THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXII.

THURSDAY, JULY 26, 1860.

No. 26.

CASES FROM MY NOTE-BOOK.

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[Communicated for the Boston Medical and Surgical Journal.]

CAULIFLOWER EXCRESCENCE.

SOME time since, a case of this disease was published in the JOURNAL, with the result of the operation performed by me. The operation succeeded, inasmuch as the disease did not reappear. Mrs. — was a music teacher, giving lessons in town and country, and prosecuting her business by rail and by walking, continuing it for several months. At length, deep-seated pain attacked the right hip. It rapidly increased, with great swelling of the whole hip. The thigh and leg were soon involved in the disease, swelling enormously, and attended by pain I scarcely have seen equalled. Mrs. — was of strong will, and very rarely gave utterance to her agony. She died, and examination showed extensive and destructive disease of the ilium, by which it was perforated, and the soft parts upon the dorsum, and fossa of the bone, were deeply involved in the disease. The confusion of the parts was so complete that they could not be distinguished.

CASE II.—Mrs. —, aged about 40, was first seen by me (in consultation) in December, 1859. She had been unwell for several months, the symptoms of her disease being hæmorrhages, severest during the catamenia; and in their intervals, large watery discharges. There was no pain. Examination discovered a tumor surrounding the os uteri, not large, and insensible. It was without pedicle, springing directly from the os. Much hæmorrhage accompanied and followed the examination, which was made by speculum and finger. The flow was stopped by plugging.

Mrs. — was asked concerning the diseases of her family. Her mother died of a disease of the heart. The treatment consisted of astringents, applied directly to the tumor. Among them was the perchloride of iron, which was very effectual. There was

VOL. LXII.—No. 26

The Boston Medical and Surgical Journal as published by

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one effect from it which troubled her. It destroyed the *diseased* surface with which it came in contact. This rapidly decomposed, producing a most offensive smell, and quite its own, in character, and making the whole condition of the patient as uncomfortable as it well could be. Anæmia was strongly declared when I first saw her. And to remedy this, the tincture of the mur. fer. was taken, and with much benefit. The strength returned, hæmorrhage and watery flow diminished, and Mrs. — left her bed, and walked about her room and house.

The tumor grew, and rapidly; assuming an irregular, conical form, and at length nearly filling the vagina. Its base was at top, and this came at last to occupy the whole of the *cul de sac*. Hæmorrhage gradually diminished, and color came to the lips. The pulse got tone and fulness, and notwithstanding the watery discharge which continued, the general condition was clearly improved. Some weeks having passed without any flow—the catamenia having missed a period without disturbance—it was agreed to remove the tumor by ligature. Upon careful examination, the base was found to be of the size of the wrist—the mass in places alternately soft and hard, and still irregular in outline. The operation was done the middle of June. Upon drawing the ligature, it was found to cut into the mass very readily and *without pain*, until a certain point was reached, when so much pain was felt that the ligature was secured. There was no hæmorrhage, nor did any occur from that moment. Some watery flow was noticed for a few days, when that ceased entirely. The ligature was drawn daily, and as far as borne. Pain came from the drag upon the *womb*. There was a remarkable difference between this patient, and that alluded to above, as while the first begged us to draw without regard to her suffering, the latter emphatically called upon us to stop as soon as pain was felt. At length, about the twentieth day from the application of the ligature, there was no farther rendering of it, though pain continued to be felt. Upon examination, the tumor was no longer to be found. It was gone, but a shred of the tumor remained in the loop of the canula. The instrument was now twisted round slowly, and came away, bringing with it a bit of the tumor, perfectly fresh, and about the size of a small very flat almond. Examination discovered the os uteri smooth, soft, with some irregularity of outline, in one spot, but whether from remains of the tumor it was not easy to decide. One fact is of special interest—the almost total absence of odor, which is so noticeable, so intolerable when a polypus has been strangulated. There was some slightly colored discharge which was offensive from the perchloride, without the characteristics of decomposition. And now, what had become of the large outgrowth which had filled the cavity of the pelvis? I do not know. And who knows what becomes of it (so large and so hard as for months, nay, years, as it has been) when death happens from the disease? Most careful post-mortuary examinations show

only a small, loose, shreddy mass—the trifling *débris* of what before death was so large, and from which such wasting discharges have proceeded. It will be recollected that the deep cutting into the tumor by the ligature produced no hæmorrhage.

RETROFLEXIO UTERI, WITH PREGNANCY.

CASE III.—I was desired to see Mrs. —, newly married, on account of obstruction of the vagina, allowing only the slightest intercourse. The os uteri was found within a short inch of the os externum, exactly central, and not rising when such pressure upwards as was thought safe, and which was very painful, was made. The cervix seemed, and was, unusually long. In the hollow of the sacrum was the body of the womb—its anterior face, its fundus, being strongly pressed up, on or against the sacrum.

