THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, DECEMBER 19, 1872.

[VOL. X.—No. 25.]

Original Communications.

ABDOMINAL DISEASES AS OBSERVED DURING THE SUMMER OF 1870.

A Paper read before the Dorchester Medical Club,
October 17th, 1872,

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THAT part of Dorchester known as Neponset and Port-Norfolk, although abounding in what one would naturally regard as material for summer complaint in its various forms, has been unusually free from any prevailing sickness, especially of a severe type, during the summer now past. Bowel complaint of children, although somewhat prevalent, has been of a mild character and mostly manageable with little medication and the usual dietetic care. No case of severe cholera infantum has come under my notice. Most of the cases I have seen have been of non-nursing infants, and such as were in process of dentition.

A few cases of dysentery have occurred, all of a mild character and readily yielding to treatment. A few cases of cholera morbus have been encountered, recovering under the usual care. One case has been met with which, had cholera prevailed among us, would readily have found its classification with that disease. The case was fatal.

On the whole, so far as relates to abdominal diseases of the season, little has been experienced by me worthy of note, and consequently nothing especially new in the way of treatment has been called in requisition. I will proceed with some remarks suggested by hints derived from observation and sources open to every physician in his daily rounds who is careful to see and listen.

With children suffering from disturbed

bowels, my general custom has been to nourish as far as practicable—no matter how young the patient—and to give nutriment in as condensed a form as possible.

I have many times noticed, in the past as in other seasons, among the Irish, little dirty patients with a newly-baked biscuit, a cracker, a cold potato, an apple, a raw turnip, or, as in one instance, a raw cabbage leaf in hand which was being nibbled at will. Remonstrance in these cases seems to be in vain. I never can succeed with this class of patients in establishing any special judicious plan of diet. If the offensive article is removed for the moment, I fancy the noisy protest of the sufferer causes its restoration soon after the doctor's exit. Now among the Irish I have not seen a fatal case of bowel disease the past season; while the single death from the disease was in a family where the most careful nursing was had—the food arranged with the utmost exactness—everything contraband excluded.

It is sometimes not a little difficult to resist popular notions in a sick room; as, for instance, in the matter of allowing a plentiful supply of cold water. We all have seen how common it is to ascribe any paroxysm of pain, any vomiting, or any increased tormina of the bowels to the cold water, should any of these things happen to follow its administration in however small quantity. So also in the indulgence of fruits.

It is my practice, usually, to allow children in their summer sickness, when suffering from thirst, as they are apt to do, a supply of cold water; of course, using discretion as to quantity, state of stomach, &c., making it sometimes, too, the medium of such medicines as are appropriate, but which, in a less diluted form, would be repelled on account of taste. But cold water *alone* and in full supply has been often attended with the happiest consequences. I will refer to a case I had three or four years ago. This little child, between 2 and

* This Paper was prepared to be read before the Norfolk District Medical Society in the autumn of 1870, but owing to unavoidable causes was not then read.

3 years of age, had been sick for many days with severe bowel complaint, accompanied with almost constant vomiting. No food, no liquid, so far as tried, would remain in the stomach. A teaspoon of water or any other liquid was as soon vomited as swallowed; and yet the thirst was tormenting. Emaciation was fast going on; the dangers of death seemed imminent. I determined to try the experiment of letting the little patient have her fill of pure cold water. I thought it could not make matters much worse. A large pitcher full was called for, a good sized goblet filled and presented to the child, which was all swallowed with simply stopping once to rest and breathe. Another goblet was filled after a little delay, which was also drunk with great relish, the little patient only stopping once to rest and breathe. Then another was offered, which was seized with less eagerness; and after swallowing about half of it she looked up with what seemed a satisfied and grateful expression, put out her little hand and pushed back the glass as it was again offered to her, lay down in its mother's lap, soon fell into a quiet sleep, followed by gentle warmth and perspiration; had no more vomiting, and was immediately afterward convalescent, requiring little further medical care.

I leave it for others to explain why this little child, whose stomach was in such a state of irritation that it could not retain a single teaspoon of any liquid, not even water, could yet drink, with only an occasional stop to breathe, within the space of five to ten minutes, nearly a pint and a half and yet retain it all. I do not mean that this treatment can always be so successfully and safely pursued in cases of bowel complaint, when vomiting is so persistent and thirst so urgent. But I believe that, by carefully watching children in this disease, and by careful discrimination, we may often hit upon the very article they most need, and, by giving it, do a great deal toward a successful issue. In any case of a similar kind as related, I should repeat the experiment, trusting that, though the gentle stream but increased the flame, the flowing torrent might extinguish it.

