Lecture

ON

THE IMPORTANCE OF THE DIGESTIVE ORGANS IN THERAPEUTICS.

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BY

THOMAS K. CHAMBERS, M.D.,

FELLOW AND CENSOR OF THE ROYAL COLLEGE OF PHYSICIANS
OF LONDON; PHYSICIAN TO, AND LECTURER ON
MEDICINE AT, ST. MARY'S HOSPITAL; ETC.

I AM anxious that you should be properly impressed with the importance of the digestive viscera to the cure of disease. The result of every case, surgical or medical, depends almost entirely on how far, wisely or foolishly, these organs are watched over, and whether they are well or ill-treated, either by the scientific prudence of the skilled physiologist, the empirical rules of the routine practitioner, the tradition of the nurse, or the instinct of the patient. Each and all may be a faithful guide; but where there is a difference of opinion, I should prefer trusting to the first, and so does the public, except when in a fit of obstinacy or prejudice.

To an unhealthy state of the digestive viscera, physiology enables us to trace, by distinct steps, several morbid conditions not manifested in the organs themselves, but affecting the whole body. On the deficiency of their power of appropriating food depend nearly all the cases of anæmia and general debility, affecting particularly the muscular structures which make up a great portion of our daily practice. And secondarily to the anæmia may be attributed the formation of tubercle, and all its consequences of pulmonary, renal, mesenteric, and other forms of consumption.

The blood starved of its requisite supply does not sufficiently stimulate the vitality of the tissues, and so tubercular or semivital growth takes the place of normal growth. Degeneration may originate in the same way. The unrenewed effete particles remain as fat in the tissues; and so you get softened and dilated hearts, cirrhotic liver, Bright's kidney, atrophic softening of the brain, apoplexy, etc.

To the same cause may be traced an obscure inefficiency, rather than disease, of mind, very common among our chronic invalids and habitual patients. They complain that they awake in the morning, not only unrefreshed by sleep, but seemingly more tired than when they went to bed. They have an unaccountable despondency and carelessness about the future, accompanied by a conviction that something or another unfortunate is going to happen. They have no power to prevent it; and do not know that they would exert the power if they had it. They drag their languid limbs to their daily task unwillingly; but feel quite unable to do anything as they ought. The figures get confused as the merchant adds up his ledger; the *employée* remembers he has an important duty to perform, but cannot recollect what it is; even the light labours of daily housekeeping are a heavy burden. A morbid dislike to the idea of food causes the attractions of the family meal to

be simply repulsive. Sleep is sought, but is broken by painful dreams, or fidgets, or wakefulness. If there is any innate or hereditary tendency to insanity, now is the time when it is developed; spectral illusions, derisive, tempting, or foolish voices, half deceive half irritate the victim; and he is fortunate if he is saved from crime or a lunatic asylum by the curable source of his unhappy state being correctly ascertained. But if there is no previous tendency, the mental miseries may go on for years and years without producing any real unsoundness of mind. Without any further symptoms even than these you may be safe in referring the *origo mali* to the digestive canal.

There is also a suspicion that some diseases of malassimilation, such as gout and rheumatism, may be due to imperfections of the digestive organs. In them an organic acid, uric or lactic, and perhaps others yet unnamed, are found in pernicious excess over the alkalies; and, as acids are certainly formed by the decomposition of the food, and one of them (the lactic) especially, in great abundance, it is presumed that the cause of the malassimilation resides in the viscera which contain the food during digestion. This idea that the digestive organs are to blame for gout and rheumatism, is of very old date; yet the evidence for it does not increase; and it remains, as of yore, a strong presumption, waiting to be confirmed by a physiological tracing of its steps.

Whatever value we may attach to the evidences of the dependence of diseases on the digestive organs, it is very clear that we look to them for relief from those diseases. Out of the six or seven hundred forms of drugs in habitual use, very few indeed are not occasionally offered to the stomach for acceptance, and an overwhelming majority of them are adapted for use only in this way. If we are to continue to employ this time-honoured agency in our attempts to remedy bodily maladies (and I see no indication of a change at present), it is surely of prime interest to secure its active and efficient condition. It is waste of toil to try to get in by a closed door.

Let it be observed, that it is not constructive medicines, not alone aids to the normal work of the alimentary canal, that we introduce through its walls. We expect it also to take up those whose agency is, physiologically speaking, its direct converse, whose effect is that of augmenting destructive metamorphosis. We call upon it to take up calomel as readily as bark, and wine, and oil. It is, therefore, equally of importance to have it in a normal working state when our aim is destruction, as when it is arrest of destruction or construction. When a sudden poison or paralysis has fallen on these paths of absorption, our hands are paralysed too; the staffs we lean on fail us. What buckets of physic used to be poured through the half-dead bowels in cholera! It might just as well have been thrown at once into the night-pan—its ultimate destination if the patients lived long enough. They did not always do so; for I once found a drachm of ipecacuanha, which had been administered three hours before death, safe in the stomach. It had produced no vomiting, and had not been moved towards the pylorus. Again, what enormous quantities of opium may be given by mouth to a patient with delirium tremens by an incautious practitioner, who does not reflect that the

reason of its not acting is that it lies dormant in the stomach, and is of no more good than if it were in the pill-box! But let the primæ viæ be cleared by a dose of calomel and a purgative enema, and the tension of the nervous system be relieved by absolute quiet and monotony, and then an ordinary dose of opium, more than which ought never to be administered, produces calm, rest, and a joyful waking.

