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HOSPITAL REPORTS.

Royal Free Hospital.

ULCER OF THE STOMACH TREATED SUCCESSFULLY.

By WILLIAM BRINTON, M.D., Physician to the Hospital.

CASE. F. H., an unmarried woman, formerly in affluent circumstances, aged 48, of cachectic and emaciated appearance, was admitted as an out-patient on the 5th of June, 1855.

Her malady had continued, with little or no intermission, for twenty-seven years. At the age of 21, she was attacked by pain and tenderness in the epigastrium, spreading with diminished intensity into the left hypochondrium, and coming on soon after meals. This state had lasted about twelve months, when, after suffering from an unusually severe fit of pain, she vomited three or four pints of dark and partly clotted blood. The expulsion of this blood was speedily followed by a diminution in the severity of the pain; but it left behind it all the previous symptoms of "indigestion", to which were occasionally added attacks of vomiting.

During the twenty-one years which intervened from this time up to the period of her attaining the age of 43, she states herself to have been a constant sufferer from the same symptoms. At this latter age, the pain increased in severity and frequency: and, a few months after, she experienced another attack of vomiting of blood. The amount she cannot estimate at less than from one to two gallons. The greater part of it, if not all, was coagulated. By this vomiting of blood the pain was again relieved. But her life was in the most imminent danger: she lay in bed for several months: and it was fully two years before she recovered her strength.

For the last six months, the pain has again increased to such a degree, as to make her apprehend another of these dreadful bleedings. And, in addition to this symptom, the vomitings to which she has been occasionally subject have become a constant occurrence; so that she believes she vomits everything she takes. The only modification of her regular menstruation has been after these attacks of hæmatemesis; and, even then, has been limited to a reduction in the amount of the catamenia. Pulse small, regular, about 70. Tongue clean.

On making an examination of the epigastrium, the pain and tenderness were found to occupy their ordinary situation in cases of gastric ulcer:—the spot of their greatest intensity being placed exactly in the median line, about two inches below the point of the xiphoid cartilage. Around this, as a centre, the region of tenderness to pressure extended within a radius of nearly an inch and a half; the morbid sensibility seeming to reach further (and more distinctly) towards the left hypochondrium than in any other direction. The usual pain in the back is also present, but occurs far less frequently than the epigastric pain, which it generally accompanies. It occupies the median line, at about the level of the spinous process of the tenth dorsal vertebra. The vomiting after food is generally prolonged beyond the mere expulsion of the different alimentary matters; and then often brings up an acid fluid, to the quantity of half a pint or a pint. It is very easy in its

character, causing the fluids which it expels to gush from the mouth with little or no feeling of effort.

The decubitus is distinctly affected. She has for many years accustomed herself to sleep on the left side, but hesitates to ascribe this habitual posture to her malady. If attacked by severe epigastric pain when in the recumbent posture, she has to sit up for a time, to render it at all bearable. Subsequently, she is obliged to lie on the left side, from finding that the pain not only becomes easier, but disappears much more rapidly than when she lies on the opposite side.

The pain has its usual character of a dull soreness or burning. Its access is rarely earlier than ten minutes, or later than twenty minutes, after eating. It is sometimes accompanied, sometimes substituted, by a peculiar throbbing or pulsation in the epigastrium.

The above symptoms afforded little room for doubt as to the nature of the malady. Indeed, in respect to its duration, the hæmorrhages that had occurred in its course, the character of the pain, the frequency of the vomiting, and, lastly, the effect on the patient's appearance, we might almost regard it as a typical instance of ulcer of the stomach.