It was learned that there had been no dysmenorrhœa, nor deficiency in the monthly flow, nor leucorrhœa. Pain was in the lower part of the back, especially after much exercise, with sense of weariness—constipation, with straining; and bleeding accompanied defæcation. There had been no dysuria, for the os and cervix did not touch the urethra—these hanging, as it were, just in the perpendicular of the vagina. Palpitation, with very distressing dyspnœa, and accompanying headache, had long been experienced, and especially on ascending stairs, and other heights, or after much exercise. The heart troubles had produced distress and anxiety, as Mrs. —'s father had died of diseased heart. Very thorough and frequent examination of the heart by her former medical attendant—and he, one of the foremost of his profession—had discovered no organic cardiac disease, but a case of “nervous heart” only, so well described by Hope and others. Chalybeates, Blanchard's pills, &c. &c., had been fully employed, but with little relief. Her general appearance was healthful. The hands and feet were, for the most part, cold. For the hysteric condition of Mrs. —, I prescribed the mixture of carbonate of ammonia and camphor water, so strongly recommended by Robertson, of Manchester, Eng., with whom I had the great pleasure to be a guest when last in England, and who gave me his excellent work, entitled “Physiology and Diseases of Women, and Midwifery”—published in 1851, and which I am surprised has not been reprinted in America.

I attempted to reduce the womb in this case. After a few attempts, made after intervals of a few days, I succeeded. But, as most frequently happens, retroflexion would return. There was, however, decided relief in the back, and the bowels were easily moved—an orange or two eaten before breakfast being the only *medicine* taken. A catamenial period was missed; then another. I inquired for the signs of pregnancy; but none were forthcoming. A third period failed. The breasts were examined, and strongly-marked areolæ and very enlarged follicles were apparent, and enlargement of the breasts as declared by Mrs. —; and an important question

was settled. But a very important change had occurred in the womb. The fundus had risen, and about the close of the third month it was at the brim of the pelvis, the os uteri looking strongly towards the hollow of the sacrum. Along with this change in the place of the womb, quite important changes have occurred in the general state of the former patient. There have been no paroxysms of heart disease, and this notwithstanding apparently sufficient cause of such disturbance—such, for instance, as running to reach a car about to move, long walks, &c.

This is the first case of retroflexion complicated with pregnancy, and unaccompanied with dysmenorrhœa, which I have met with. Dysmenorrhœa has been an almost constant attendant on this not uncommon uterine dislocation. May it not have been congenital? Mrs. — is under 20, and has been more or less an invalid for years. May not this general disturbance, *malaise*, have been the result of the retroflexion? The persistence of this dislocation has been referred to. I remember a young woman, who died of a disease now forgotten, in whom retroflexion existed in a remarkable degree—the angle made by the contact of the body with the cervix uteri, was as sharp as it well could be. I removed the womb, and for many years showed it to my midwifery classes. I would make the womb perfectly straight, and hold it so. As soon as the force which did this was removed, it sprung to as suddenly and as closely as if by a strong spring. With how much more force would this happen in the living womb?

In examining cases of obscure disease in the female, even where the uterine system seems but slightly disturbed, is it not our duty to ascertain by actual examination what is the state of the womb? If, as Hippocrates says, a woman is only one because of the womb, is it not very important that in all chronic, especially obscure diseases, we should learn what is the condition of that organ which makes her just what she is?

CASE IV.—J. D., aged 50, was exposed to rain and cold June 19th, 1860. He got wet and chilled, and, on Wednesday, was not well; was seen by his physician, and again on Thursday. I was asked to meet my friend, Dr. Dale, on Friday, in consultation. The following was his state: Countenance sunken; lies on his back, legs strongly flexed; cannot move, for pain; spits up constantly a brown-colored watery fluid, which rises in the mouth, without vomiting effort; surface irregularly hot and cool, moist and dry; tongue moist and clean, a common condition when kept wet by drinks, and their regurgitation; pulse 120; thirst intense; cannot live if denied iced water. Abdomen enormously distended—hard, tight, and yields not at all to pressure, where pressure is best borne. Skin mottled, blue, and a dirty yellow. The blue spots resembled exactly purpura, and are evidently the consequence of forced detention of blood in the veins and effusion into the neighboring tissue, and this by the great distension. Sharp, quick resonance on percus-

sion, notwithstanding the apparent thickness and certain solidity of the integuments. In left iliac region, exquisite pain on pressure (typhlitis?), and greater firmness than elsewhere, as if a tumor were there. This pain, or intense soreness, occupied the whole cœcal region, and was not felt elsewhere till next day, when a similar, but less declared suffering was felt on pressure at and around the umbilicus. The greatest intumescence was over the seat of the arch of the colon, and here the integuments were less thick, hard—or yielded most, and gave more distinctly tympanitic resonance.

