing a desire to be placed on the night-chair, his wish was acceded to, but nothing passed.

On the morning of the 10th, the long tube was again used: it passed up freely, and a very large injection of warm water and turpentine was given. On the injection returning, there was a pretty free discharge of dark-coloured fluid faces. The vomiting and hiccough continued, but were temporarily relieved by ether and opium; and the bowels acted freely several times. He became gradually worse, and died on Monday, the 12th.

For the last two days it was requisite to draw off his urine, which was abundantly secreted. The vomiting, hiccough, and tympanitine, continued to the last, but without pain or tenderness of the abdomen.

Autopsy.—Intestines generally distended: no trace of peritonitis. On pushing the small bowels on one side, a tumor, about the size of a duck's egg, was observed lying on the pelvis, and connected with the great omen- tum, which it dragged down, and formed a band of cord, which passed in front of the large bowel at the commencement of the rectum, pressing it against the posterior part of the brim of the pelvis. When on his back the tumor would necessarily fall into the cavity of the pelvis, and cause the cord of the omentum above described to exert so much pressure on the bowel as to impede its functions. On further examination, the tumor was found to be a supplementary spleen, enclosed between the layers of the omentum, and receiving for its supply one of the divisions of the splenic artery, which, in fact, divided into two branches—one to each spleen.

The close case is chiefly interesting in a physiological point of view. Pathologically regarded—(beyond the circumstance of death being caused by the first biliousness, the first portion of the omentum)—it possesses no feature of practical interest, as there were no means of ascertaining that this pressure was caused by the position of the patient and that of the supplementary spleen. It is, however, interesting as being one fact more and one of anomalous cases of the kind on record. Singularly enough, accidental change of posture on the part of the patient would have removed the mechanical obstruction and saved life, as it seems to have done in the previous attack of constipation.

The spleen of these spleens is a well known physiological fact: their occurrence, however, is very rare. Their varieties are numerous, and they are usually found in the lower extremity of the organ, not far from the fissure, either in the gastro-splenic ligament, or in the omentum in the present instance, in the great omentum. Their form is commonly round. That found in this case was in shape precisely like that of the spleen itself, and that it was identified in structure will appear from the following statement, for which I am indebted to Dr. Inman, who was so kind as to examine it microscopically for me:—The spleen you exhibited last night possesses conclusive proofs of identity in the peculiar disposition of the arteries and veins in its tissues—in its well-marked fibrous and trabecular character and the remains of the Malpighian corpuscles;—

Dr. Wardell on the Scotch Epidemic Fever of 1843-44.

By John Richard Wardell, M.D. Ed.

Late President of the Royal Physical and Hunterian Medical Societies.

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[Continued from p. 794.]

The subjoined case of Donaldson forms another good exemplification of the yellow affection.

Case VII.—Severe form of the yellow affection terminating fatally.

James Donaldson, age 55, a shoemaker, from Campbell's Close, High Street, admitted Nov. 22, 1843.

States:—Five days ago (Nov. 23d) had a rigor, which was succeeded by the usual initial symptoms of the epidemic.

On admission, complains of muscular and arthritic pains, tenderness at epigastrum, with nausea, and occasional vomiting; yellow of the urine, covered with a dark green, bilious-looking liquid. Skin generally is of a yellow tint, and taches adnata of a similar hue; tongue covered (except at apex and edges) with a thick yellowish brown coat, but generally moist; urine high coloured, and stool reported to be dark. Skin feels hot and hark to the touch; says he has slept badly for the last two or three nights; has a good deal of headache, which is referred chiefly to the frontal region; bowels confined; pulse 108, rather compressible.


Vespera.—Symptoms a good deal the same as those in the description of his case at noon; bowels not moved, and head feels hot.

Cloths immersed in cold vinegar and water to be frequently applied to the head; and the cathartic infusion may be repeated if the bowels be not open in two hours time.

Nov. 29th.—Complains of a good deal of pain in the head; conjugates of a deep yellowish brown; skin generally of a bright lemon hue, being most distinct upon the neck, chest, superior extremities, and abdomen: