CASE OF

LONG STANDING DISEASE OF THE LUNGS
SIMULATING PHTHISIS:

DEATH BY INANITION FROM A POUCH AT THE
LOWER END OF THE OESOPHAGUS.

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THE person who forms the subject of the communication I now bring before the Society, laboured under a diseased state of the lungs on the left side of the chest for a period of thirty-seven years. I first attended him in 1813, his age being then twenty-two. Without any previous severe symptoms he suddenly began to cough up a very offensive pus in very large quantity, as much as twenty ounces in twenty-four hours. This continued, but in lessened quantity, for many weeks. The offensive character gradually lessening, as the quantity diminished. It appeared that the matter came from the left side of the chest, as there was evidence of very little if any respiration being performed by the left lung, whilst the respiration on the right side was perfect, and performed without difficulty or pain. From that period to his death, February 10th of the present year, he continued to have more or less purulent expectoration, sometimes attended with a mixture of florid blood, at other times attended with violent hæmoptysis, and oftentimes for a long period without any appearance of blood. The quantity of purulent discharge varied from several ounces in the twenty-four hours to a few drachms, and sometimes, though only for short periods, it may have ceased altogether. This gentleman spent one year in the south of France and in Italy, one winter in Madeira, and four winters in Devonshire; but for many years he confined himself to his house during the whole of the winter months, commanding, by means of heated air, an equal temperature in all the rooms, passages and staircases of his house. He at times found relief from his symptoms and a diminution of the purulent expectoration by having the vapour of tar pervading the house, raised by means of a spirit lamp in the staircases, but never in the room in which he was. He invariably found relief from pain and dyspnoea by a copious friction with emetic tartar ointment, and applying a flannel saturated with the ointment to his chest, which brought out pustules as soon as a blister would arise. Prussic acid at times lessened the expectoration and gave relief; and sulphate of zinc often checked the hæmoptysis, and was beneficial as a tonic. His pulse, excepting in some severe exacerbation of symptoms, was not more than 80, seldom reaching 90, and what was extraordinary, it almost invariably became reduced in the evening to 60 or very little above it.

This gentleman had married and had several children of a healthy and robust character. During the few latter years of his life the purulent expectoration,

though continuous, was not large, with very little hæmoptysis. The left side of the chest was dull on percussion in every part, but there was no evidence of any distinct cavity. The right side was resonant and admitted air freely in every part. During the last four or five months of his life, he became greatly emaciated—he had always been thin; this emaciation, and indeed the immediate cause of his death seems to have arisen from another disease to which I shall have to allude, rather than from the disease of the lungs.

His death, which took place on the 1st of February, in this year, his age being then 59, was unattended by any material increase of dyspnoea, but appeared to be the result of gradual loss of strength and ultimately of vital power.

On examination of his body the day after his death, on the left side of the chest the pleural surfaces were almost everywhere united by strong and apparently old adhesions, three very large bronchial glands were found, one on the side of the trachea, and two at its bifurcation; one of which, as large as a pullet's egg, compressed the right bronchus so as somewhat to diminish its area. These glands were of a dark blue or blackish colour, soft, but not in a state of suppuration. The whole of the left lung was condensed and formed into indurated nodules of a dark blue colour, softened, and containing in different portions some pus, but without any distinct cavities or any traces of air-cells. There was oedema of the right lung, and that to a great degree in the lower lobe, most probably arising from the pressure of the enlarged glands on the right bronchus, but the lung was otherwise free from any disease, and there were no adhesions of the pleura. There were three scrofulous tubercles, the size of a small marble, in the liver, and one large gland containing curd-like matter situated on the fourth lumbar vertebra.

The other disease to which I said I should have to allude, was found at the lower part of the oesophagus, close to the cardiac orifice of the stomach, before describing which it will be necessary to revert to the history of his life.

Before I attended him in 1813, he had for a considerable time laboured under a difficulty in swallowing his food, so that the taking a meal was to him a longer process than to persons in general; and he was supposed to have a stricture of the oesophagus. He had been attended by Mr. Crutwell, a surgeon of this city, long since dead, who several times passed a bougie, but without producing any benefit. Sir Astley Cooper once passed a bougie, as did Mr. Lawrence; both thought there was stricture at the lower end of the oesophagus, but neither advised the use of the bougie. The patient himself thought there was some congenital defect, as he never remembered the time when he could eat a meal as readily or quickly as other persons, and said that once when a child he was nearly suffocated in the act of eating. When the severe pulmonary abscess for which I first attended him occurred, all thought of the stricture of the oesophagus was lost in the importance of the disease of the contiguous organs, the