What to be done? How diminish present distress, or distension? A rectum tube was passed, and a little wind, and less thin watery fœcal matter followed. An enema of spirits of turpentine, with gruel as a vehicle, was given. Much wind and more liquid fœces were one result, and some relief another. But the last was short—the iliac suffering was soon as great as before, and that sort of inexpressible anxiety which so commonly attends inflammation of the bowels, still marked the case. His desire for ice, and ice cold water, was intense. He said he must have them, for his stomach was burning hot, as in yellow fever and Asiatic cholera.

The dark, brown-colored fluid from the mouth soon became perfectly black, resembling exactly the *black vomit* of yellow fever, which I saw in that fever which occurred on board the ship *Ten Brothers* many years ago, and in the two summers I was in Philadelphia as a medical student. I have seen the same thing in one case of puerperal fever. It occurred in a young lady as a symptom of the fever in its most malignant form. At the close of the disease, the black stream from the mouth was constant, and of which the patient was apparently not conscious. It was in almost fearful contrast with the marble-white skin of the face and neck. This, with other cases, occurred in the practice of *one* physician, and extended from Snow Hill St., Boston, to the crossing of the Providence Railway in Roxbury. I saw many of these cases with Dr. —, and advised him to absent himself from the city, which he did for many weeks. The cases he left came under my care, but the disease was not communicated to a single one of my own. Gooch describes a similar instance. A friend of his told him of this fact in his own practice. His partner's cases did perfectly well. Gooch advised his friend to leave London, and change all his clothes. He did so, and was absent two months. On his return to practice, he called on Gooch again, and with tears in his eyes, says G., said that the very first case of labor he attended was fatal from puerperal fever. The communication of this disease by the medical attendant, and by nurses, was stated by Alexander Gordon, of Aberdeen, in 1794; by Dr. Wm. Hunter, Armstrong, and Lee, &c. &c., all practising physicians and surgeons of great eminence, and whose views deserve entire confidence.

What was now the danger? Cœcal perforation. And how

might this be prevented? 1st, by medicine which would produce positive *rest* of the bowels, and stop the *jerkey* eructations. 2d, by medicine which would produce no immediate action of the bowels, but would do so, when departure from means of *rest, positive repose*—for instance, opium—might be thought safe. We thought these were the indications, and we were at least determined to act upon them. Calomel and opium were selected; and the dose was a pill of three grains of the first, and one grain and a half of the last, to be taken after from two to six hours' intervals, till relief of pain and sleep were experienced, or until the precursory symptoms of salivation appeared. Mercurial ointment and camphor to the abdomen. We felt in what desperate circumstances disease had placed our patient. He did not believe that he could live. The blow had been so sudden and so heavy, that he understood his whole danger. One fact he was deeply impressed by. This was the oppressive weight and enlargement of the abdomen, especially at the epigastrium, and through the whole extent of the arch of the colon. His distress here was declared by constant and heavy sighing.

Much relief followed the treatment. The abdomen lost some of its fulness, hardness, and tenderness. Pressure was better borne. The black regurgitations, which had been constant, were less frequent, and at length ceased entirely. Sighing was less. The pulse fell to 90. Some fulness and redness of the gums occurred. He could lie with his limbs extended, and change his position without suffering. He had occasional and easy sleep. The urine was free and of better color. His skin was warm and moist. He expressed his relief. He thought he should get better. At 12, Sunday night, he had a free and easy stool, and at 6, A.M., Monday, another, with much wind. At our early morning visit, he was so much relieved that I said I should discontinue my visits, and did not see him again. He expressed a strong desire for some champagne, saying that he knew it would make his stomach feel better. It was allowed him. Some bits of ice were directed to be put into a tumbler, and some champagne to be added, of which he was now and then to take a single sip. I learned that he had a second stool on Monday. In the course of the day his mind wandered. His skin grew very yellow. He began to sink, and died calmly in the night. An autopsy could not be obtained.

The termination of this case may be wondered at. There was so much relief in its course as to give promise of recovery. Nothing excessive or sudden happened, in the changes from severe suffering, and most grave symptoms, to comparative ease, and decided amendment. The death-note was in the onset and progress of the disease. Except in most malignant distemper, as cholera and yellow fever, I have, in a long professional life, never seen so much and so grave disease developed in so short a time from the attack. "I shall surely die," was the intuitive, the prophetic de-

claration of the patient on the day of the attack, and it was repeated in each day of his disease but one. The prophecy was fulfilled.

