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INTERNAL OBSTRUCTION OF THE BOWELS.

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CASE I.—August 12th, 1883. G. L., male, æt. 25. Always healthy. Never laid up by illness in his life. Ate some green peas at yesterday noon, and a quantity of ham in the evening. Was seized with violent pain in the abdomen at 1 a.m. A free movement of the bowels took place at 3 a.m. Pain continued and vomiting then also began. 30 drops of laudanum were administered by a friend, but with little relief. Was visited by me at 8 a.m., when I gave $\frac{1}{3}$ gr. of morphine hypodermically. This kept the patient pretty easy till noon, when half an ounce of castor oil with 30 drops of laudanum were taken. At 5 p.m. the pain became so severe again that I repeated the morphine as before.

Aug. 13, 8.30 a.m.—Pain returned early this morning. Vomiting is frequent and copious, and no motion of the bowels has occurred since yesterday morning; morphine repeated, also half a drachm of spirits of turpentine in warm soap and water administered in the form of an enema; to be followed in half an hour, if no action of the bowels, by a quart of warm water. Turpentine stupes externally.

8 p.m.—Free vomiting during the day, though only 2 or 3 cups of tea have been swallowed. Vomited matters are of a sour taste and smell, and also very bitter. No flatus has passed per anum since the attack began; neither has any of the enemata come away. Pulse, 104; temp. in mouth, 99.8°. Little or no abdominal distension. Pain and tenderness are greatest in the epigastric region. Morphine repeated in the arm. Also

ordered a pill of $\frac{1}{3}$ gr. morphine and $\frac{1}{2}$ gr. of ext. belladonna, to be given pro re nata. To have only iced milk and lime water in small quantities.

Aug. 14, 10 a.m.—Rested pretty fairly till 3 a.m., when the pain and vomiting returned. Has taken 6 of the pills since that hour, but probably several of them were vomited. The amount of greenish sour fluid ejected is still large, though little ingesta is taken. The urine has been very scanty from the first. Pulse, 96; temp. 99.2°. Face looks somewhat pinched. Hypodermic injection of morphine repeated. To suck bits of ice and swallow little else.

12.30 p.m.—Comfortable since morning, and not much vomiting. About 3 quarts of warm water administered very slowly as an enema through a long tube. No great amount of force was required to inject it, but the patient complained of a good deal of pain at the last, and I then desisted. He then got up and passed about two quarts in gushes. Little or nothing came away in the water. Ordered a suppository containing $\frac{3}{4}$ gr. of morphine and 1 gr. of ext. of belladonna pro re nata to relieve pain.

8.30 p.m.—Vomiting continues. Used one suppository about half an hour ago. No further motion from the bowels. Abdomen seems to be growing flatter, especially from umbilicus downwards. Pulse, 108; temp. 99.5°.

Aug. 15, 9 a.m.—Rested fairly well without any more opiate. Vomiting not quite so frequent, but the fluid thrown up has an intestinal odor. Had some hiccough during the night. Feels less pain; no improvement in facial expression. Pulse 96, small and compressible; temp. in mouth, 97.5°; in rectum, 99°.

11 a.m.—Dr. Coburn, of Fredericton, saw the patient with me, and agreed in the opinion that there must be some intestinal obstruction. As, however, he had been rather freer from pain and vomiting, and some flatus had passed per anum. for the first time this morning, it was deemed advisable to wait a few hours before operating. Pulse, 120; temp. in mouth, 99.8°; in rectum, 101°. Extremities rather cool.

8 p.m.—Vomiting of intestinal—smelling matter continues. Pulse 128, feeble; temp. as before. Mind has wandered at times during the day.

Operation (by lamplight).—Chloroform, followed by ether. Assisted by Dr. Coburn, and Messrs.