trachea, and the lung. The difficulty of swallowing, however, always continued, and for the last two or three years of his life he was in the habit of taking his meals alone, to avoid the observations of others on the slow and cautious way in which he took his food, and also to keep his own undivided attention to the business he was about. He always found the food stop low down, where it remained for a considerable time. He believed that he could always tell when a portion of the food had got into the stomach; but frequently, and more constantly latterly, a great portion was brought up into the mouth with any little effort, and one not at all analogous to vomiting. At all times he was accustomed to bring up, by the same effort, a quantity of viscid fluid, which was, apparently, accumulated saliva. His own idea was, that there was a pouch formed near to the entrance into the stomach. In the last three months of his life but little food got into the stomach, almost all he took being returned. It was then he became emaciated, and for the last two if not three weeks of his life there was no reason to believe that anything, even fluid, got ingress to the stomach. He was supported by broth enemata, but he became daily weaker, and gradually died.

The upper portion of the œsophagus did not present any remarkable appearance, but at its lower portion, close to the cardiac orifice of the stomach, was a pouch, nearly the size of a small orange, projecting to the left side, and formed by a dilatation of the œsophagus, the coats of which, though thickened, were not indurated, nor did they present the slightest character of scirrhus. The mucous coat was entire, and natural in its appearance. The cardiac orifice of the stomach was rather small, but not in the least indurated; but it was evident that when the pouch was full, it must have dragged the cardiac orifice to one side, and have rendered the passage of anything into the stomach difficult, if not impossible.

It must be admitted, both from the appearance of this pouch and from the history of the case, that it must have existed for a long time, most probably for years, if not from birth. To account for its formation is perhaps impossible; any attempt so to do must be conjectural. It may have been that some extraneous substance—a fruit stone, or a bone, may have lodged in that part of the œsophagus, and have there remained long enough, before it got into the stomach, to form a pouch, which may have been progressively enlarged by the lodgement of articles of food therein. Or may it have been, that a large mass of scrofulous glands in the anterior mediastinum may have for a long time compressed the œsophagus, and given rise to the dilatation, and then the pouch. And may it not have been, that the large quantity of offensive matter coughed up in 1813 came from such a suppurating mass—a supposition rendered somewhat more probable by the circumstance, that no trace of any large cavity having existed in the lung was discoverable. I have never before seen a pouch of the kind on dissection, and I believe the case to be very rare; and I am inclined to think only two or three instances of the kind are to be

found. I have not had time to search very minutely for any such, but I have only found one, which is mentioned in “Baillie's Morbid Anatomy,” the preparation of which was in Mr. Hunter's museum.

BRIEF NOTES OF

MEDICAL CASES,

SELECTED FROM HOSPITAL AND PRIVATE PRACTICE.*

By C. M. DURRANT, M.D., IPSWICH.

Pulsating Abdominal Tumour.

A LADY, aged 23, residing in the country, and having habitually enjoyed good health, and taken much exercise, became the subject of a rather severe attack of scarlatina anginosa, which disease was at the time prevailing in the neighbourhood, and to which she was predisposed by over fatigue and anxiety, induced by close attendance upon a sick husband. This gentleman being at the same time under the conjoint care of the family surgeon and myself, my attention was directed, upon the subsidence of the scarlatina, to the existence of a pulsation in the abdomen, and in reference to which, the following history was elicited:—

This lady had miscarried about eighteen months previously, immediately after which she was attacked with violent, although *not constant*, palpitation of the abdominal aorta, in which the heart sympathized. Upon her again becoming pregnant, and the palpitation continuing, her friends were alarmed, and took her to London, where it was arranged that she should be confined, under the care of an eminent obstetric physician. Prior to this event taking place, she had the opinion of two leading members of the profession, who, with her accoucheur, regarded the pulsation as arising from an abdominal aneurism.

The recumbent posture was advised, and maintained for nine months.

Her labour was natural, and the child living and healthy, and she returned to the country in perfect health, without pulsation, the aneurism having, it was supposed, undergone a spontaneous cure. On examining the body with her medical attendant, (who from the first had negatived the idea of aneurism) an oblong unyielding pulsating tumour, of from two to three inches in length, and somewhat less in breadth, was felt midway between the ensiform cartilage and umbilicus. The amount of pulsation was described as varying greatly, and, upon careful examination, no lateral pulsation was perceptible. A bellows murmur was elicited by firm pressure of the stethoscope upon the surface of the tumour, but this at once became inaudible, upon the removal of the instrument either upwards, downwards, or laterally, in reference to its site. The heart was at this time quiet, and pulsating naturally.