CLINICAL LECTURE

ON

HÆMATEMESIS AND PERFORATING
ULCER OF THE STOMACH.

By GEORGE JOHNSON, M.D., F.R.C.P.,

Physician to King's College Hospital; Professor of Medicine in King's College,
London; etc.

I WISH, in the first place, to direct your attention to a case of hæmatemesis recently admitted into the hospital. I will give you a history of the case, condensed from the more detailed report which has been drawn up by my clinical clerk, Mr. Mayo.

Sarah Duncan, aged 28, a maid-servant, was admitted into Twining Ward on February 3rd. She said that, for three months before her admission, she had suffered from pain in the right side, loss of appetite, and lowness of spirits. The catamenia had been quite regular, and she had never been ill before. On January 30th, she twice fainted, without apparent cause; and on each occasion, just as she was recovering consciousness, she vomited a large quantity of black blood—she says, as much as a pint each time. She went to bed for the remainder of the day. The next day, she got up; and, having taken some gruel and beef-tea in the course of the morning, she again fainted, and a third time she vomited a large quantity of blood, "about half a basinful". On February 1st, she again fainted twice; and each time the faintness was succeeded by vomiting of blood.

On admission, she had a very anæmic appearance, the lips and the tongue being quite pallid. She complained of a constant thumping in her head; a feeling of sickness; a bitter taste in the mouth; pain and tenderness in the right hypochondriac, but not in the epigastric region. The tongue was covered with a yellowish fur. Pulse 100, very small and feeble. A soft systolic blowing was heard over the base of the heart. The urine was normal.

She was placed upon milk diet. On the 4th—the day after her admission—she vomited once, but brought up no blood. On the 5th, she twice vomited about a tablespoonful of blood. She was then ordered to take ten grains of tannic acid in water every four hours; to have no food by the mouth, but, in place of it, an injection of beef-tea, egg, and brandy, every two hours. On the 7th, there had been no return of sickness. A stool passed in the morning contained no blood. After six doses of the medicine had been taken, it was discontinued, on account of its exciting nausea. She had no food by the mouth. The enemata were continued. On the 9th, there had been no return of the sickness; but she was thirsty, and wanted food. She was ordered to take some iced water and milk, and cold beef-tea; three grains of sulphate of iron in two pills, with extract of gentian and ginger, three times a day; the enemata to be discontinued. On the 10th, she vomited after eating an orange which had been surreptitiously obtained; but no blood appeared. On the 15th, she had fish and potatoes for dinner; on the 16th, a chop. Since then, she has gradually returned to the ordinary meat diet. There has been no return of the bleeding. She continues the iron pills, and she is rapidly recovering her lost strength and colour.

Now, in this case there can be no doubt that the stomach was the source of the bleeding. In cases of hæmorrhage from the stomach, it not unfrequently happens, as in this case, that, while a copious bleeding is going on internally, the patient faints and loses consciousness, and may actually appear to be dying before any blood is expelled by vomiting. In some cases, no vomiting occurs; the blood passes into the bowels; and a patient who has become rapidly exhausted and anæmic is found to be passing blood by stool. If, in the history of an attack of hæmorrhage, you learn that the patient fainted before any blood appeared externally, and then that black and perhaps clotted blood was vomited, you may conclude that the blood came from the stomach. In this respect, there is a marked contrast between gastric and pulmonary hæmorrhage. Bleeding into the air-passages immediately excites coughing. The blood begins to be expectorated as soon as it escapes from the vessels. It is generally florid and frothy; and it sometimes happens that the first appearance of the blood so alarms a nervous patient as to cause faintness, when the mere loss of blood has been quite inconsiderable.

That the cause of the hæmorrhage in our patient is a simple gastric

ulcer, is highly probable, although some of the symptoms of that disease were wanting. In particular, it is to be observed that the pain, which was referred to the right side, had not been increased by taking food. She had not been troubled with water-brash, or with vomiting, before the occurrence of the hæmatemesis. There is no evidence of impeded circulation through the liver or the heart; the soft systolic blowing over the base is doubtless anæmic; the catamenia have appeared regularly; and there can be little doubt that a gastric ulcer is the source of the bleeding.

