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A CASE.

BY WALTER CHANNING, M.D.

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In the autumn of 1808, six young men of New England, four being Cambridge and two Dartmouth men, met, without concert, in Philadelphia, and joined the medical class, which that session numbered 600. Of the students above referred to, four graduated in the spring. Five of the whole number were subsequently professors in various medical schools. Three are dead. The survivors are somewhat dilapidated, but still are in the field, which is the world, and may say with the Great Defender, "We still live"! One of the six, being of a meek and inquiring mind, put to the Professor of Theory and Practice, the following question: "What, Mr. Professor, do you think of morbid anatomy?"

"Less and less, Sir, every day I live."

We heard of the question and answer, and were not a little surprised at the reply. Some of us had studied with physicians who felt the deepest interest in autopsies. They were truly pets with them. To them they took their pupils, and much was learned of anatomy, healthy and morbid—as the places of organs, their relations, tissues, &c.—and with this knowledge came morbid appearances, which the master particularly marked out. For this knowledge the pupil had some work to do, and this not a trifle. It consisted in restoring the subject as nearly as possible to its state before dissection, with as much sewing, washing, wiping and dressing as would accomplish this important object. If this work was readily done for the most part, it sometimes had, at least to the pupil, exceptions.

The following case affords an argument of the greatest force against the above answer as to the question of the value of morbid anatomy.

Mr. —, aged 41, died in this city lately. He was of excellent constitution, with a gouty and rheumatic inheritance. A more

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healthful man, apparently, is rarely met with. He was a merchant, and went to South America some years ago, and transacted a large commercial business there. His exposures were great to heat, cold, drought, rains. He had the diseases of the climate, and among these was yellow fever. He returned home, and continued to his death in the South American business. His habits were as active as his business allowed. He drove, fished, &c., making leisure when its need was clear. His mind was active, and both science and literature were favorite studies. He was hospitable, and many, many friends well remember the pleasant hours they have passed with him and his family. He was of excellent appetite, eating the best of food and drinking the best of liquors. This last fact deserves special notice. The appetite seldom failed, even in disease; and in convalescence soon regained its natural power—nay, seemed stronger, as if to make up for lost time. Digestion and nutrition were always perfect, even during sickness, or in those moments of it in which suffering had more or less disappeared. This may account for another fact. Mr. — rarely was emaciated by or during disease. To have seen him when convalescence was established, you would hardly suspect that he had been ill at all. One more fact. Mr. — was of indomitable will. This showed itself in disease as well as health, and gave some embarrassment to that department of therapeutics which relates to the period of convalescence. It was quite remarkable to observe how rarely this was disturbed by considerable deviations from what are generally regarded as the best established laws of convalescent diet.

I was for about sixteen years the medical adviser in Mr. —'s family. During this time he had four attacks of disease. The first was twelve years ago. Its seat was the abdomen. A remarkable obscurity involved the disease. It assumed a dangerous form, and my master in medicine, Dr. J. Jackson, was requested to meet me in consultation. He thought it would be fatal. Its symptoms were severe and general—pain, rapid pulse, with wide constitutional and local disturbance. Recovery took place suddenly, and health was rapidly reestablished.

The next disease which occurred to Mr. — began in the right iliac region. At first there was pain—then soreness—next enlargement, defined, hard and very tender. Suppuration occurred, with its usual precursors. The large abscess was opened, and discharged well. Convalescence soon came, with full appetite, increased strength, and full recovery.

Mr. — was next attacked with jaundice, which agreed well with his former maladies in the suddenness of attack and severity of its symptoms. It should have been said before, that he had frequent but short intercalary attacks of gout, for which he had learned that *vin. colch. rad.* was the best remedy, and of which he took such doses as he *felt* were indicated. His attacks of gout were so

well marked that the remedy was at once resorted to, and, as was said, with rapid removal of the symptoms.

The jaundice with which Mr. — was duly credited, had a complication which is occasionally observed. This is cough. The attack was in early summer, which was singularly illtimed, as a furnished house in G., hard by the sea, had been engaged. The day for leaving home had been fixed, and when it came, it proved rainy, and altogether inappropriate to the removal of a still quite diseased person from bed and chamber. Mr. — said he would go, let what might happen, or be produced, and he went. The length and severity of the disease had produced their usual effects, both weakness and loss of flesh. The appetite also was diminished.

