Extracted from The American Journal of the Medical Sciences, March, 1904.

TUBERCULOUS STRICTURE OF THE ASCENDING COLON, WITH SUDDEN TOTAL OBSTRUCTION OF THE BOWEL; PERFORATION OF THE INTESTINE; REMOVAL OF THE CÆCUM AND HALF THE ASCENDING COLON; RECOVERY.

By Thomas S. Cullen, M.B.,

Associate Professor of Gynecology, Johns Hopkins University, Baltimore, Md.

The careful and exhaustive articles bearing on lesions of this character that have already appeared render it superfluous for me to enter into a detailed consideration of the subject. Before describing the present case, therefore, I shall merely enumerate briefly the salient pathological and clinical features of the disease. Those wishing to study the subject fully are referred to the interesting articles of Henri Hartmann and Pilliet,[1] and Reclus,[2] in the French; of Hofmeister,[3] Adolf Hartmann,[4] and Gross,[5] in the German, and of Lartigau,[6] in this country. Hofmeister has tabulated all the cases he could find in the literature, and his consideration of the subject is most thorough, while Baumgarten, through his students, Hartmann and Gross, has contributed not a little to the pathological aspect of this disease. The works of Lartigau and Hofmeister should be carefully read by all particularly interested in this class of cases.

Tuberculous ulceration of the intestine is relatively frequent, as evidenced by the findings at autopsy, but stricture of the lumen of the bowel following as a result of this condition is somewhat rare. Hofmeister says that Eisenhardt, in 1000 autopsies on tuberculous patients, found intestinal lesions 566 times. In only 9, however, was there a more or less definite stricture of the bowel.

Tuberculous strictures of the bowel are usually single and situated at the ileocæcal valve. The cæcum is converted into a sausage-shaped mass, which is adherent, as a rule, posteriorly and occasionally laterally. The omentum, although at times adherent to the

[1] Note sur une variété de typhlite tuberculeuse simulant les cancers de la région, Bull. de la Soc. anat. de Paris, 1891, vol. lxvi. p. 471.

[2] Typhlite et appendicite tuberculeuses, Cliniques Chirurgicales de la Pitié, 1894, p. 317.

[3] Ueber multiple Darmstenosen tuberkulösen Ursprungs, Beiträge zur klinischen Chirurgie, 1896, Bd. xvii. S. 577.

[4] Ein Fall von tuberkulöser Darmstenose, Inaug. Diss., Tübingen, 1897.

[5] Ueber Stricturirende Darmtuberkulose, Inaug. Diss., Tübingen, 1901.

[6] Journal of Experimental Medicine, 1901, vol. vi. p. 23.