

Clinical Reports.

INTESTINAL OBSTRUCTION FROM GALL-STONE.¹

BY

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I saw Mrs. A., 43 years of age, married, multipara, for the first time on Sunday, 10th April, 1898. She complained of nausea and vomiting, abdominal pain and constipation. Her previous health had not been good. At 18 years of age she suffered from acute inflammatory rheumatism, with endocarditis, resulting in mitral valve disease. For many years she had frequent attacks of hæmoptysis. She has had four living and four still-born children.

In the winter of 1896-7 she suffered from an attack of what her family physician diagnosed as appendicitis. At this time she was confined to bed for three months. She tells me, however, that the pain and tenderness during this attack were high up, more in the region of the gall-bladder than of the appendix vermiformis. Since then she has never been free from soreness in the right hypocondrium, aggravated by exercise and cold.

The present illness began with vomiting on the previous Friday, and had kept up almost continuously during Friday night and Saturday and Saturday night. She had taken of her own accord a dose of salts and two enemas of soap-suds, without much effect, as only one small stool had passed after the first enema. Notwithstanding medical treatment, and the stopping of food by the mouth, the vomiting continued during Monday and Tuesday. On Tuesday evening her general condition, which up to this time had been good, began to fail. The pulse became more rapid, the temperature rose to 100°F., the abdomen was perceptibly distended and there developed tympanies, with general abdominal tenderness and a most anxious expression of countenance. The vomited matter was of a green bilious character, and very abundant. At no time had it any faecal odor.

I decided that I had to deal with an intestinal obstruction; that I had already done all that could be done by medical treatment, that my patient was entering upon a condition in which any operative measure

¹ Read before the Montreal Medico-Chirurgical Society, April 29, 1898.