NOTE.—Speaking above of cholera—do indulge me with a digression. Sterne, you know, loved digressions, and who does not love Sterne? I certainly do. “But he was wicked, was not he?” And who, pray, is not? I am pretty well acquainted with *one*, at least, who is. Burns says, you know, “The rigid righteous is a fool.” I do not know whether or no *all* are. But there are many of the order who graze it, as my Lord Bacon has it. But to my digression. Speaking of cholera—“There was a certain king of Bohemia.”

I was called by Dr. — in a case of cholera. The patient was in a dark cellar. Time, evening. The weather hot, damp, steaming. The patient an Irishman. He was blue, skin cold, sodden with the densest sweat. Thirst infinite—stomach burning hot. Pulse hardly perceptible; voice of that shrill huskiness, which, perhaps, more than any other sign, tells the whole story of the disease. Vomiting—purging. “How are you?” asked I. “Very bad,” said the sick one. “And what do you most want?” “Wather, your honor—wather, wather. They won’t give me none.” I talked with Dr. —. We agreed he should have *wather*. His wife was told to take a bucket hard by, go to a shop opposite, and get a large lump of ice. Then to bring it in, fill it with water, put it on a stand near the bed, and put into it a tin dipper with a long handle, and let her husband drink as much of it as he pleased; and when it was all gone, to get the bucket filled again. “Thank your honor,” dry screamed the sick one—“Long life to your honor.” It almost seemed as if the liquid promise had given something of moistness to that voice of the grave. We also agreed he should take, every half hour, one of the following pills: R. Opii hydrarg. submur., gr. i.; muc. acacia gum, q. s. M. Ft. pil. No. xii.

We called early next morning. “The man was dead?” No such thing. Reaction had occurred. He was warm—skin dry—pulse was returned—voice better. He was a new man—“born again.” What of the night? He drank his *first* and *second* bucket. Vomiting and purging had ceased. He had taken *all* the pills, and *had not lost an atom of power*, but a whole world of *disease*. “But,” our critic of active medicine screams, “it was the iced water which cured him.” But we had not *scraped his tongue* before he began to drink. “A fatal omission! He ought to have died!” screams again our critic of medicine. But the pills? “Their power was in their *number*. Had you given *such* a dose in a *single* pill, it must have been fatal,” screams again our respondent. “The power was an *unit* in your case, and a *one* dose would most assuredly have swamped that.” *Mathematics* is the doctor’s “only wear.” I do not say *motley*, mind. “The number saved him.” He certainly got well.

An army officer in Calcutta was seized with cholera in its severest form. He was *condemned*, and so he determined to go on his own hook, and try to get well. On his table were many boxes of soda powders. He ordered his Coolie to mix one in iced water, and give them to him as often as he vomited them. The Coolie was obedient. Capt. — took many powders. The vomiting ceased, and he recovered. This case, and especially its treatment and result, may have suggested the method in our Gouch St. cellar case. I am quite willing they should go together.

In Lord Byron's life, somewhere, and by somebody, it is said that a person of rank—it may have been, for all I know to the contrary, the Lord himself—was in a galloping consumption, and having a cask of claret to bottle, resolved to bottle it himself, having nothing else special to do but to die. He went down cellar with sealing wax, candle, corks, &c., and began to bottle. The job was long. After a day or two devoted to it, he felt better at the lungs. He coughed less, raised less, slept better, and sweated less. In short, when the claret was all duly corked and sealed, his Lordship was nearly well, and at length entirely recovered. We all know that tar fumes were strongly recommended years ago by Sir Alexander Crichton for consumption, as the workers in ropewalks in Russia never had consumption. I believe this method was tried either in England or America, with what results I do not remember. But if it failed, tar is not sealing wax; and in America, at least, we have no Lords and are not Russians; and so the treatment can hardly be said to have been tried amongst us.

RETENTION OF URINE FROM STRICTURE—PUNCTURE OF BLADDER THROUGH THE RECTUM—RECOVERY.

BY L. H. ANGELL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 30th, saw M——, aged 68, a brickmaker, of intemperate habits, but of vigorous constitution. Had a violent attack of *mania a potu* three years since, which yielded readily in twelve hours under the use of chloroform, administered both by inhalation and by the stomach, together with a few doses of sulphate of morphia. Since then his habits have been more regular, and the milder stimulants, such as ale and lager beer, have supplanted the more alcoholic beverages. I find him now suffering from severe pain across epigastrium and abdomen, pressing his hands thereon and doubled forward. Tongue slightly coated; not at all feverish. Gave a third of a grain of sulphate morphia, and ordered mustard to abdomen, to be followed by fomentations. Morphia to be repeated if pain does not cease, and when relieved to take infusion of senna and sulphate of magnesia, frequently repeated, to procure evacuations.