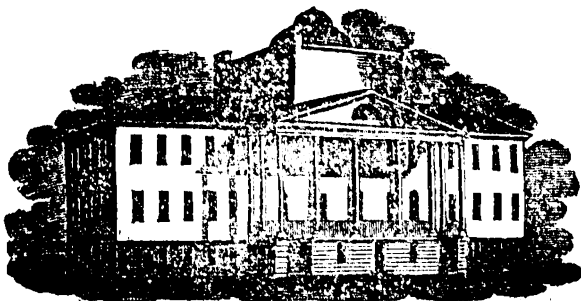


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## I.

*Cases communicated for the Boston  
Medical and Surgical Journal,*

By WALTER CHANNING, M.D.

### 1. *Case of Dropsy.*

Miss —, æt. 38. May 26, 1828. For six or seven years last past, œdema of feet and ankles; for three years, dropsy in the abdomen, with great increase of œdema and slight failure of general health. Since last February swelling has increased; now abdomen enormously large, and the whole trunk of extraordinary dimensions; the lower extremities greatly enlarged; œdema extends to, and over thorax. About a year since fell, and suffered afterwards severe pain low down in left side of trunk, and since then occasional pains in the abdomen. Cannot lie on back; sleeps till 1, pretty well, but is after this hour kept awake by sense of distension. Fluctuation general, and distinct. Tongue coated, brown towards root; some

appetite, much thirst; cardialgia; bowels well. Pulse 100; skin cool, dry; catamenia regular till last period; urine very scanty. Walks abroad, and works more or less, daily. Countenance natural, and spirits excellent. Has not used active remedies.

Various remedies were tried, as croton oil, cream of tartar, elaterium, &c., without benefit. Average quantity of urine daily about seventeen ounces. The enlargement of the abdomen increased, respiration became embarrassed, and it was determined to tap. This was done on the 4th of June, and fifty-eight pints, by measure, of a very dark and thick fluid, were drawn off. The immediate effects were great sinking, and universal distress followed, which was relieved by tincture of opium.

June 5th, 9, A. M. Exhaustion and faintness continue; pulse 72, not weak; skin warm; no soreness in abdomen; has not slept; urine, by estimate, one gallon

since operation, and continues free; countenance sunken; no dejection; asked for milk porridge for diet; let her have it, and drink solution supertartrate of potass.

6th. Pulse 84, sharp; temperature good; the least motion produces great distress in abdomen, almost amounting to spasm; tongue coated heavily, dark; by measure, urine eight pints; countenance improved; œdema greatly diminished; no dejection. Foment abdomen with decoction of bitter herbs.

R. Infus. sennæ comp. ʒj.

now, and every three hours until operation. Enema in evening if no dejection before.

7th. After two doses, seven dejections,—copious, not watery. Pulse 84, less sharp; tongue cleaner; urine seven pints, by measure; passed water also during dejections; œdema subsides; abdomen soft, flabby, very sore to touch; skin sallow; appetite good. Veal broth at dinner.

8th. Pulse 72, not weak; spasms in chest not always or only produced by moving the body, but are also caused by swallowing; tongue cleaner; two dejections; speaks in whisper; urine as before; lower extremities not much larger than natural; œdema elsewhere gone; acute pain in left side under mamma; respiration easy on back. A mixture of sulphuric ether, tincture of peppermint and laudanum, was prescribed, and a blister to the chest if not relieved by mixture. A roller to the abdomen.

The spasms were found diminished on 9th, and gradually disappeared. On the 13th she was sitting up; walked about on the 15th; on the 18th rode abroad,

and ceased to use medicines on the 24th. The amendment was gradual, the urine continuing abundant, and the pulse getting slower, being 60 on the 20th, and continuing so when I last saw her. Some œdema of ankles would occur from much exercise. I saw this patient some weeks after, and found the abdomen fuller than when I last saw her. She promised to call on me if her complaint troubled her. I have not seen her since.

*Remarks.*—The circumstances of interest in this case were, the length of time the disease had continued; its great extent; the amount of health and spirits enjoyed by the patient; the quantity and character of the fluid removed by the operation; the rapid absorption of the water from the extremities and cellular textures of the trunk, manifested by the increase of the urine from seventeen ounces to eight pints a day; and, finally, the degree of convalescence at which she attained while under treatment. The immediate effects of tapping were very distressing, and even alarming. The least motion or excitement from any cause,—the mere act of swallowing, produced severe spasms, and great difficulty of respiration. The absorbents became active immediately on the removal of the distension from the abdomen; for the report gives a gallon of urine in the twenty-four hours succeeding the tapping. The leading facts in this case seem to show that it was one of encysted dropsy, and one of the ovaries most probably contained the fluid. There was more universal anasarca than ordinarily attends ovarian dropsy, and the anasarca

moreover preceded the accumulation within the abdomen.

