

Original Articles.

CASES IN WHICH THE DISEASE INDICATED BY THE SYMPTOMS WAS NOT FOUND ON POST-MORTEM EXAMINATION. WHY DOCTORS MAY BE NON-COMMITTAL SOME-TIMES.¹

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CASE I. In the winter of 1884-85 a hard-working and industrious blacksmith, aged sixty-three years, consulted me for a difficulty in swallowing his food, or rather a difficulty of getting his food into his stomach after he had swallowed it. This had come on very gradually, until at the time of the consultation, he had almost abandoned solid food and was then living on liquids, or at best, on semi-solids occasionally. The food swallowed appeared to be arrested at about the lower third of the œsophagus, where it remained until most of it was rejected by retching and other similar efforts. Only a small portion, even of liquids, seemed to reach the stomach. The patient had lost much flesh and was greatly enfeebled. On examination nothing could be felt abnormal on the outside. A probang of one-half inch diameter was arrested at about the lower third of the œsophagus and could not be passed. An olive-shaped ivory probang of three-eighths of an inch in diameter by careful manipulation could be made to pass the place of the obstruction. The passing of this smaller instrument seemed to dilate the parts, and to allow the passage of food more readily for a few days. The operation required to be repeated every week or so for some time following, but by the end of spring the passing of the instrument became more and more difficult, and a large sized elastic catheter only could be passed. Through this, milk and other nutritive fluids were carried into the stomach, but to a limited amount only. Later, a good sized tube, tapering to a point and ending in a very small olive-shaped bulb, could be worked by patient manipulation through the obstruction to the stomach. Through this, by means of a funnel, considerable nutriment was, from time to time, administered.

Meanwhile, the patient became more and more emaciated and enfeebled. He had abandoned work and could walk about with great difficulty only. Another physician assisted me in the care of him and he occasionally saw other medical men.

During my summer vacation absence he consulted a prominent surgeon, an attendant of the Boston City Hospital, who, after a careful examination, told the patient that he had a cancerous stricture of the food passage, and gave him no encouragement as to his future. The patient was dreadfully agitated at the terrible name given to his disease, and at once perceptibly broke down in hope and strength. He, however, mustered up courage enough to apply to the Massachusetts General Hospital, where he was examined by several attendants who gave him, in general terms, the same diagnosis without using the terrific word which had so crushed him.

On my return, late in the autumn, I found him in a deplorable condition, with hope and strength gone, and extremely emaciated. To gratify friends and himself, I caused him to be taken to the office of one of the surgeons of the Massachusetts General Hospital who, the

patient thought in his visit there, had, in his kindness of heart, somewhat encouraged and cheered him. A letter from this surgeon to myself now before me, dated November 13, 1885, says — "Thanks for sending in the stricture of the œsophagus which has certainly contracted since I examined him last."

The object of introducing the foregoing quotation, is, to show that there was no doubt about the diagnosis in this surgeon's mind, as there had never been, so far as I know, in the minds of any of the other medical men who had examined the case. The patient lingered along, starving to death in spite of all efforts to sustain him, and died in the way usual in such cases accompanied with malignant disease.

If there ever was a case of stricture of the œsophagus capable of demonstration during life, surely this seemed to be one. The evidence was complete and not to be mistaken by any medical man. And yet there was no stricture; there was no cancer of the part; the œsophagus was normal throughout, and without a particle of disease.

On post-mortem examination, the œsophagus was found unharmed, and as above described. The cardiac and pyloric orifices were free from disease, as also the rest of the stomach, except midway along the larger curvature. At this place there was a mass of three large rolls of cancer two to three inches long, lying diagonally across the median line. No other part of the body was found diseased.

CASE II. In the spring of 1870, a gentleman, aged fifty-five years, came into my neighborhood to pass the last days of his life, which was rapidly terminating in the last stages of reputed cancerous disease, at or near the pylorus. He had the usual symptoms of this disease and in his travels about the country had consulted various physicians who all were understood to have given such a diagnosis. The pain and the distress after taking food, and the subsequent rejection by vomiting somewhat later; the gradual emaciation and debility as well as the peculiar aspect of the skin and expression, were all present. And further, a well-marked tumefaction over the region of the pyloric orifice, with an apparent mass there, tender on manipulation, gave previous examiners little or no doubt concerning the nature of the malady.

As I had been called in merely to assist in soothing the last hours of this patient, I naturally wished to save him the discomfort of any unnecessary explorations. I, however, made examinations sufficient to convince me of the high probability of the diagnosis which had been communicated to me on my assuming charge of the case.

On the death of this patient a few weeks later, a post-mortem examination was made, by a thoroughly skilled expert in such matters, and, not only was there not found cancer or any other disease in the stomach, but a most minute and thorough examination gave no evidence whatever of anything morbid in the body, or indication of what had destroyed life in this instance.