Now I wish to direct your attention particularly to the treatment of the two most serious and alarming accidents of gastric ulcer: I mean hæmorrhage and perforation.

In the treatment of hæmorrhage, absolute rest in bed is essential. Then, while the tendency to bleeding continues, no food should be introduced into the stomach; but the patient should be sustained by nutritive enemata. The introduction of food into the stomach excites an increased afflux of blood to the organ. This alone may cause a return of the bleeding; and with the increased supply of blood there is a copious secretion of gastric juice, which, coming in contact with the ulcer, may dissolve the recently formed coagula that had plugged the bleeding vessels. The bleeding patient, therefore, should lie still, sip iced water, and be fed by the rectum. The most useful styptics in these cases are, tannic acid in ten-grain doses, tincture of perchloride of iron in twenty-minim doses, or oil of turpentine in twenty-minim doses. Each of these medicines I have seen speedily arrest the bleeding in different cases. In the present case, the tannic acid excited nausea, and it was discontinued. In any case, I believe that the exclusion of food from the bleeding stomach is of more importance than the administration of medicine; yet I should always give one or other of the styptics that I have mentioned, if the bleeding continue in spite of abstinence and iced water. When the bleeding has ceased, liquid food may gradually and cautiously be given by the stomach; then solids; and, lastly, iron is a most valuable restorative tonic.

In the treatment of perforation of the stomach, the necessity for keeping the stomach free, not only from food, but from medicine, is absolute. This accident is generally fatal; but there are on record a few cases in which a patient has recovered after symptoms of perforation had occurred. One such case has been published by the late Dr. Hughes in the *Guy's Hospital Reports* (1846), and one case occurred in my own practice. On Christmas-eve, 1863, I saw, in consultation with Mr. Henry Lee, Mrs. T., aged 40. About two hours before, she had been seized suddenly in the street with severe pain, rapidly extending over the whole abdomen. She felt faint, and vomited, and had to be taken home in a cab. When I saw her, she had excessive pain and tenderness over the whole abdomen; the pain being much increased by pressure, and by any movement of the body. The pulse was rapid and feeble, and the skin cold. I learnt that for several months past she had suffered from pain in the region of the stomach, increased by taking food. She had frequent acid eructations, for which she was in the habit of taking calcined magnesia; and, about three months before, she had on one occasion vomited a large quantity of blood. Here there was a distinct history of chronic gastric ulcer; and now the symptoms pointed clearly to perforation and consequent peritonitis. Acting upon that view of the case, we gave every two hours an enema consisting of half a pint of beef-tea, half an ounce of brandy, and fifteen minims of laudanum; by the mouth, only an occasional dessert-spoonful of water or barley-water to allay thirst; perfect quietude in bed; hot fomentations to the abdomen. Under this treatment, the symptoms gradually subsided. As the pain abated, the laudanum was discontinued; but she was fed entirely by the rectum for nearly three weeks. She then began to take by the stomach small quantities of bread and milk, beef-tea, and arrowroot. For the first two or three days of feeding by the stomach, the food was rejected by vomiting; but this soon subsided, and she steadily regained strength. She called at my house on February 19th, 1864. She was then quite convalescent; but she had an anæmic appearance, and still complained of her old dyspeptic symptoms. I have not since seen or heard of her.

In this case, recovery having taken place, it is of course not certain that there had been perforation of the stomach. The history, however, leaves very little room for doubt. This, at any rate, is certain: that the only chance of recovery from perforation of the stomach is afforded by giving both food and medicine by the rectum, and excluding both from the stomach until the rent has been firmly closed.

Many years ago, on *post mortem* examination of a case of perforating ulcer of the stomach, I found that a large pill had passed through the perforation into the cavity of the peritoneum. There can be little doubt that much food and irritating physic has often taken the same course in similar cases. Let us be careful to avoid a practice that of necessity must aggravate the patient's pain and peril.