Clinical Lectures:

DELIVERED IN

ST. BARTHOLOMEW'S HOSPITAL, LONDON.

BY

F. C. SKEY, Esq., F.R.C.S., Surgeon to the Hospital.

No. V.

ON ABDOMINAL TUMOURS AND INTESTINAL PARALYSIS.

GENTLEMEN,—In large institutions like this hospital, we have a series of instructive cases always collecting on our hands; and what is instructive and interesting to us surgeons must be interesting also to you as pupils. I therefore purpose to-day, though the summer session may be said to be now entirely at an end, and the class may be rather weary of lectures, except on that attractive subject, botany, to go over the details of two or three surgical cases. There is an advantage, also, while the salient features of cases or of *post mortem* examinations are flitting through the memory, in fixing the disease or pathological accident, as the case may be, well in the mind. We have always, indeed, in this hospital, as they used to say some time ago, *un embarras de richesses*—such a crowding of good cases, as they are called, that we must utilise them for your advantage, and keep up with the newest facts both of science and clinical experience. We are all learners, in fact—all students—all going along in the same groove.

The first case to which I wish to draw your attention to-day is that of a young woman with a tumour of the abdomen or abdominal walls. I will read the heads of the case. This young woman was admitted October 5th, with a large swelling of the abdomen, very particular in appearance, and remarkable altogether, as it was so unlike many of the growths we find in this locality. It extended along the rectus muscles to the ensiform cartilage, branching off in its outline, as it struck me at the time of first seeing her, something in the shape of the fornix in the brain. It was large and nodulated, and reached into the hypochondrium, as you can imagine a body shaped like the fornix would do. Many surgeons saw the case, and looked, I must confess, very unfavourably at it as to the probable issue. There was no pain, nor did the patient complain of any pain on defecation or micturition. The tumour had been two and a half years in existence; this was also remarkable, taking it out of the category of malignant growths. Several surgeons saw it, very many of my colleagues, as well as Mr. Arnott and others who were present; and the prevailing opinion was that it was a tumour *in* the abdominal cavity, and, of course, that nothing could be done. I cannot say I was quite satisfied with that view of the case. I do not know whether it was from the fact of having seen a nearly similar patient in private practice a little before, or from a sort of *nil desperandum* philosophy of mine when a thing is said to be incurable. It appeared to me that the disease consisted in the rudiments of a chronic abscess *in the parietes* of the abdomen, and something might be done. When I put the woman over in the bed, and examined it in every possible position, the tumour was mobile; it rolled about, not like a fixed abdominal growth. There it was, too, under the rectus muscle, with this singular shape, of which the history could give us no information.

The case in private practice to which I allude is that of a lady at the other extremity of England, with a large tumour. She had been married some time, but had had no child. She looked pretty much as if pregnant; but, after a period, this abscess—for an abscess it was—discharged itself into the rectum, and large quantities of purulent

matter were evacuated. Now came the curious part. The tumour increased again, stretching along the linea alba; and matter oozed from the umbilicus. In this state of things I saw her. I believe this was a case of inflammation of the subperitoneal cellular tissue of the uterus, extending up the same cellular tissue of the inside of the abdominal parietes. I commenced the treatment by recommending the abdomen to be firmly rolled. A liniment of unguentum hydrargyri and opium was also prescribed, so as to increase absorption; and quinine and wine also ordered. This was a true abscess, *intra parietes abdominis*, as one might say. Six months afterwards, she was quite well.

I gave a lecture in 1852 on this subject at the College, and the subject has not gone out of my memory. A good kind of treatment is that such as I have indicated. In the case in the hospital—the more immediate subject of remark to-day—we gave tincture of bark and the oxy muriate of mercury (corrosive sublimate)—an old fashioned medicine, but still a very valuable one. Then bark, wine, and porter alone, were given. She was next salivated; the abdomen was rolled; and she improved *pari passu* with this mode of proceeding. She was admitted on the 5th of October, and she went out perfectly cured on the 5th of January—three months in all! It was evidently not a tumour, as all my colleagues were inclined, at a superficial glance, to conceive it, but an abscess such as I describe, in the parietes of the abdomen itself.

I would advise you to look more to such cases as these. You do not know where they may turn up; and if you give an opinion that a tumour of the sort is something with a learned name, some heterologous Greek compound, and it turns out that an old woman may cure it, you bring practical surgery into bad repute. There is a third case now in Lucas Ward, also gradually recovering. Keep the pathological fact in your mind, that in certain localities, such as the subperitoneal cellular tissue, there is a tendency to the formation of abscesses; that these abscesses are essentially *in the parietes* of the abdomen; and that they are curable by the treatment just indicated.

