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INTESTINAL OBSTRUCTION FROM GALL-STONE.*

"GALL-STONE ILEUS."

A PITFALL FOR THE PRACTITIONER.

BY

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I AM well aware of the rarity of this condition, but rarities often become comparatively common when they are better understood, and it is highly probable that many cases set down as gastritis, or recurring colic, or vomiting of undetermined origin, or intestinal indigestion or other conditions that occur to one may really be examples of overlooked obstruction from impacted gall-stones. In the early days of the Great War I was very much impressed by a fine old colonel whom it was my privilege to look after in what unfortunately proved a fatal illness. He was one of those who came under the category of "dug out," but as with many others so designated, I learned to respect and admire him. This old soldier told me that since his retirement he had made a practice of rising at six o'clock every morning, just in case he might be called up again for active service, and in order that he would be quite ready to take up his duties when the summons came! That is a good attitude for us all, for it is only by being ready to recognise and to deal with unusual conditions that we can feel ourselves equipped for the work we have been called upon to do.

Now I suggest to you that this condition is perhaps not so rare, and I am forcibly reminded of this by the circumstances of a recent case—that of an old doctor who had laboured long and honourably until in his 77th year he became affected with a very trying skin condition. When

he seemed to be recovering he was suddenly seized with the most violent abdominal pain and vomiting, and appeared to be *in extremis*. He told his housekeeper that he was sure a stone had passed into the bowel and had become impacted, and insisted that I should be summoned. In a few hours he had apparently recovered, but vomiting went on at intervals, and was often intestinal in character, and whenever he appeared to be nearly well the trouble returned, until he finally died. I shall always regret that I did not accept his diagnosis and open the abdomen, and that a post-mortem examination was not made, for I feel quite certain that he was right, and that a gall-stone was attempting to traverse the intestine.

Before dealing with the features of gall-stone ileus, I want to say something about intestinal obstruction in general, because I recognise that I am addressing post-graduates whose didactic teaching was probably received a good many years ago, when the picture of intestinal obstruction was painted from a later stage than we are accustomed to recognise to-day. The old picture was of a patient who had passed neither flatus nor fæces for days, and by whose bedside was a bowl filled with horribly smelling intestinal contents which was constantly being regurgitated. The abdomen was greatly distended, and too often the patient had sunken eyes, cold clammy skin, subnormal temperature, and a feeble-running pulse.

This really represents a condition in which symptoms from the absorption of toxins have been added to those of purely mechanical obstruction, and is a state preceding death. Quite often, when asked to see cases, I am confronted by the statement that the vomit is not fæcal, the suggestion being that the case cannot be one of obstruction because of this omission, or that if obstruction exists, it cannot at all events be of a serious nature. In this connexion let me quote some very wise words that were written long ago by my friend, Mr. Sampson Handley, words which one recognises as very true, and which ought to be remembered as a help to the understanding of this subject.

* A lecture delivered to post-graduates under the auspices of the Fellowship of Medicine.