Could any exact site be assigned to the ulcer? This question, which naturally suggested itself as a sequel to the above diagnosis, I was inclined to answer in the affirmative. An ulcer which had lasted so long without perforating the stomach could hardly be supposed to occupy the anterior wall of the organ, especially without affording any physical indications, on a careful examination of the epigastrium, of the adhesion which would generally be requisite to ward off this catastrophe. The very copious hæmorrhage which had twice occurred justified the suspicion that the lesion had laid open some one of the large gastric arteries; in other words, that it involved that part of the stomach externally to which these vessels take their course. Hence there was a fair ground for conjecturing that the ulcer occupied, either the lesser curvature, or the contiguous upper part of the posterior surface; and had eroded the splenic or the superior pyloric artery. Such an inference was confirmed by the peculiar decubitus of the patient, and especially by the attitude which a severe attack of pain forced her to take; since both of these postures would have the effect of removing the weight of the contents of the stomach, as well as the pressure of adjacent organs, from these parts of the gastric surface into the greater curvature and the cardiac sac. The date at which pain followed after a meal strengthened this supposition, by indicating that the ulcer was *not* in the immediate neighbourhood of the cardiac orifice.

As regarded the treatment, the vomiting was evidently the most urgent symptom present. To remedy this, I placed my chief dependence in a rigid system of diet, the principle of which was carefully explained to the patient. She was directed to take nothing but arrow-root boiled in milk, and not to attempt more than a single dessert spoonful of such food at a time. If this stopped on the stomach, she might repeat it a dozen times in the day. A powder, consisting of seven grains of the trisnitrate of bismuth, and three grains of the compound kino powder, was also ordered to be taken thrice daily.

June 13th. Under the above system, the vomiting has been limited to about once every day; and the pain and soreness in the back is diminished. Ordered to vary the arrow-root with sago, tapioca, and especially ground rice.

June 20th. Has had no vomiting whatever since the

last report. The pain in the back and left hypochondrium have also disappeared. The soreness in the epigastrium is diminished; but it and the throbbing still occur from time to time. Ordered to take a little light pudding, made with egg; and to substitute biscuit-powder for the ground-rice occasionally. For medicine, to take five grains of the citrate of iron thrice daily, dissolved in an ounce of water, with her food; and eight grains of the compound rhubarb pill, as an occasional aperient.

June 26th. No pain or vomiting since the last report. Still a good deal of soreness and tenderness to the slightest pressure.

July 6th. Fasted for five hours, and took a fatiguing walk. This imprudence was immediately followed by an attack of pain, having the same character as previously, and relieved by the recumbent posture. It was not increased by cautiously taking a small quantity of the customary food, but returned about three hours after this meal.

July 14th. Since the last report, was alarmed by a thunder-storm; and the mental agitation thus produced gave rise to an attack of pain in the left hypochondrium, which only went off after maintaining the recumbent posture about an hour. Has had no return, however, of the epigastric or dorsal pain; and the soreness in the former of these regions is much diminished. Ordered to take strong beef-tea in small quantities; suspending it if any pain or nausea followed its use.

September 4th. Has continued the same system of diet and medicine, with the very best effect. Is much fatter in flesh, and clearer in complexion. Has had no return of pain or vomiting. Has only once experienced slight nausea, about an hour after a meal, under circumstances of great mental agitation.

From this time she continued to improve. Her emaciation gradually diminished, and she gained a little colour. She was able to take a little fish or tender boiled meat. And finally, at the end of October, she discontinued her attendance, after having experienced no attack of pain or vomiting for nearly four months.

REMARKS. To those who are imperfectly acquainted with the clinical history of the gastric ulcer, there might seem to be a strange disparity between such a dangerous lesion of twenty-seven years standing, and the simple diet and remedies above specified as the means of its cure.

But while the above brief reports include all that is necessary to mention in a mere outline of the treatment pursued, and its gradual effects, they omit many details, which might perhaps be usefully alluded to in a clinical lecture, but must not be dwelt upon here. And they have the graver disadvantage of avoiding all mention of one of the chief conditions of the successful treatment of this, as well of many other maladies: namely, the character and conduct of the patient. The patient was an intelligent and educated woman, who not only understood the explanations given her respecting the plan of treatment to which she was to be submitted, but had sufficient self-control to yield an implicit obedience to the orders enjoined upon her. Added to this, she appeared to have been of temperate habits throughout life.

