REMARKS

ON A

CASE OF RARE IMPOSITION OF THE VISCERA.

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THE following case is worth recording, as an instance of a very rare malposition of internal viscera, unrecognisable by any known sign or mode of examination, defying detection, and disappointing reasonable surgical efforts and anticipations.

On July 12th, 1880, I saw Mr. K., aged 67. He had suffered for some time under occasional constipation from cancerous stricture of the rectum. Complete obstruction had been established on the previous evening—i.e., the 11th; and Dr. Russell and Mr. Taylor agreed that, unless the bowel was opened, the patient must sink. A small tube had been gently insinuated through the stricture, and a little water injected, without any perceptible result. During the night, however, the bowels had partially unloaded themselves by frequent spurts of liquid fæces, and by the expulsion of large volumes of air. The abdomen had diminished in size, and was softer; vomiting had ceased, and the stomach had retained liquid food. The necessity for immediate surgical interference had therefore disappeared.

For several days, this improved condition lasted, but complete obstruction recurred; and, on the afternoon of July 22nd, I found great and uniform abdominal distension, tympanites slight but equal, fulness of both loins, incessant sickness, weak and quick pulse, and a large, hard, cancerous mass occluding the rectum within easy reach of the finger. I at once opened the colon in the left loin by Amussat's method. The only peculiarity noticeable in the operation was that the bowel was deeper than usual, and overlapped by renal fat, some of which was removed. The colon was fixed by sutures to the wound and incised, giving exit to a large quantity of air and a small quantity of solid stool. Examination by the finger through the wound did not yield evidence of any large accumulation.

On the following morning, July 23rd, the symptoms of obstruction were unrelieved: a very small quantity of stool had escaped by the wound, and the vital power was failing. By the injection of warm water through the artificial opening, some small fecal lumps were washed out of the lower part of the colon, but the upper segment of the bowel was empty. During the day, no further escape occurred; and, in the evening, the patient died.

On opening the abdomen after death, the whole intestines were found much injected, and a small quantity of blood-stained fluid lay in the peritoneal cavity. The large intestine was greatly distended; the small bowel almost empty. Commencing at the rectum, which was closed by a mass of cancerous deposit surrounding its lower part, and tracing the intestine upwards, the sigmoid flexure—forming a very large curve—was found, in the right iliac fossa. From this region, the gut passed upwards on the right side to the liver, then crossed transversely to the spleen, and thence downwards to the left iliac fossa, where the cæcum was found with its appendix and a long meso-cæcum. The whole tract of the large bowel, from the rectum to the transverse colon, was greatly distended with putty-like fecal matter. In the left lumbar region, the upper part of the cæcum was seen to be opened, empty, and fixed to the wound by the sutures. The small intestines occupied their proper position, except that the lower part of the ileum ran transversely from right to left, to terminate in the cæcum. No other malposition existed, and no other disease was discovered.

The failure of colotomy in this case was due entirely to the transposition or lateral reversal of the large intestine, so that the bowel was opened above the fecal accumulation, and the operation thus rendered ineffective.

THE USE OF NITRO-GLYCERINE IN ACUTE AND CHRONIC BRIGHT'S DISEASE, AND IN THE VASCULAR TENSION OF THE AGED.*

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IN April of the present year, I wrote an article in the BRITISH MEDICAL JOURNAL on the Use of Nitro-Glycerine in certain diseases; but in that paper were not included the observations which I purpose making here; for, at that time, my cases were too few from which to draw definite conclusions.

During the last year, I have tried the above remedy, with great benefit, in a number of cases of chronic Bright's disease; and of others accompanied by that condition of the vessels which was described by Sir W. Gull and Dr. Sutton. From the relief obtained in these instances of vascular tension, I was led to try it in acute nephritis, and, as the sequel will show, with very beneficial results.

The following condensed jottings will, perhaps, serve to illustrate the pitch of my remarks.

CASE I.—A. M., aged 56, had been suffering from chronic renal disease for two years. When I saw him, twelve months ago, he had a pale pasty appearance; his eyelids were puffy, and his legs cedematous; his pulse was tense and corded, the walls of the vessels being much thickened; the heart was greatly hypertrophied, and his breathing was at times most laboured and difficult, but at others comparatively tranquil. The urine, of which only a pint and a half was passed in the twenty-four hours, had a specific gravity of 1008, and contained much albumen.

A one per cent. solution of nitro-glycerine was at first given in one-minim doses every half-hour, till its physiological effects were produced, in order to relieve the asthmatic symptoms, which it did so effectually that my patient would never be without it. After taking his medicine, in three-minim doses, thrice daily for a week, he drew my attention to his urine, which, he said, came remarkably freely. I had it passed into one vessel for twenty-four hours, and found the specific gravity to be 1012, and the quantity three pints; moreover, it contained very little albumen. He took the remedy regularly for some months; after which time, the pulse had become softer and more regular, the hypertrophied heart seemed to be much quieted, and a mitral regurgitant murmur, "evidently due to dilatation", had disappeared; the breathing was quite easy and normal, except during exertion. The urine was examined from time to time, and continued abundant and of fair specific gravity, with an absence of albumen and casts. After some weeks, he felt so well, that he discontinued his medicine; but, finding his old symptoms returning, he had again to resort to the remedy, with the same good results.