CASE III. A gentlewoman, about seventy, a stout and well sustained person, lost her appetite without any known reason therefor. For this ailment she took at her own instance a proprietary medicine containing chiefly, so far as known, a "warming stimulant in ginger syrup"; this "warming stimulant" being apparently, besides the ginger, capsicum and alcohol. The number of bottles of this preparation, which this

¹ Read before the Norfolk District Medical Society, October 28, 1890.

good woman took in the course of a few weeks, was past belief, it amounted to many dozens. When at last the stomach rejected the "remedy" as well as everything else, I was asked to restore it to health. As I failed to do this satisfactorily, the aid of other medical men was sought for in consultation or otherwise. Most of the examiners thought that the digestive powers of the stomach had been irretrievably ruined by the preparation that had been so freely taken by the patient. Malignant disease was thought not impossible; and ulcer of the stomach was also suggested. One physician, however, stoutly maintained that the malady was a cancer of the pylorus; and was quite disgusted that the others could not fully agree with him. His array of facts and symptoms was certainly very formidable on paper, and his arguments based upon them were very strong, and almost complete. Still the history of the case, and especially its pre-professional treatment, caused others to hesitate. All agreed, however, that the end was necessarily fatal.

Owing to this difference of opinion, a post-mortem was looked forward to with considerable interest. It was made by an expert who did his work thoroughly and well. The stomach was large and flabby, but was not diseased. The mucous membrane was unbroken and hardly a spot could be found that gave any evidence whatever that there had been irritation there much less inflammation. All the other organs were in normal condition.

The immediate cause of the narration of the foregoing cases was the chance finding of the letter quoted and about the same time the accidental overhearing of an indignant damsel's remark that she "didn't see why doctors need be so non-committal; there's no getting a positive opinion out of any of them." True enough, perhaps, for the difficulties attendant upon the making of a correct diagnosis seem to be incomprehensible to all outside of the medical profession. The public appear to think that a medical man should at once diagnose a case at "ten paces," and without touching the patient—sometimes he can do this but not often. Generally, even common cases require most careful investigation, and serious study. Nothing could have seemed clearer to the examiners than Case I above related. The probang was arrested at once by a seemingly solid obstacle, which never abated for an instant through the long progress of the disease. The apparent stricture became more and more confirmed as the case went on until the closure was nearly or quite complete. That it was cancerous seemed evident from the general condition of the patient, and from the fact that strictures of the œsophagus are seldom, if ever, non-malignant. What gave rise to these deceptive symptoms, so constant and unrelenting, is more than we can fathom; and their unreality may now serve to restrain a too positive opinion in similar circumstances.

In Case II the symptoms were less tangible, but sufficiently perceptible to warrant the conclusions arrived at by the medical examiners; and yet no results attributable to the disease indicated could be found after death.

Case III seemed to have sufficient cause for fatality, though the specific ailment admitted of more doubt than in the other cases, and no one of the attendants was fully correct in his diagnosis. In fact, the

autopsy gave no definite solution in this regard, nor can it help to positiveness in any subsequent similar case.

In view of such instances, and there are enough such for frequent reminders, it is not to be wondered at that medical men hesitate—especially if they are well posted in the vagaries of disease.

But why marvel at their reluctance to commit themselves when indications are often so misleading; for after all, other men in less difficult callings are not less non-committal even without apparent reason. If State officials when announcing the result of an election say of a candidate who has received nine-tenths of the ballots that "he *appears to be* elected," why may not a medical man when nine-tenths of the symptoms point in a certain direction, say that the patient *appears to have* the disease thus indicated. And if he so qualifies his opinions, should he not be commended rather than blamed therefor?

COCAINE ANALGESIA; ITS EXTENDED APPLICATION IN GENERAL SURGERY, WHEN HYPODERMICALLY EMPLOYED.

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SINCE Dr. Karl Koller first demonstrated to the medical world, the therapeutic properties of cocaine, experimenters and physiologists have been occupied in endeavoring to discover the *modus operandi* of the drug. I find in scanning the latest literature on the subject, that authors proclaim the most discordant views, with reference to its physiological action, when administered internally or hypodermically.

One¹ says that it locally paralyzes the sensory nerves; another,² that the paralysis or loss of sensation is secondary to an impression on the vaso-motor nerves, which, by their inhibitory action, cause stagnation in the blood-vessels interfering with the nutrition and sensibility of the sensory nerve-filaments; while Paul Bert³ asserts, that the drug, when used hypodermically, its effects only extend as far as the tissues in which it comes directly in contact. According to Von Ploss,⁴ in order to cause death, enormous doses of the alkaloid would be required. As an instance, in confirmation of this assertion, he cites the case of a druggist who took twenty-two grains with suicidal intent. Shortly after swallowing the dose he went to sleep, but shortly awoke, with a violent headache; which, however, in a few hours passed away, and he felt no inconvenience whatever.

On the present occasion I am concerned only with the local action of the analgesic, when injected into the tissues in solutions of various strength; and, strange to say, I can find no American nor English contributor, who has written any systematic or extended articles on the uses of cocaine when injected into the tissues. This would seem to indicate, that as yet, very many regard the propriety of administering it hypodermically, in surgical operations, as of doubtful expediency, if even permissible, at all. This must arise either from an unreasonable prejudice, want of observation in its application, or an unpleasant experience with its administration.

¹ Wood's Therapeutics, vol 1, p. 217.

² Lauder Brunton: Therapeutics.

³ Wood's Handbook of the Medical Sciences, vol. vii, p. 200.

⁴ Die Pflanzen Stoffe, p. 107.