AN ANALYSIS

OF

A Few Cases of Abdominal Disease,

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An Analysis of a Few Cases of

ABDOMINAL DISEASE,

By W. C. VAN BIBBER, M. D.

It would of course be out of place here to attempt a systematic treatise upon any particular class of diseases; but in the archives of our State Society, some record should be preserved of rare forms or unusual cases of disease which may have been observed amongst us. It is incumbent upon each member of this Society to show, as far as it is possible, that he is not only endeavoring to keep up with the advanced ranks of medical progress, but that he has also a hearty desire to be numbered with those who are laboring in the field of original inquiry. Certainly, neither the study of medicine, nor its practice as an art is likely to stand still in this age of industrious men and women. Writers upon medical subjects, as well as practitioners, are surrounded by critics who are most active, intelligent and observant. General physiology is well and widely taught; the names, actions and uses of remedies are familiarly known as a favorite study; female physicians and educated nurses lend their efficient aid to the cure of disease: and therefore it is necessary to be most careful both as to what is written and what opinions are orally expressed.

It is not worth while at present to argue the point whether or not the many specialties or subdivisions into which the study and practice of medicine are now divided, are in reality a gain to the public, to science, or to the practitioner. Students and practitioners, as well as those to be relieved, are all equally intent upon this subject. There are many members of this Society who have traced the rapid progress of this change in the plan of study and the way of practice of our profession. Those who may be

considered the older members here have watched the migrations of their patients from the quondam "family physician," and if they themselves have not chosen to follow in the flowing current of special study, they may soon find themselves temporarily beached near the headwaters of primitive medicine. Yet the old status of "The Physician" has its pleasing reminiscences, and should not be allowed to pass away and be forever extinguished without a sigh of regret or an attempt to rekindle the fires of its existence. The present mode of studying the profession by sections, as it were, may have its day and may fulfil a good purpose. Hereafter, the knowledge now being accumulated and recorded may by some competent mind be so generalized that new principles may arise, and again, give a different direction to the study of medicine.

It is in a society like this, composed of honorable members, both old and young, where the truth of these remarks can be fully appreciated. Here each one of us has a hearty desire for the advancement of one profession. Here a personal interest in the standing of each and all of the members of the Society is felt to be a bond of union. Here, therefore, the teachings of the specialists, and the observations of those whose first trainings were in general practice, may mutually assist and correct each other.

There is one class of diseases upon which all physicians, both general practitioners as well as those who have devoted themselves to any of the special studies, are agreed, or rather are obliged to hold as common ground — that is, diseases of the digestive organs. These form a link to bind the profession together, even as the function of digestion is the common source of life, reproduction and repair. I will now invite your attention to an analysis of eight cases which happened in my own practice, in all of which the diseases occurred in the organs of digestion. My time for doing this, according to the rules of this Society, is short; nor do I wish to lay too heavy a tax on your patience. I shall therefore make but few if any references to authorities, but will only describe such things as have come under my own observation, some of which are rare, others very common, but all, I trust, may offer something suggestive and noteworthy.

Case I.— Rev. Mr. P., aet. 48, was born in Germany, but for many years had led the life of a student and missionary in this

country, having been sometimes engaged in sedentary employment, and at others in labors of the most active kind. He had been engaged as missionary upon the Western frontier, and in miasmatic regions of the Atlantic slope. He had suffered from attacks of both remittent and intermittent fevers. His constitution had become so much impaired by the effects of malaria, that for several years before the violent attack about to be related he had lost energy and suffered from indigestion. This latter trouble was manifested by irregular attacks of colic. These, although slight at first, had gradually become more frequent and violent.

In May, 1874, he became deeply jaundiced, after an attack of colic, which had lasted longer and was more violent than any which had preceded it. Notwithstanding the most active treatment at the time of the attack, the jaundice continued. In June, 1874, I saw him for the first time. He was then salivated. The skin, the conjunctivæ, and the mucous membrane of the mouth, were of a peculiarly deep yellow, and all objects within his range of vision appeared of a yellow tinge. The urine was loaded with bile. The alvine evacuations were white. He had mental depression, and frequent abdominal pains, both of which were always greatly increased after eating. He had anorexia, pyrosis, frequent vomitings, and progressive emaciation and debility.