I heard nothing from Mr. — for some days, when I was hastily summoned to G. As soon as I entered the house, a very disagreeable odor presented itself, and in the chamber it was so declared as to make it almost impossible to stop in it. Mr. — was found coughing very hard, and almost without intermission. The sputa were large, dark, and of an odor compounded of the fæcal and putrid. The breathing was much embarrassed by the frequency and force necessary to remove the obstruction produced by the rapid accumulation of the sputa.

At length convalescence began, and, as usual with Mr. —, was rapid. Appetite occurred as before, and the slight loss of flesh and the physical weakness were soon lost in increase of normal flesh and strength.

After recovery, various transient but increasing troubles showed themselves, and in their gradual increase and new symptoms we may date the fourth and fatal disease of Mr. —. Diarrhœa and ischuria, with pain in the renal region and in the course of the ureters, formed prominent symptoms of the attack. I saw him only occasionally in visits to his family, as he had now called in another physician. The diarrhœa became a leading symptom. Thus he would have ten or twelve discharges in a night, with many in the course of every day, and this whatever his occupation—whether for pleasure, as fishing, &c., or when engaged in his business labors.

The dysuria at length rapidly increased. His strength continued remarkably, considering the severity of his symptoms. He did not lose flesh till after months' continuance of his troubles. His appetite remained. Food in usual quantities was well digested, and nutrition was well sustained. Various means were used for relief of pain, until at length sulphuric ether was resorted to, and for a time with much benefit—or rather relief of suffering. As this agent does not interfere with important functions, it was used as freely as circumstances demanded. At length flesh began to disappear, and so did strength. But Mr. — was still able to walk to his place of business—driving being resorted to when necessary. The complexion changed. It became pale and sallow, with the usual changes

in the expression of the features which grave organic and functional lesions bring with them. When ether failed, or nearly failed, to bring relief, opium was resorted to, and on one day an ounce of tincture of opium was taken, and about two quarts of Squibb's ether were used, with very little relief.

I was asked by his attending physician, Dr. E. Palmer, to meet him and Dr. J. Bigelow in consultation. I had not seen Mr. — for some weeks, and was struck with his manner and appearance. He was in great distress, at times amounting to agony. His skin had undergone great change, showing spots of various sizes, of a dark bluish or livid color. Some of them had a regular outline, while others were very irregular, having an appearance most like scorbutus. They were first seen about eight days before my visit. About five days before, the left knee-joint became bent, and at length to such a degree that the calf rested against the back part of the thigh. The joint was perfectly rigid, and the least effort to move it produced perfect agony. The largest and best-defined spot was upon this thigh. He insisted upon getting out of bed to pass water and fæces—frequent calls—which only increased his suffering.

The tongue was swollen in its lower aspect, and the surrounding tissues were of color similar to that of the skin. Its tip was turned, or rather curled, so that it rested against the roof of the mouth, making it difficult for liquids, which were strongly demanded, to reach the fauces.

In consultation it was agreed to add one part of chloroform to three or four of ether. The effect of this was at once observed. A very small quantity of the mixture did what large amounts of ether alone failed to do, and quiet sleep replaced the restlessness which pain had produced, and which doubtless had increased the suffering. In a day or two were symptoms of approaching death. The pulse became very rapid, consciousness diminished, and death occurred without apparent suffering.

Examination after death.—The thorax was first examined. The lungs and heart were healthy throughout; old adhesions existed between the liver and diaphragm, and between the latter and the lung. It will be recollected that cough occurred towards the close of the severe jaundice already described, and that large quantities of most offensive sputa accompanied the cough. I once alluded to these facts in Mr. —'s case, and expressed the opinion that an abscess had formed in the liver, and that by adhesions between the liver and diaphragm, and between that and the lung, ulceration preceded by adhesion had effected a communication between the liver, abscess and lung. But in neither liver nor lung was the slightest organic disease discovered. "What a repairer is nature!" said Dr. Ellis, who made the autopsy.

The abdomen was next and most thoroughly examined. Every organ, save the gall-bladder, was found to be perfectly natural.

This was long, irregularly cylindrical, as if it were drawn out, and terminating in the arch of the colon, where the ascending portion and arch meet. Between the cavity of the gall-bladder and the intestine were two large openings, evidently of long standing. The pancreatic duct was normal.