In some cases of bowel complaint, I have found cold water, or a weak solution of soda in water, the only substance that the stomach would bear. When this condition obtains in the early stage, while the strength of the child is good, and as yet there is little or no emaciation, I have allowed it thus to be treated—absolutely nothing else being administered for more

than one week, when the stomach has become quiet and capable of retaining and digesting the food.

As illustrating the advantage of patiently watching children with a view to learn their wants, a case may be stated in which I accidentally discovered a longing for sugar. A little had been dropped into the mouth after something unpalatable had been given. I saw that it was sucked down with avidity—an appealing look cast up for more. The difficulty here had been, as so often happens, to keep anything down. I at once had a quantity of loaf sugar cut into small bits, and the child fed with them. As fast as one was dissolved, it was replaced by another. From one to two ounces was thus taken in a day, with great zest, which, with a teaspoon of water occasionally, was all that was used for several days; when tiring of the sweet, it was found that other articles could be tolerated which before had been entirely rejected.

At the risk of being somewhat tedious, I wish to give other instances illustrating that craving for something which the mute sufferer cannot indicate and which it too often, I believe, fails to obtain. A child, after a lingering bowel complaint with teething, seemed far gone, and the stomach rejected everything offered. The case seemed hopeless. I had known raw beef recommended in some forms of bowel complaint. I determined to try it, and it was soon procured, scraped into pulp, salted and given, at first, in small quantity. It was soon apparent that the child had found what it was craving; it was sucked down with all the eagerness it was capable of manifesting, and for nearly two weeks the child took almost nothing else. Convalescence was then so far established, that a successful return was made to the ordinary articles of food.

A very remarkable and, as it proved, a very interesting case was that of a child, about 2 years old, who was brought home to my neighborhood from Alexandria, D. C., where, with its mother, it had been on a visit of several months. It had contracted diarrhoea of a bilious type, and had had, as the mother said, the chills. It had been long sick, and, notwithstanding the unfavorable opinion of its physician, the mother decided on returning with it to her home. On visiting it, I think I found the most emaciated specimen of humanity that I ever saw that was afterward restored to health. With diarrhoea, and vomiting of every kind of nourishment offered, it seemed a case hopeless of relief. Rather as an experi-

ment than with an expectation of success, I directed a trial of brandy, milk, water and sugar, made as strong of brandy as could be swallowed. Much to my gratification, the child manifested a decided relish for it, and did not reject it. It was diligently persevered with, and the longer it was used the more it was craved, and the better enjoyed. Soon, a gain of vigor was perceptible in the child. Suffice it to say, this was substantially the whole nourishment used until it had consumed three gallons of the spirit. At the end of from six to eight weeks, so vigorous had it become, that it was deemed expedient to wean it from its stimulant, and to substitute some other and safer form of nourishment. So strong had the love of brandy become that this was found no slight task. The little fellow, as he began toddling about on his feet, was for a long time earnestly calling for "bandy, bandy." After months, however, he was apparently weaned from it. But whether the seed is sowed thus early, to spring up and develope in after life, into a fatal indulgence, may afford a subject for serious reflection. The child, now 3 years of age, is living in North Carolina, and is, as I am informed, a rugged and healthy boy. It is to be hoped he has not been snatched from death in the days of his innocence, to be a victim of a terrible appetite in his maturer years.

As further illustrating the whimsical cravings of children, I will mention a case just now recovering from a bowel complaint of about five weeks' standing. The child, something over a year old, one month ago, and before being weaned, commenced with a watery discharge from the bowels, and vomiting. The mother, suspecting for a certain reason that her milk was disagreeing with her child, had it taken from the breast. It had been accustomed to being fed from the table at times; weaning, however, seemed not to have the effect of curing it; the disturbance of the bowels continued somewhat aggravated. The stomach remained irritable. It persisted in rejecting all the various liquids we are accustomed to prepare for similar cases, and became much emaciated. Having found nothing that seemed to meet the demands of the stomach, I directed that the child should be carried to the table at the family meals, and to be watched for some indication of its wants. In this way it got access to some mashed potato, which it seemed to relish, and which also was not thrown from the stomach. The next article for which it seemed to show a desire was boil-

ed cabbage, small quantities of which were also eaten with relish. A day or two afterward, I happened to call on the family at one of their meal hours, and I saw my patient eating with great relish, picking it up with its fingers, little bits of meat and potato hash. The child is rapidly convalescing on this kind of diet. I should add that the child had been suffering exceedingly with teething, and that its gums were seasonably scarified.

I trust that my digression from the subject appointed for this paper will be pardoned, for the reason that I stated in the commencement, that the abdominal complaints have not been very prevalent, or of a very severe character, in the community in which I reside, during the past summer.

I thought it might not be remiss to go back to past years for some illustrations of the idea which I would enforce, that it is important to study and watch for the needs and cravings of these sufferers from tedious and often fatal maladies.