Mr. P. was under my professional charge twelve weeks, during which time several plans of treatment were devised for his relief. It may be well to enumerate some of them, as also the reasonings or theories upon which they were based. The diagnosis was an obstruction to the *ductus communis choledochus*, and the first object was to remove this if possible. One of the most efficient and certain means of removing local indurations is by the exhibition of mercury. There are certain forms of circumscribed plastic exudations or neoplasms, upon which the constitutional effects of mercury seem to have a wonderful power. So far as my experience extends, there is no known remedy which has the same effect in some cases of this kind. It is not used now as much as it was formerly, nor are its effects carried to the same extent. I was not responsible for the salivation in this case, but as before stated, I found him in this condition. On this account the potass. iodide was the first remedy used, and this was given with a view of still

further effecting molecular changes, and thus aid in removing the obstruction. Warm poultices were placed over the liver at night as an adjunct to this treatment, and seltzer-water was used as a drink. All fatty or oleaginous substances were excluded from his diet. Moderate exercise was allowed, and friction over the surface of the skin was used in order to retain the activity and vigor of the general system. This plan of treatment was steadily carried out for six weeks, but did not in the least change the nature of the symptoms or the aspect of the case. It was then abandoned. The next plan adopted for his relief was warm bathing and the exhibition of quinine. The baths were given twice daily, at the temperature of 98° F. in the morning, and 99° F. at night. Quinine was used for its general tonic effect, as well as for its specific action on the liver and spleen. It was given by the stomach, hypodermically, and by friction upon the skin. The amount given daily varied somewhat, but a moderate cinchonism was kept up for two weeks. No change in the patient was observed from this mode of treatment. After having patiently carried out these plans of medication, the other remedies used *pro re nata* during the course of his disease were strychnia, bismuth, and pepsin. These were given singly, and in different combinations. No very marked change occurred at any time in the condition of the patient until the latter part of August, when he died rather suddenly, from exhaustion, during a heated term.

Prof. F. T. Miles made the autopsy eighteen hours after death. All the normal white tissues of the body were found of a deep yellow color, and every organ examined was changed in its color by the retained bile. The head was not examined. The viscera of the thorax were healthy and normal, excepting in color. The same may be said for those of the abdomen, all of which were of normal size, weight and consistence, excepting the ductus com. chol. This was obstructed by a small, hard body, not much larger than a Lima bean. This occupied the place of the duct, and completely obliterated its canal. It was removed, and examined by section and microscopically. There was no reason to suppose from the microscopic examination that it was a malignant growth; that is to say, no cells which are not known as belonging to the normal tissues of the body were detected in its substance. Its centre was

not gritty, as if it had been a calculus; none of the adjacent tissues or surrounding organs, except the walls of the duct, were implicated in the hardness. It was situated but a few lines from the duodenum, and the minute portion of the duct between the hardness and the duodenum was healthy. I know of no post-mortem examination on record exactly similar to this one. Here the small lesion which has been described, was certainly the cause of a prolonged disease, and the primary cause of death. What was the nature of this obstruction, and how had it been formed in the duct? It could not have been originally an impacted gall-stone, like those which have been heretofore analyzed. I believe it was either some new compound, or a clot of blood, which, owing to its long continuance in one place, from the result of pressure, and from peculiar morbid actions, had become so changed and amalgamated with the walls of the duct as not to be separated or distinguished from it. So small was the offending body, that had not the light of physiology foretold its situation and existence, or had the anatomist been one less skilful and intelligent, it might easily have escaped observation in the ordinary manner in which post-mortem examinations are often made in private practice.