Incisions were made in the discolored spots before described. The discoloration extended more than half an inch from the surface, showing conclusively how important a part the blood disease had in the production of death.

It will be remembered that diarrhœa occurred between the attack of jaundice, and that which immediately preceded death, which last happened some years after.

There was one fact which accompanied the diarrhœa which was not accounted for. This was the remarkable preservation of flesh and general health. It was not till within a short time before death that loss of flesh occurred, and this was hardly emaciation. The appetite was excellent. The most nutritious food was taken at every meal. It was digested perfectly, and by the rapid absorption of the chyle—the healthful function of the lacteals—nutrition was accomplished; the repair was equal to the waste, and not unfrequently exceeded it. The bile, the natural cathartic, was poured into the colon, the receptacle of what the small intestines had no farther use for, and rapidly got rid of in formless or semi-liquid fecal matter. The number of these evacuations was very large—ten or twelve in a night, and very often in the day and evening; and with all this to exhaust strength as well as flesh, no such exhaustion happened. Mr. — was a member of a mercantile firm, and upon him was laid the whole burden of correspondence, arrangements of voyages, &c. &c., while the shipping affairs devolved upon his partner. The correspondence referred to, the letters of Mr. —, have been again and again spoken of to me, as the most perfect of their kind. Unless confined to the house by gout or rheumatism, which hardly ever happened, he was always at his post, working day in and day out, without uttering a word of fatigue.

The kidneys, ureters and bladder presented not the slightest appearance of disease. The skin showed stronger marks of disease than did any other tissue. Afterwards it was the only organ which bore the marks of disease, the gall-bladder being alone excepted. On what did this state depend? Or what was its cause? Blood poison? Nothing but a morbid condition of the blood can explain so extensive a lesion as the skin manifested. The adhesion of the gall-bladder to the colon, above described, was followed by two openings of the former into the latter. Would not these have been closed, as was the communication between the liver and lung, had not the constant current of the bile kept the channel open?

Dr. Ellis, in most kind reply to a request that he would furnish me with notes of the autopsy, has sent me the enclosed, for which,

Very truly, Yours, No. 1

and for many other expressions of friendly regard, I feel exceedingly obliged to him. And who of the profession, who have availed themselves of his admirable skill in such works, have failed to receive like expressions of his cheerful readiness to comply with their requests?

Oct. 30th, 1863.

DEAR SIR,—I find the following record of Mr. ——'s case:—A very large bluish spot over the upper part of the chest marked the seat of a large effusion of blood into the cellular tissue and muscle below. Much blood was also infiltrated among the muscles of the neck. There was also a large effusion of blood into the anterior mediastinum. The right lung adhered strongly to the diaphragm. The left was also slightly adherent at the base. The liver adhered to the diaphragm, but with the exception of limited superficial thickening of one portion of the capsule, there was no disease. The gall-bladder was firmly united to the large intestine at the junction of the ascending and transverse portions. Two large openings, with smooth edges, established free communication between the cavities. Calculi, or rather masses of biliary matter, filled the smaller extremity of the gall-bladder. The other organs presented no remarkable peculiarities.

NOTES BY THE WAY.

[Communicated for the Boston Medical and Surgical Journal.]

By M. W. CASE, M.D., TREMONT, ILLINOIS.

TUESDAY morning, Oct. 27th, found me in Chicago, the western metropolis, a deeply-interested spectator of the opening ceremonies of the "Great Northwestern Sanitary Fair." No words of mine can add to the tribute of honor that has been paid to those noble-hearted ladies who originated and carried on this gigantic enterprise.

But there are *Sanitary* institutions that for many years have been steadily at work, doing more to benefit and alleviate the sufferings of mankind than all other institutions combined; and yet the good people know but little about them, and seemingly care less. Our Medical Colleges are doing more for suffering humanity than all the Sanitary Commissions in the world could do without them. Reflections like these led me to visit the Medical Colleges of this city.

My first visit was to RUSH COLLEGE, a plain, substantial brick edifice, at the corner of Dearborn and Indiana streets. The Lecture rooms will seat about 250 students. When I arrived at the Hall, Ephraim Ingalls, Professor of Materia Medica and Medical Jurisprudence, was lecturing to a class numbering over 200. My impression is that I have never seen a class where so large a proportion were near the meridian of life, and I certainly have never seen one that gave better attention to the professors. They do not take notes, especially in College Clinics, as much as they will wish