To illustrate the clue which these facts afford to the results of her treatment, I may refer the reader to another case of the same malady, reported by me in this Journal a few weeks ago*:—a case which, at the outset of its treatment, was certainly in a far more favourable condition for the operation of remedies. As regards appearance, colour, strength, and general health, the instance just referred to offered greater reason to hope for a cure than that now under consideration. But the details of its history shewed (what, indeed, we might well have expected) that in applying a treatment which consists of perfect rest, and a rigid system of diet, as well as of the administration of certain drugs, it is utterly useless to fulfil the latter element of the curative process, while neglecting the two

former; and that mental and bodily fatigue, and a mode of feeding which alternately starves the system, and distends the stomach, together frustrate all attempts at a cure, especially in a constitution previously shaken by free living.

Lastly, I need scarcely say, that it is impossible to answer for the permanence of even a cure like that described above. The removal of the symptoms for a space of four months, and the manifest improvement of the patient's health and strength which followed that removal, together leave no reasonable doubt that the ulcer had thoroughly healed. But it would depend very much on the nature and thickness of the cicatrix what protection it could afford against a re-opening of the lesion by any sudden or great distension of the stomach, just as it would be determined chiefly by the state of the constitution whether there would be any recurrence of the ulcerative process. And the practical conclusion that we may deduce from these well ascertained facts in the pathology of this disease is a most important one. It is only after the lapse of a very long period of perfect health that we are justified in suspending the system of diet that has effected the cure. Indeed, for years after, the patient ought to retain the habit of always taking food in very small quantities; of ensuring its proper pulpy consistence by the most careful cooking and slow mastication; and of avoiding hot food or drink, excess of azotized aliment, mental or bodily fatigue, and all substances which popular belief, or personal experience, afford reasons for supposing to be indigestible or unwholesome.

Brook Street, Grosvenor Square, Dec. 18th, 1855.

Worcester General Infirmary.

FIBRO-CELLULAR TUMOUR REMOVED FROM THE KNEE-JOINT.

Under the care of H. D. CARDEN, Esq., Senior Surgeon to the Infirmary.

[Reported by Erlin Clarke, M.B., House-Surgeon.]

MARY ANNE WILLIAMS, aged 30 years, a married woman, who assists her husband as a tailor, presented herself at the Infirmary, July 15th, 1854, with an enlargement of the right knee-joint. She is a pale delicate looking woman, and says she has always been nervous, but has otherwise enjoyed good health. Ever since she can remember, the right knee has been weak and affected by change of weather, with pains, which she has considered rheumatic; but about twelve or fourteen months ago, she first observed the joint to be larger than the other, and soon after she noticed a firm moveable body, apparently situated in the joint. At first, this state caused little inconvenience, but latterly the weakness and difficulty of walking have increased, and the leg has once or twice given way suddenly under her; but she has suffered very little pain when this occurred. She never received any injury to this knee, nor can she assign any cause for the disease.

On examination of the joint, it was found enlarged and distended with fluid, but neither painful nor tender; on the outer side of the knee manipulation discovers a firm body, which slips about under the fingers, and can be pushed upwards for some distance parallel with the outer edge of the patella; it appears to be loose in the cavity of the joint, and about the size of a date. The woman can walk with tolerable facility, but is anxious to obtain a permanent cure. Mr. Carden, under whose care the woman was placed, thought the substance was larger and less firm and resisting to the touch than the ordinary loose cartilage in joints, but it was determined to treat the case on this diagnosis. The woman being unable to remain in the Infirmary to-day, the substance was pushed upwards as far as possible from the centre of the joint, and fixed (an inch above the patella, in a line with its outer edge) by a pad of lint, with plaster and a roller; and she was directed to wear this constantly, and to keep as quiet as possible.

August 1st, 1854. She was admitted as an in-patient;