The few cases of dysentery which have come under my notice the past season have been of a mild form. I do not propose to say anything of medical treatment in this disease. I will state my experience in the use of one article with which I indulged my patients, and which I also used the preceding summer. It was an indulgence that I found gave them no less surprise than pleasure. I allude to the use of water-melon, which, as is well known, we have had in great perfection and great abundance the past season.

It is never difficult to persuade a patient to take what appetite craves, though he hitherto supposed that the article was entirely prohibited. I have rarely seen patients enjoy anything more thoroughly than they have the melon, and I have seen only the best results from its use. I need not say, to be successful, it should be in a perfect state—neither too ripe, nor insufficiently so. In typhoid fever, I have been in the habit of allowing it for many years, always finding it much relished, a good febrifuge and diuretic, and a valuable means of allaying thirst.

I desire to bear my testimony to the importance and value of one other principle in the management of diseases under consideration. It is to be regarded of paramount importance; namely, quiet of body—*rest*. Highly important in most diseases, it is indispensable in some. I do not fail to enjoin it most strictly in all cases affecting the abdomen. Even in cases not grave in character, a quiet, recumbent posture

greatly facilitates recovery. I dislike to have a dysenteric patient rise from the bed during the course of the disease. Children, in their summer complaints, are equally benefited by a recumbent posture and entire quiet. I know it is not practicable to carry out this management with children always, but much may be done by perseverance and patience in this direction. Tossing babies about in the manner of some nurses and mothers, with the idea of easing their suffering and quieting their cries, must be looked on as an evil and useless habit. Cradles and other rocking machines should be condemned as worse than useless. The quieter children are kept, the less suffering and the less demand for medicine. I feel it should be our constant aim and study to reduce medicine to the minimum, being sure that, in the perfection of practice, we may dispense with the use of drugs to a far greater extent than most physicians are ready to believe at the present day.

I would not have any one present imagine for a moment that I undervalue the ordinary treatment in the summer complaints of children. It is to exceptional cases, cases which are not amenable to the usual remedies, that I have desired to call attention. I wish to urge the importance of finding out by any way we can in these protracted and often intractable cases sometimes met with, what the patient craves; and if we can discover this, let it have a trial. Instinct may prove wiser than reason. In practicable cases it is better to let the child select for itself. The general disgust the child, after weeks of sickness, acquires for almost every article of nourishment afforded in the nursery, makes this desirable. It may reject the very thing it craves, when it sees you trying to force its use. Let it indicate its wants as far as possible, as in a case I above alluded to, and we shall be far more likely to obtain the desired result. Let various articles of food be placed before it; then let the parent observe the pointing of the finger, and the suggestive sound it will attempt to utter, and we can hardly fail to meet its wants. We have already seen that it is of less importance what the article is, as that it meets the craving of the child.

I do not expect this plan will succeed in every instance, but that it will do so occasionally, my own experience and no doubt that of others has abundantly proved.

Every physician, as he travels on in his medical pilgrimage, will occasionally see a case of disease resembling others of its class, but which for some cause wholly, or

to a great degree, fails to yield to the same mode of treatment which generally proves successful. It is well for him to take a note of these individual cases, as he may, after a while, use them as landmarks for future guidance. This remark is especially pertinent to the ailments of children during that period of their lives rife with danger attendant on diseases of the abdominal organs.

Progress in Medicine.

REPORT ON SURGERY.

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Etiology and Treatment of Metastatic Pyæmia. C. Hueter (*Deutsche Zeitschrift für Chirurgie*, Bd. 1, Heft 1).—In this article, Hueter reviews what he has already written upon the subject, and gives in addition the results of his experience of this disease during the late war. He retains the name pyæmia in spite of Virchow's opposition to it, for, he says, we as surgeons would be in danger of losing sight of the punctum saliens of the disease, namely, pus. Indeed, more numerous and more definite channels have been found for the reception of the cellular constituents of pus into the blood. Pyæmic diseases are divided into two categories, pyæmia simplex, the pyæmic fever caused by the reception of the fluid or cellular constituents of pus, coming from a single source, into the blood (through the lymphatics,) and pyæmia multiplex (metastatic pyæmia) where the fluid or cellular constituents of pus penetrate a thrombus, fragments from which carry them into the circulation. They are carried by the venous circulation to the right side of the heart, thence into the lungs and sometimes beyond into the arterial circulation and into distant organs. The chief cause of pyæmia is considered by surgeons to be bad ventilation and arrangements of hospital wards; but between this and the metastatic abscess seen on the autopsy table lies a chain of clinical events which it is the duty of the student carefully to analyze.

The causes of pyæmia multiplex are divided into indirect, those favoring the formation of thrombi, and direct, or those favoring a softening and septic infection of thrombi. The development of thrombi is favored by a general and a local disturbance of the circulation caused by a diminu-