CASE II.—Mrs. E., aged 45, a pale pasty-looking woman, consulted me for dizziness, shortness of breath, palpitation of heart, sickness, cedema of legs, puffiness of face, and general ill health. She said her mother and grandmother had died of kidney disease, and that she was evidently suffering from the same affection.

I found that she was only passing 150 grains of nitrogen by the urine in twenty-four hours, and that there was considerable vascular tension. I ordered milk-diet, diaphoretics, diuretics, aperients, iron, etc., at various intervals, but without much improvement, so that she began to despair, and consider herself doomed. On taking the solution in minim doses every four hours, she began at once to pass more urine, and the nitrogen increased to 230 grains in twenty-four hours. Her other symptoms also improved. After a few days of this treatment, I ordered 20 minims of tincture of sesquichloride of iron, and one minim of nitro-glycerine solution, thrice daily; in a fortnight, the change was really wonderful; the vascular tension had subsided, the cedema had disappeared; and, all her symptoms being relieved, she felt able to go to the sea-side for change of air.

The following case is interesting, because my patient had one attack of apoplexy, and apparently staved off another by resorting to nitro-glycerine.

CASE III.—Mrs. F., aged 52, consulted me in June, saying she had lately been suffering from attacks of dizziness; and that, two days before seeing me, she had had an unusually severe seizure, which had left her right side weak, and had rendered her speech indistinct. I found the right side of the face and right arm slightly paralysed, and the right leg numb and decidedly weak; her speech was also rather indistinct. Her pulse was hard and corded, and all her vessels indicated increase of tension. The urine was normal in quantity, but had a specific gravity of 1006, and showed a trace of albumen.

* Read before the Leeds and West Riding Medico-Chirurgical Society.

I ordered milk-diet and aperient medicine, and advised rest; the paralysis gradually passed off, but the vascular tension remained.

In August, she began to take the nitro-glycerine solution in minim doses, thrice daily, as the attacks of dizziness were returning; the vascular tension was at once reduced, and the pulse became softer and apparently fuller; the urine, which just before the treatment had a specific gravity of 1008, increased afterwards to 1012, and became slightly more abundant. Her dizziness was relieved; but, when an attack threatened, a dose of the remedy always prevented it.

Thus, I hope that, by careful dieting, taking an occasional aperient, and keeping down excessive vascular tension by nitro-glycerine, we may be able to postpone in this patient what, perhaps, may be inevitable in the long run, viz., another attack of apoplexy.

May it not be advisable, when one is called to a case of apoplexy, to at once give a dose of this potent remedy, and, by lessening the pressure in the vessels, to prevent further effusion? Would this not be better than trusting to aperients or depletion by other methods, which occupy a much longer time before they act, and then are not always certain in their action?

CASE IV.—Mrs. C., aged 50, consulted me for severe anginiform attacks and asthma, from which she had suffered for two years. I found that there was no valvular disease of the heart, but some hypertrophy; the pulse, however, was hard and tense, feeling like a piece of whiplash; and, when emptied, the walls were found to be greatly thickened. The urine, being normal, had not attracted the patient's notice; but, on examination, I found the specific gravity to be 1005, there being no albumen.

I ordered the glonoine solution, in minim-doses, thrice daily; and two minims when the pain threatened. She saw me in a week, and expressed herself as feeling much better; and, a fortnight afterwards, said she felt quite well, being entirely relieved from the pain, and quite cured of the asthma. I found the pulse softer and more compressible; and the urine, which was still abundant, had a specific gravity of 1012. I advised her to continue the remedy for some time, so as to keep up the happy state of affairs. Two months subsequently, she still remained well, having only occasionally to resort to the nitro-glycerine.

In the following cases of acute nephritis, the action of the drug in question seems to have been really very remarkable.

CASE V.—Mr. C., aged 30, a strong healthy man, consulted me on account of sciatica, for which I prescribed. A few days afterwards, as he was not much better, a friend advised him to try a hot alkaline bath, which he did in the morning. He went out afterwards, and stood for some time in a cold and draughty place of business. At night, he shivered, and was seized with a dull aching in the loins; his urine became scanty and thick, and he had to get up very frequently to micturate.

The next day I was sent for, and found him suffering from acute nephritis. He was only passing one pint of urine in the twenty-four hours, which was thick and smoky, and had a specific gravity of 1020. Under the microscope, the sediment was found to be composed of blood-casts, renal epithelium, blood-corpuscles, and lithates: on boiling, it almost became solid.