Case II.— Mrs. ———, aet. 58, weight 110 lbs; had, when in health, an unusually clear complexion. She is the mother of several children. Enjoyed good health until five years ago, when she had, during the fall of 1871, a well-marked attack of tertian intermittent fever. During the winter of 1871 and 1872 she had frequent attacks of remittent fever; quinine was used freely, but failed to restore her health. In the spring of 1872 violent attacks of colic began to be frequent; these always terminated in jaundice, more or less intense. The diagnosis was "biliary calculi," although no gall-stones were ever found in the alvine evacuations. In April, 1872, an attack of colic occurred, which was more severe than any one which had preceded it. The accompanying jaundice was also more intense, and did not disappear. The urine became loaded with bile, and the alvine discharges were white. Repeated attacks of colic now succeeded in quicker succession than before, and the diagnosis of malignant disease involving the ductus communis choledochus was given. She was supposed to be beyond the possibility of recovery. It was at this time, and in this

extreme condition, that I first saw her. The first suggestion made in her case was, that fats and oils should be excluded from her diet. Skimmed milk, oat-meal, cracked wheat, brown bread, and toast water were the articles selected for nourishment. These gave great relief. This diet was continued five months without an attack of colic. The patient improved in vigor, left her bed, and commenced driving in the open air. During a visit at one of the sea-side summer resorts in 1873, an eminent physician advised a change of diet, and recommended the use of nitrogenous and oleaginous food. It is to me one of the instructive points in her treatment that this change of diet was well borne, and even seemed to be beneficial before there was any evidence that the passage through the duct. com. chol. had been reëstablished. Attacks of colic have been more frequent since the diet was allowed, yet the general vigor of the system has improved. Coincident with the change to a nitrogenous diet, a distressing pruritus occurred, which still exists. Gradually the coloring matter appeared in the alvine discharges, and the urine became proportionably clearer. The skin is still of an unnatural yellow, but many shades lighter than before the bile passed naturally into the intestine. The sclerotic æ are now white, as a rule, but become yellow in a moderate degree during, or after, the attacks of colic, which occasionally recur, without oftentimes an appreciable cause. It would be tedious beyond your endurance to enumerate successively all the plans of treatment which have been resorted to for the cure of the jaundice and the relief of the agonizing pruritus. It would give a high value to this paper if I could select from the number even *one* which had been prominent in usefulness. The advantages gained have been so gradual in coming, the plans of treatment, so minutely arranged, have been so often changed, foiled, or for sufficient reasons abandoned altogether, that the excellence of none can be fairly said to stand out in bold relief. Much was expected from electricity. A sixteen-cell constant current battery was procured, and it was during its use that the coloration of the fæces took place. From the nature of the case it is not possible for me to say, in all fairness, that the improvement was entirely due to this agent.

The patient is now systematically using the nitro-muriatic acid

pediluviæ, taking the choleate of soda in *grs. viiss* doses internally three times a day; and uses locally, for the relief of the pruritus, the theobroma cacao. Some of the other remedies which have been used systematically are quinia, bismuth, pepsin, narcein, codia, and the species de St. Germain.

The next two cases which will be contrasted are of a different character from those which have just been read. They are selected as specimens of extremely recondite abdominal trouble; one terminating in a sectio-cadaveris, the other in recovery.

Case III.—J. G., aet. 36. Considered himself to be in his ordinary health in December 1874. As proof of this it may be said, that being engaged in superintending the training of his racing-horses, on the 12th of December, 1874, he walked from Barnum's Hotel to Pimlico race-course, a distance of about five miles. The next day, the 13th, he remained in bed and complained of fatigue. On the 14th he took purgative medicine, which produced no other effect than pain. On the 15th a similar remedy was taken with a like result. On the 16th a physician in the neigborhood was called, who gave a purgative of a different kind, but without producing any evacuation. On the 17th and 18th other purgatives were given by the mouth, and purgative enemata were administered to assist their action, but all without the desired effect. Vomiting commenced on the 19th, when Dr. O'Donovan took charge of the case. This symptom became gradually more urgent and persistent, so that on the 20th nothing could be retained in the stomach longer than a few minutes. The diagnosis of "intestinal obstruction" was made, and an unfavorable prognosis given. I saw the case on the 23d in consultation. Powdered alum and Dr. Thomas H. Buckler's remedy of the extract of belladonna given in melted lard, were the last means which had been tried ineffectually. It was now determined to use electricity. A strong Faradic current was passed over the abdomen in a way to excite the most violent contractions of the abdominal muscles. It was hoped that by this treatment the intestinal obstruction might be loosened, or in some way relieved. The case was thought to be desperate, and the pain of the operation was disregarded when the result was considered. The operation