But it is when reconstruction is the immediate object of the remedies to be administered, that the importance of the digestive organs is most obvious. Mark the difference between two consumptive patients taking cod-liver oil. One, whose digestion has been carefully brought into a healthy state, swallows it in large quantities, at any time of day you please, complains of no inconvenience, enjoys life, and does credit to the doctor, laughs and grows fat. Another, in consequence very likely of some easily removeable cause, nauseates the smallest dose; if, in spite of instinctive repugnance, it is forced down, it gets rancid; foetid painful eructations follow; and the patient not only gets no advantage from the drug, but is prevented by it from deriving the usual benefit from daily food; appetite is lost; and rapid emaciation shows how little construction is carried on. Remark, again, in continued fever, how the period of the restored renewal of the poisoned nervous system, which is announced by the ceasing of delirium, follows immediately on the clearing away of the dead epithelium from the mucous membrane—a beneficial change, of which I have taught you to see evidence in the moistened and cleaned tongue; whereas, till this change takes place, no step is made towards recovery. In both instances, the difference between one case and another, between the patient who is a credit and a joy to us and the patient who continues to wring our heart with anxiety, lies in the more or less vitality of the digestive mucous tract.

Thus, however sceptical we may profess ourselves as to the dependence of gout and rheumatism upon the digestive viscera, it is through those organs that we mostly try to reach the malady. It is through those organs that we endeavour to get our large doses of potash and our iodide of potassium into the blood. There are those who, in their treatment of these affections, rest more exclusively on the drugs named than you have seen me do; and to them, therefore, even still more than to me, should the integrity of the digestion be a care.

We must remember also that it is of no use to employ the best possible means of staying the morbid symptoms, unless the digestive organs assimilate sufficient material to replace that which is diseased, and which we are bestowing pains on the removing. We waste our labour in clearing away abnormal structure, if new does not take its place. This is too much forgotten by medical men when they use blood-letting, general or local, as a means of cure. They often starve their patient at the same time, thus intensifying and exaggerating all the harm likely to arise, increasing the anæmia, and still further depressing the nervous system. The truly rational plan is, when you take away old blood, to try and put in new; and, to that end, to get as much fresh food assimilated as possible. Thus the least harm is done, and the greatest good that the remedy is capable of. The neglect of this precaution is one of the causes of the bad repute, so much worse than

it deserves, into which bleeding has fallen of late years. Those who would restore its good fame must be careful of their patient's digestion.

The digestive tract has not the advantage possessed by the respiratory and by the upper part of the urinary apparatus and other parts, of being double. An animal has two lungs, two kidneys, two hemispheres to his brain, two testicles or ovaries, but only one stomach, and one intestinal canal. This is a reason for great caution in preserving its integrity, and explains the powerful influence which derangement of any one of its parts has not only over the whole tract, but over the whole body.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

ON THE THERAPEUTICS OF ACUTE DROPSY.*

By JAMES RUSSELL, M.D., Physician to the Hospital.

IN commenting on the treatment of cases of acute dropsy which have fallen under my notice in the above institution, I shall confine myself to those which have run an uninterrupted course, unchequered by those serious accidents which, in many instances, form a large element in the malady.

The acute dropsy, as its name implies, may assume the character of an active disease, setting in with high feverish reaction, whence it may hurry rapidly into the formidable complications of suppression of urine, epileptiform convulsions and coma, or inflammation of a serous or of a solid organ. But although this description undoubtedly applies to not a few cases, there are many others, the majority in fact, to which it is quite inapplicable; and I cannot avoid thinking, that by placing the essence of the disease in acute congestion of the kidney, and adapting this hypothesis to every case, we shall commit an error in our pathology, and shall seriously vitiate our therapeutics by placing our main reliance upon remedies which may be even injurious, and withdrawing our attention from others upon which our main reliance should be placed.

In the more acute forms active measures will be called for; local bleeding, counterirritants, digitalis, and other antiphlogistic remedies; but experience shows that there is a large and a highly important class of cases in which the indications for such treatment certainly do not exist, such as especially those presenting themselves in children, particularly after scarlet fever, and also others which may occur at all ages and under various circumstances.

In these cases, great derangement in the functions of the kidneys is equally the leading symptom, and constitutes the chief source of danger; but the absence of any thing like a state of active congestion of these organs seems indicated by want of the symptoms usually attending that state. The record of many of the cases which form the subject of these remarks is strikingly deficient in evidence of active reaction, and not less so in the early than in the subsequent stages of the malady. In the account given of the commencement of the attack, the fever was often comparatively slight, shiver-

* The following remarks formed the substance of a paper read to the Midland Medical Society.