I now turn to another case of abdominal tumour, but one, I regret to say, which seems to baffle our skill. It has been rather a melancholy case for us all—a standing reproach to the boastfulness of our science. I need not say I allude to that poor young woman afflicted with abdominal tumour and perpetual constipation of the bowels—paralysis of the large intestine, we might call it. At a first view of the case, it was thought to be uterine disease. I am not sure but that Dr. Rigby and Dr. West saw the case as such; but they pronounced it not uterine disease. Then it was thought to be disease of the rectum; but finally it has proved what I conceived it to be—*paralysis* of the whole extent of the colon, with the most hideous constipation of the bowel, now lasting, off and on, for two years. The poor young woman's bowels are opened about once a fortnight by medicine; it is a sort of event rather favourable when it occurs twice every month! Can you tell me in what condition this intestine is at the present moment? The evacuation, I said, was a sort of event twice a month; and I am told it is the size of a cocoa-nut, the bowel lying along the abdomen, enlarged like my arm, as it is felt from time to time. Such cases as this are very suggestive, if they are also mournful. We see the simplicity of Nature's ordinary arrangements, so to speak, when the channel gets stopped up, and the machinery gets out of gear. You know the bowel is usually acted on by three fasciculi of muscular fibres, which, gradually contracting in the usual worm-like manner, push along the contents from sacculus to sacculus. At the termination of the ileum, the circular fibres are continued into the two folds of the ileo-cæcal valve; while the longitudinal fibres, no doubt carrying with them some nervous sympathy or relation from the spinal system of nerves, pass onwards to the large intestine. In the cæcum and colon, these fibres are gathered up into three bands, which, being shorter than the intestine, give it the puckered appearance so often seen in dissections. The circular fibres are very thin, as

compared to the longitudinal. What is the condition of the intestine here, then? What is the condition of an arm laid up in a splint too long, till the muscles get out of use? what of the muscular structure of the heart, in thinning and dilatation? or of the ductus arteriosus, when its occupation is gone? I fear the condition of the intestine here, from the caput coli to the rectum, is that of a dry skin or bladder (one is almost afraid to say, like a large sausage), the natural and beautiful vermicular function entirely abolished.* it seems as if we had complete paralysis of the intestine to deal with.

We tried a great many remedies in this case, with several different objects in view. First, the milder purgatives, if we could coax the bowels to act—sulphur and guaiacum; then oxgall, alternated with the compound jalap powder and decoction of aloes. Each did good for a time; the bowels were opened; but I fear it was no use as to ultimate benefit. Again, we had chalybeate preparations, to give tone to the general system—sulphate of iron and extract of aloes. I tried the guaiacum again, with sulphur—an old prescription of Jeaffreson of Leamington, the “soveranest thing o’ the world” for inward constipation, but its effects were very temporary indeed. As I go along over the notes, I am astonished at all the things we tried, not empirically, as it is called, but with some indication to be fulfilled. We next tried quinine, to give tone to the nervous system; and small doses of nux vomica, which the Germans dwell very much on in atony of the digestive system. The effect was good for a while, but then we are obliged to go back to gamboge, croton oil, and suppositories of elaterium. We went, in fact, through every modulation of the one tune of purgatives. Even granules of tin some one suggested in consultation, and she had tin in granules accordingly; but with no conceivable benefit. My excellent house-surgeon only knows what devices were obliged to be had recourse to in order to procure evacuations. I believe, however, and this is a practical point to keep in mind, large injections of warm water were the most satisfactory remedy. We tried also, I find, valerian and assafœtida, for nervous symptoms and hysteric crying which she evinced, the result, perhaps, of the confinement to hospital and derangement of her nervous system. We also ventured on the sixteenth of a grain of strychnine, in the idea that we had paralysis to deal with. Now, we had a very striking instance in this case of the poisonous effects of strychnine: indeed, I take it to be a very dangerous remedy, and for this reason, that it is so uncertain (may we say, so adulterated occasionally, also?), the sixteenth of a grain acting sometimes as much as the twelfth another day. This girl was attacked with pain in the loins, and some opisthotonos, before we could see where we were. The strychnine was then discontinued; but, curious to tell, three days afterwards, the symptoms of strychnine set in again, some strychnine pill having perhaps remained undissolved. This leads me to observe that the man Cook, if he got strychnine at all, may have got it before the first fits, as well as before the last and fatal fit.