was prolonged with the full strength of the battery for more than fifteen minutes. On the 24th the same treatment was again applied. This proved ineffectual also, and then an effort was made to insert a long tube beyond the sigmoid flexure of the colon. Whilst making the exploration for this purpose, I detected, lying in the hollow of the sacrum, a tumor, which felt like a bundle of intestines in a scrotal hernia. I then ventured the diagnosis that a portion of the small intestines had fallen into the pelvis, and was there retained, thus causing the obstruction. This diagnosis was made from the peculiar or characteristic feeling of the tumor.

Dr. F. Donaldson now advised the inflation of the intestinal canal. For this purpose a receiver containing oxygen gas under a pressure of twenty atmospheres was used. A rectum-tube was inserted as far as it would go into the bowel, and the external orifice at the anus was strongly compressed. It was hoped that the gas might penetrate beyond the ilio-cæcal valve and inflate the small intestine. The full force of the instrument was employed. The operation was unsuccessful, however, and the patient died soon afterwards.

Dr. Samuel Johnston made the autopsy 36 hours after death. It was found that a portion of the ileum had been drawn into the pelvis during a previous attack of peritonitis, and was bound there by strong bands of lymph. This composed the tumor which has been described. The case was in effect like one of strangulated hernia, and neither in reading nor in practice have I met with a similar lesion.

Case IV.—Mary M——, aet. 47, had enjoyed good health until the occasion about to be related. In November last she had an acute attack of illness, during the course of which symptoms of ileus became most prominent. The attending physician used all the ordinary means to relieve this condition. One purgative after another was given with judgment, until finally croton oil was used. Active purgative injections were also employed. The diagnosis was "intussusception;" and the case remained under active treatment for ten days without any operation from the bowels. A consultation of three physicians decided that nothing more could be done, and they so informed the patient and her friends. They had exhausted every means of relief in her case, and declined

making further efforts. I was requested to see her, and found all arrangements had already been made for the fatal issue of the case. Her friends were gathered around her bed, and the patient herself had given up every hope of recovery. The extremities were cold, the radial artery pulseless, the abdomen enormously distended, and the respiration short and feeble. She appeared indeed to be *in articulo mortis*. I suggested to her physician the application of electricity. This being assented to, one pole of a strong Faradic battery was placed at an indifferent point upon the abdomen, and the current passed rapidly over the abdominal muscles in such a manner as to excite the most powerful contractions. This new force immediately aroused vitality in the system so far reduced. She complained of the pain, whilst the commotion of the bowels was evidenced by frequent borborygmi. The greatest pain complained of, however, was cramps in the lower extremities, as severe as those which often occur during parturition. The operation was continued twenty minutes. An hour after the application of the electrical current, copious evacuations came from the bowels. These continued for several days, and the patient completely recovered without further trouble.

Case V.— Has been selected as one of much interest, both on account of some peculiarities which it presents, as well as for the rarity of the lesion. Mr. H. F., aet. 68, height 5 ft. 6 in., weight 180 lbs., well proportioned, physically strong, and somewhat corpulent. He had been engaged as a distiller, as a manufacturer of medicines, and latterly as a lace-finisher. Had three tumors on the body, one on the right side over the crest of the ileum, one on the left pectoral muscle, and one on the face. These presented all the appearances of simple lipomata or fatty tumors, and were so regarded. In 1870 he had a fistula in ano, which an operation relieved; after this he seemed to have good health until 1873. He then began to complain of obstinate constipation, of frequent abdominal pains, and of the difficult action of purgatives, with intensity of pains during defecation. He continued at his work until the 1st of March, 1875. The annoyance of the symptoms already mentioned had then so increased that he determined to abandon all further labor. The symptoms of obstinate constipation, and violent pain when the bowels were forced by purgatives, were the