I ordered milk-diet, free diluent drinks, diaphoretics, alkalies, etc., and kept him in bed; but, on the twentieth day, there being no improvement, I began with a minim of the glycerine solution every four hours, which soon produced great throbbing in the head. This treatment was begun on Saturday night. The urine passed during the previous twenty-four hours was one pint, which had a specific gravity of 1020, and was loaded with blood. On the Sunday, the amount of urine for twenty-four hours was a pint and three-quarters; it had a specific gravity of 1020, and contained much less blood and far less albumen. On Monday, there were two pints and a half passed in the twenty-four hours; the blood had quite disappeared, and there was only a cloud of albumen on heating; the specific gravity was 1025. On the Saturday following—i. e., one week after beginning the new treatment—the urine was normal in quantity and quality, and the patient was feeling well, but weak. No relapse has occurred, and my patient is now perfectly well, six months after his attack.

CASE VI.—Mr. R., aged 39, had been suffering from dyspepsia for some weeks; but a fortnight at the seaside restored him completely. The day after returning home, he had to hurry to catch a train, and got into a violent perspiration, when he had to wait some time in a draughty station, and felt a chill come over him. The next day I was summoned, and found him complaining of an aching in the loins and frequent micturition. He was slightly feverish, and had puffy eyelids; but what alarmed him most was the condition of his urine, which was scanty, and of the colour of coffee. I ordered rest in bed, milk-diet, diluent drinks, poultices to loins, diaphoretics, etc., for three days, without any improvement; the urine then being loaded with blood, and only a pint

and a quarter being passed in twenty-four hours. I ordered one minim of one per cent. solution of nitro-glycerine every four hours. In twenty-four hours, the blood entirely disappeared from the urine; and during the following twenty-four hours the urine was passed into one utensil, and found to measure three pints; it then had a specific gravity of 1019.

On the sixth day, he felt well; and, as he had some pressing business on hand, he went out, and left off his medicine. He said he caught more cold, and found the urine dark again; but he resorted to his old remedy, and it soon cleared up. He went into the country a week afterwards, and returned to business in good health after a fortnight's rest.

The following case has been kindly furnished to me by Mr. William Hall.

CASE VII.—Mrs. C., aged 65, was attended in January, 1879, when she was suffering from bronchitis and albuminous urine. In April, 1880, she complained of sickness, had a furred tongue, and temperature 101°. The urine was smoky, and contained blood-corpuscles, much renal epithelium, and small casts; the pulse was tense, but not frequent. She was ordered steam blankets, and liquor ammoniæ acetatis, and was kept on milk-diet; after a fortnight, there being no improvement, a minim of glonoine solution was ordered to be taken every three hours, and was increased in twenty-four hours to a minim and a half. In two days, the urine became much more abundant, and paler; contained fewer blood-discs and casts, with very little albumen.

At the end of six days, the nitro-glycerine was omitted by mistake, and liquor ammoniæ acetatis given. The urine, next day, contained blood and casts, and assumed a smoky appearance. After three days' interval, the glonoine was resumed, and an improvement in the character of the urine at once resulting. This improvement continued, under the use of the remedy, until the blood and casts had disappeared, only a trace of albumen remaining.

I have not had a chance of trying nitro-glycerine in the acute nephritis of scarlet fever, or in suppression of urine, but intend giving it a trial. I hope, on a future occasion, to relate cases in which the anomalous symptoms of old age, neuralgia, etc., accompanied by arterial tension, have been benefited by the remedy in question.

I must leave my cases to speak for themselves: I report them, in order that I may elicit the opinion of others, and perhaps induce someone to try this remedy in acute nephritis, or in the numerous and often distressing symptoms which apparently have their origin in that state known as vascular tension. Whether it be due to chronic kidney mischief, or to arterial fibrosis, this condition is unquestionably relieved by nitro-glycerine; and, with the diminution of pressure, in my experience, improvement inevitably follows, though, in some cases, it may only be temporary.

CASES OF TUMOUR OF THE BRAIN IN THE INSANE.

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TUMOURS of the brain among the insane are so very rare that I think any clinical record of such cases cannot be without interest, not only to the medico-psychologist, but also to the general practitioner. I desire therefore to bring under notice two cases of tumour of the brain, one of which came under my care in June 1879.

T. H. was admitted June 30th, 1879, from his own home; age 40; married; occupation, a boatman on the canal. First attack. His wife stated that he had always been a very steady respectable man. About six months ago, one day, while at work, he fell off the boat into the canal, and was nearly drowned before assistance could be rendered him. After he was taken home, it was found he had lost the use of his left arm and leg. He remained at home from that time until he came to the asylum. When admitted into the asylum, he had regained the full use of his paralysed side. There was no history or symptoms of syphilis. His wife also stated that, during the last six months, he had been quite changed in his habits; that he was now irritable, and became very excited at times, occasionally destructive.

June 30th, 1879. When admitted, he was in a very restless condition; had general incoherency and rambling in his conversation; and neither knew where he came from nor where he was.

July 1st. The patient had rested and slept well during the night; he seemed very confused when any simple question was put to him, and was some time before he could give an answer. The muscles of his face and lips were tremulous; and when asked to put out his tongue, it was done with a jerk, and quivered while protruded. His memory was very defective; when asked how long he had been here, he said "a