* Some remarkable instances of persistent constipation are given by authors—constipation for five, six, or seven weeks at a time. Dr. Baillie gives a case which continued fifteen weeks; and we saw a case recently at St. Thomas’s Hospital which lasted fifty-seven days. Mr. Staniland has published the case of a young female who had one evacuation only every two months for a period of five years; all which time she appeared in good health, till an attack of inflammation closed the scene. It is of interest to remember that the principal part of the fecal discharges consists of secreted matters, and that the more fluid parts of the food are all absorbed. Indeed, Cullen believed that costiveness arose from the absorption of the fluid matters alone, showing that by preventing too much exhalation from the skin, for instance, we might assist in preventing constipation. Obstinate constipation has been known to arise from injuries or disease of the spine. In delicate females, this is said to be not uncommon: the functions of the intestinal canal are impeded by the morbid influence exerted by the spinal nerves upon the organic nervous system, if the spine, as recently suggested by Dr. Marshall Hall, be not itself the real sympathetic system.—K.

Reviews and Notices.

A PRACTICAL TREATISE ON DISORDERS OF THE STOMACH WITH FERMENTATION: THE CAUSES AND TREATMENT OF INDIGESTION: AND ON DIET. By JAMES TURNBULL, M.D., Physician to the Liverpool Royal Infirmary, etc. pp. 160. London: John Churchill. Liverpool: A. Newling. 1856.

So many books, under different titles, have been written on the stomach and its disorders, and so various have been their merits, that one is tempted to look with a suspicious eye on the announcement of anything new in this quarter. But when anything really good appears, it is a matter for satisfaction. Not long ago, we had occasion to notice favourably a philosophical work on *Digestion and its Derangements*, by Dr. King Chambers; and now Dr. TURNBULL comes forward with a treatise on a special class of stomach disorders—those, namely, connected with fermentation.

The chemical processes, which the food undergoes in its passage through the intestinal canal, have occupied much of the attention of the author of this work; and he finds that disorders attended by abnormal chemical processes—i.e., by fermentation—form a larger and more important class than is generally conceived. He therefore, after briefly examining the healthy process of digestion, and the various kinds of fermentation, discusses those conditions of disordered stomach which are attended with the evolution of that remarkable production—the *sarcina ventriculi*. On this subject, he appears to have collected all that has been written since the discovery of the *sarcina* by Professor Goodsir in 1842, and has put it in a very readable form. It appears that thirty cases of *sarcina* have been recorded; and Dr. Turnbull has observed six—making in all thirty-six. In eighteen of these, the death of the patient is recorded; and hence he concludes that in a large proportion of cases, the peculiar development is caused by organic disease of the stomach or of some organs connected with it. The cases he finds capable of being arranged in four groups:—

“1. Cases in which ulcers, or cicatrices arising from them, or some other non-malignant disease of the stomach, obstructed the pyloric orifice. 2. Cases of cancerous disease contracting the pylorus. 3. Cases in which there was no disease of the stomach itself, but displacement or some other condition obstructing the pylorus. 4. Cases in which the disorder may have been functional, recovery having taken place more or less perfectly.” (p. 57.)

In further analysing these cases, Dr. Turnbull finds the disease more frequent in males than in females, in the proportion of 24 to 10. It is most common between the ages of 30 and 50. In many cases, the patients have suffered from digestive derangements for many years; and in these the disorder is probably dependent on simple ulcerative or non-malignant disease. The symptoms are vomiting (the most frequent), pain, flatulent distension, feeling of “something alive in the stomach”, costiveness, emaciation, want of sleep. The urine has been found alkaline by Dr. Bence Jones where much acid has been voided; and sugar and oxalate of lime have been found in it.

In speaking of the treatment of sarcinic disorder, Dr. Turnbull recommends great care in the selection of proper articles of diet; those which are readily dissolved in the stomach being preferred, while those which are liable to pass into fermentation, such as fermented liquors and bread which has been made by fermentation, are to be carefully avoided. In the medicinal treatment, we meet with palliatives rather than curatives, seeing that the disorder most frequently arises from organic causes. Sulphate of soda, creasote, wood spirit, common salt, and alkalies in large quantities, have all been found efficacious in relieving some one or other of the symptoms; and some of these probably arrest fermentive action.