most noticeable features of his illness throughout. Many plans of diet, and all means ordinarily used to establish a regularity of the bowels, were suggested and faithfully carried out. Many peristaltic excitants, as well as powerful purgatives in varied dozes, were given a fair trial in his case, according to known principles, but no permanent improvement could be observed. On the contrary, the symptoms not only remained constant in kind, but steadily increasing in severity, whilst the vigor of the patient became sensibly diminished. It has already been said that when in health he was corpulent, and this condition during the first months of his treatment interfered with the use of abdominal palpation and percussion as means of diagnosis. As he emaciated this difficulty was removed, and then it was found, that upon the right side dulness upon percussion extended three or four inches below the border of the ribs, and when the abdominal walls were completely relaxed, the hand could grasp the edge of an indurated body which felt like the edge of the liver. There was no jaundice, no appearance of bile in the urine, and no want of color in the alvine discharges. A great interest now centred in the diagnosis of the case. After many weeks and months of suffering, with all the wearing changes attending a malignant disease, death occurred on the 21st of last April. Dr. Bevan made a post-mortem examination 18 hours afterwards. Before the body was opened, I explained to the physicians present the reasons which induced me to believe the case before us would be found to be one of cancer of the omentum. The differential point in the diagnosis was my ability to grasp, through the relaxed abdominal parietes, the hard body which felt like the edge of the liver. There were no symptoms of disease of the liver, and therefore I thought this body was the cancerous omentum. It will be seen by an abstract from Dr. Bevan's report to me how near this diagnosis was to the real condition. (Extract of Dr. Bevan's report.) "Autopsy, &c. . . Omentum small and atrophied; stomach, liver, spleen, pancreas, and kidneys, all normal. Small and large intestines normal except in color, being a dark pink hue. The transverse colon was drawn from its position *in situ*, and firmly bound down below the lower edge of the stomach. The mesentery alone was diseased; it was three inches thick by fifteen inches broad, and in consistence harder

than the hardest cartilage. All trace of vessels in it was lost. Under the microscope the cells found both by Drs. Bevan and Tiffany were of an undefined character. They were not cells like those found in any part of the healthy body."

When we consider the physiological and anatomical uses of the mesentery, and compare it with its analogues in the body, viz. the root of the lungs, and the spermatic cord, it is wonderful to contemplate the power of Nature in supplying a part with vitality through remote anastomotic circulation. The body of the liver was pushed upward and forward by the hardened mesentery, and this caused the error which was made in the anatomy of the diagnosis.

Case VI.—M. W., aet. 14 years, was born in Norway, of South Carolina parents. When he was twelve years old his mother removed with him to a plantation on the Pedee River. During his residence there he had violent attacks of malarial fever, for which he was given large quantities of calomel and quinine. He came here for treatment last November, and was placed under my care. He had then a tertian intermittent, which the change of climate at first greatly increased. His lips were blanched, and the skin looked like muddy-colored parchment. Besides extreme anæmia, he had distressing dyspnœa and troublesome dyspepsia. Percussion over the abdomen demonstrated the fact that the spleen occupied a large portion of the abdominal cavity, being enlarged four or five times its normal size. The liver also was greatly enlarged. In consequence of these anatomical changes the feeling of the abdomen was peculiar. The enormous spleen had so far displaced the viscera upon the left side, that the enlarged liver was pushed upward and forward so that its edge could be grasped through the relaxed abdominal walls. This feeling was quite similar to that which has been described in the preceding case (V). It was easy, however, to make the diagnosis, which was, "enlargement of the liver and spleen, produced by malarial poisoning."

The marked success of the treatment which was used may be a point of interest in this case. The remedy selected, and relied upon for his cure, was the ferri-ferrocyanuretum. He has taken this in one or two grain doses, three times daily, for more than five months. The adjuvants which have been used are warm

baths, 98° F. two or three times a week at night; frictions over the surface with a salted towel in the morning, after which the abdomen over the spleen and liver was rubbed with a solution of quinine in spirits. These, together with graduated exercise, a nutritious diet, warm clothing and agreeable recreations, have completely changed his feelings and appearance. Gradually the enlarged organs have diminished in volume, the feeling of the abdomen is now normal, the lips have become tinged with red, the hands are less attenuated, the skin is soft and clear; in short, health and energy have been restored, and the youth is at present robust, ruddy, and joyous.

