CASE
OF
ULCERATION AND RUPTURE
OF THE
STOMACH.

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Read March 9th, 1824.

YESTERDAY week, Monday, March 1st, I was summoned, at half-past eight in the evening, to an unmarried lady, whom I had never seen before, about forty years of age, tall, thin, and of the melancholic temperament. She was standing in her bed-room, leaning on the neck of a female servant, and groaning with agony at the pit of the stomach. Her features, naturally long and sharp, seemed now unusually so; her swarthy pallid complexion was become cadaverous, and the expression of her countenance was that of the most dreadful suffering. She was shivering with cold, though before the fire, and her hands were icy and blue. Her pulse was a hundred and twenty, but neither full nor hard, nor particularly weak. Her breathing was very quick and short. She retched

every now and then, but vomited nothing more than the barley water she was drinking.

I was informed that she had been in this state rather above an hour : that she first complained of chilliness for about five minutes, and was observed to fix her eyes on vacancy for a minute or two, and then suddenly cried out with pain at the pit of the stomach. She was supposed to have taken cold by walking to church the preceding day, which was wet, instead of going in the carriage, as usual, with the rest of the family. She had dined upon pork a few hours before the attack, but assured me that, though very dyspeptic, she found pork agree with her better than any other kind of meat. Her bowels had been open in the morning. She had no hernia.

I instantly gave her sixty drops of tincture of opium. This was soon rejected, at least in part, and, as she found no relief, I gave her sixty more in twenty minutes. Twice more I repeated this dose, but without benefit. From the first there was pain of the epigastrium on pressure, but this evidently increased, although the constant agony remained as before. It was now near midnight, and I took a lancet from my pocket book and bled her in the arm to the amount of about twenty ounces. She did not become faint, nor did she experience the least relief, and the blood was found the next morning neither cupped nor buffy. I then

gave her the fifth dose of sixty drops of tincture of opium, and she soon found herself considerably better, but no drowsiness, headache, or other effect ever took place, except constipation and thirst, in producing which inflammation must have had a share.

The next day, she still remained better, but there was so much tenderness of the abdomen left that I prescribed a very large blister, and, to counteract the constipating agency of the opium, ten grains of calomel. She told me she was much better, and that she had "felt that life was ebbing fast the evening before, till she took the last dose of opium." There was great thirst, but no foulness of tongue.

On Wednesday—the third day, the tenderness was so great that the least pressure with the point of a finger was intolerable, and it now extended all over the abdomen; the pulse was still a hundred and twenty, but small and feeble; the coldness, and the shortness and rapidity of respiration continued; the countenance was more ghastly than ever; the bowels had not been affected by the calomel; the tongue was still clean, but the thirst was undiminished, and she had been incessantly drinking water so hot that no one but herself could hold the glass from which she drank it. Five grains of calomel were ordered to be given every three hours till an evacuation was procured, and

clysters, each containing three ounces of sulphate of magnesia and six drops of croton oil, to be administered.

In the evening I found that several doses of calomel had been taken, occasionally ten and fifteen grains at a time, but rejected (as was always the case, she said, when she took calomel), and that the clysters had brought away no fæces. I therefore ordered a drop of croton oil to be given by the mouth every four hours till the bowels yielded, and an injection to be administered containing twelve drops.

On Thursday morning—the fourth day, I found that the clyster had been given, and that three pills, each containing a drop of the oil, had been taken and had remained on the stomach, and that, since the exhibition of the last, a motion had taken place. Her constant pain was infinitely less, and she now bore pressure pretty well except at the epigastrium : but the pulse was a hundred and forty, and she was restless, and said her strength was greatly reduced. She had several motions in the course of the day, and expired at five o'clock in the afternoon, perfectly sensible.

From the dreadful agony which was felt from the first ; its sudden commencement, and that at the pit of the stomach, and its greater intensity there throughout the disease than in any other

part of the abdomen ; the ghastliness of the countenance and her icy coldness even when I first saw her ; the absence of fulness and all hardness in the pulse, even during the evident existence of intense abdominal inflammation ; and the rise of this at the epigastrium and its diffusion all over the abdomen, I apprehended the stomach was ruptured, and I very earnestly requested permission to examine the body. The inspection took place on Saturday morning.

The abdomen was prodigiously distended, and, on opening the peritonæum, a large quantity of very fetid gas escaped. On the whole parietal portion of the peritoneum was a layer of fibrine, as also on the whole convex surface of the liver, the anterior surface of the stomach and of the omentum, and on much of the intestines. It was for the most part readily peeled off, but had effected adhesions between some portions of the small intestines, and between some portions of the peritoneum and omentum. A good deal of yellowish fluid with white flakes was collected in the upper part of the abdomen, such as is the mere product of inflammation, but I could discover no effusion of the contents of the stomach. In the anterior part of the cardiac half of the stomach, a little below the small curvature, was a perfectly circular aperture, with a smooth edge, large enough to admit the end of the little finger, and the surrounding part was of a dark colour to some extent. The stomach con-

tained a good deal of soft dark matter, which readily escaped on moving or pressing the organ. On examining the interior, a large ulcer was discovered, two inches in length, broad at one extremity and gradually narrower towards the other, with smooth edges, and the surrounding parts were greatly thickened, and very red and hard. The ulceration was gradually deeper from the narrow extremity to the other where the rupture had occurred.

I was informed that for several months she had been greatly troubled with dyspepsia, was observed to be continually putting her hand to the pit of the stomach, where she complained of an uneasiness which she was in the habit of relieving by copious draughts of *hot* water, and that she had lately grown thinner.

In an interesting paper on cases of this kind, published in the eighth volume of our *Transactions**, Mr. Travers has stated the chief diagnostic symptoms to be, First, Sudden, most acute, peculiar and *unremitting* pain, radiating from the pit of the stomach or navel to the circumference of the trunk

* The indefatigable pathologist, Dr. Abercrombie, of Edinburgh, has just published some cases of this kind that occurred to himself, with references to others in various authors. *Edinburgh Med. and Surg. Journal*. Jan. 1824. A case that lately happened in the practice of the writer of one of the most original, laborious, and important pathological works ever published, M. Laennec, will be found in the *Revue Medicale*. Mars 1824.

and even to the limbs; Secondly, *Coeval rigidity of the abdomen*; and, Thirdly, *A natural pulse* for some hours, till the symptoms of peritonitis begin.

In this case, the pain did remit:—after the fifth dose of opium she became comparatively easy, and remained so for twenty-four hours*. The rigidity of the abdomen did not strike me. The pulse was 120 from the first.

The grounds of my diagnosis have been already mentioned.

* In Dr. Laennec's case, alluded to in the last page, the pain lessened in the evening after the rupture, and on the third day scarcely any was felt.

Dr. Carmichael Smyth recorded, between thirty and forty years ago (*Medical Communications*, Vol. II. p. 467 et seq. 1790), the case of a young lady whose stomach suddenly burst to an extent sufficient to admit a quill, in a round ulcer, about the size of a sixpence, that had destroyed all but the peritoneal coat of the organ. The rupture occurred on her going to bed, and instantly caused violent pain which lasted great part of the night, but she complained of none in the morning when Dr. C. Smyth was summoned to her, and passed the day tolerably well. She expired suddenly in the evening.

In his short but excellent narrative, this distinguished physician so well described the symptoms and the appearances on dissection, and gave so correct a view of the nature of the case, that I should have judged it superfluous to make the present communication, but for the illustration that our diagnosis (nor indeed our prognosis as far as it depends upon the diagnosis) must not be influenced by the continuance or remission of pain.