It was my intention to have extended this paper by contrasting two cases of abdominal disease which had their origin in emotional causes. It was expected by them to call attention to some of the more common forms of dsypepsia, and to show how this disease is often produced, principally by the cause which has been mentioned. It was also expected to call attention to the fact that, by neglect, cases of this kind may sometimes result disastrously; and again, how at other times, by a timely and appropriate treatment, they may often be entirely relieved. One of the cases referred to resulted in death, the other has recovered; but as no post-mortem examination could be made in the fatal case, it has been considered incomplete for the purpose intended, and no further mention will be made of either of them here in detail.

In order to make the desired application of what has been written, permit me, in conclusion, to recapitulate as follows: I have related two cases of chronic jaundice — one was fatal, the other recovered; two cases of intestinal obstruction — one died and one survives; two cases of abdominal visceral enlargements, in one of which, where the diagnosis was obscure, a post-mortem examination was made, the other is now quite well; I merely referred to two cases of abdominal disease produced by emotional causes — one terminated in death, the other has recovered.

From these cases, as they have been related and purposely grouped together, a conclusion might be drawn that the successful or the unsuccessful practice of medicine may depend in great part upon the result of circumstances over which the physician has but

a limited control. This conclusion should not be a satisfactory one for the earnest student of medical science. On the contrary, it is hoped that these cases may point out to him the necessity for a correct diagnosis. Nor ought this conclusion to be accepted as a final truth by the intelligent practitioner, who should rather be induced to find in them a precedent for a guarded prognosis, as well as an encouragement to employ most energetically many nicely adapted therapeutic means to relieve patients, even when they seem to him at the time to be in a most extreme condition. A study of the literature and teachings of medicine in this country and in Europe during the present century will show, in general terms, that two very opposite methods of treatment have prevailed during this period. Early in the century the teachings and practice in medicine were in a marked degree more positive than they ever were before or have been since. Most of the diseases in the nosology were then regarded as the result of active inflammation somewhere existing, and inflammation was figuratively represented as a devouring monster spreading devastation from the point whence it commenced, and only to be subdued by those antipyretic means which were then taught and most vigorously employed. This practice remained in full force during the first quarter of the century, and the reaction from it was the "expectant plan," as it has been very properly called. This method of treatment originated in skepticism concerning the effects of remedies, and to a certain extent spread a pall over thought and paralyzed action. Its echoing cry from afar was virtually to give up the battle with disease. About 1840, Chomel wrote the aphorism that "to do no harm is the first law of therapeutics." This seemed to take a deep hold upon the profession, and it has been generally taught since that time, and most wisely applied in all doubtful cases. In a court of justice in this city about twenty years ago our most distinguished surgeon was asked in a certain case, the circumstances of which had been in evidence, "whether he would prefer to let a patient die rather than make a bold and vigorous effort for his relief?" He replied in substance, that "when an unfavorable prognosis appeared most reasonable, he preferred the 'expectant plan.'" There are cases in which it is surely better to endeavor to persuade rather than force a cure; but one of the most prominent objects of

medical study of the present day is, toward diminishing the number of cases which are to be left entirely to preservative medicine. A first step in this direction is to give such attention to diagnosis as to make it as certain as possible. A systematic arrangement of symptoms, continuous advancement in the study of physiology, pathology, human and comparative histology, and the many improvements in instruments, are constantly rendering our means for its culture more complete. The exact virtues of remedial means and medicines have recently been studied with greater care than heretofore, and many valuable facts concerning them have already been established. It is now more than ever the great aim or desire of many accomplished physicians to obtain marked and beneficial results by a bold practice, founded upon approved principles and established by experience.

It was with a view of adding something practical to this line of study that these cases were preserved. They have been described as accurately as possible, and if they serve to advance the purpose for which they were intended, my object will be accomplished.