A farther account of this case may be given if the patient again comes under the notice of the writer.

## 2. Case of Jaundice.

Mr. ———, æt. 35. Sept. 25, 1828. Has been troubled with tape worm from childhood till last two years, without much disturbance of general health; always of robust appearance; has a relish for raw meat, and sometimes indulges idiosyncrasy. Two years since had severe attack of pain in epigastrium, which gradually subsided in thirty-six hours, under use of fomentations and cathartics; was well till last January, then had similar attack, and since then every few weeks, intervals growing shorter and paroxysms less severe; for six months has been costive; dejections clay-colored; appetite variable; urine high colored, diminished six or seven weeks since. Now jaundice; skin universally yellow; this and light colored stools now, have once or twice disappeared; has taken from four to twenty grains of calomel daily, besides doses of from ten to twenty grains, with oil, twice a week for some weeks; occasional slight soreness of gums has occurred, and moderate purging; has used nitric acid externally, and taken from five to fifty grains of extract of cicuta at a dose, for three weeks, with no other effect than intense itching of skin in bed, and some dizziness, but no loss of sight. Conjunctivæ deep yellow, but objects have never appeared yellow. Tongue white, bright yellow on left edge; appetite very poor; food sits well; no dejection

since 23d; discharge then hard, with some pain; pulse 76, natural; skin moist; lies equally well in any position.

R. Ol. ricini 3j.

Tr. sennæ comp. 3ss. M.

Sept. 26. Abdomen carefully examined by pressure, betrayed no soreness or tenderness in any part. The ribs of right side elevated in hepatic region, and an apparent protrusion of liver on full inspiration. Three dejections from oil, &c., dark slate colored, frothy, fæcal smell.

R. Ol. terebinth 3iss.

Aq. 3ij. M.

If in four hours no dejection,

R. Ol. terebinth 3j.

Ol. ricini 3j. M.

Preserve excretions. Diet of the house.

27th. After both doses, two dejections, copious, dark slate colored; some nausea and griping; slight dysuria; urine loaded with bile; pulse 84; skin cold.

He now began with nitric acid internally, warm salt bath daily, and nitro-muriatic acid bath night and morning over abdomen. Cathartics of pil. aloes and colocynth, and compound infusion of senna, with Rochelle salts, were given daily. On 30th, three dejections, yellow, copious, not liquid. On October 1st, the urine was much lighter. This patient continued to improve under the use of the above remedies. Oct. 17th, very slight yellowness remained, the bowels were nearly regular, and strength and appetite good. Catarrh on 17th; coughed and sneezed without pain in chest or right hypochondrium. On 18th ceased to use remedies.

From the long continuance of

disease, and the liability to sudden and severe attacks when apparently quite well, this patient was advised to submit to a new trial of mercury both externally and internally, in order to prevent the recurrence of the disease.

*Remarks.*—The amount of medicines, and of active ones too, taken by this patient, according to his own report, was very great. There is no reason to doubt the statement, for there was no purpose to be accomplished by a false report, and the good sense and natural shrewdness of the patient enabled him to observe accurately what remedies he was using, and what were their effects. The quantity was great and the effect very small. The color of the alvine evacuations was in its degree new to me. It was a *deep slate color*, without the least tinge of bile. The lighter clay color is common in this disease. In the report but little is said of the attacks. These were always very severe, so much so as to lead the patient to believe that they would suddenly destroy life. An active cathartic course, with the internal and external use of dilute nitric acid, was curative.

### 3. *Case of Chronic Diarrhœa, with the Appearances after Death.*

October 11, 1828. Mr. —, aged about 50. In West Indies, four months since, began to be oppressed by food, flatulent, &c. Symptoms grew worse, and in three or four weeks was taken with diarrhœa; soon after put to sea without medicine; has had about six dejections daily, natural in color, liquid, frothy, watery, without blood or pain; occasionally has been costive three or

four days. Pulse 84; tongue has loose, white coat, pale at edges, gets parched and stiff in night; appetite good; for three days skin has been hot and dry; last night kept awake by heat; chest well; some wheezing in breathing; says family is asthmatic; flesh much diminished; muscular strength sufficient; has taken no medicine.

12th. Five dejections in twenty-four hours; kept awake by burning of feet; tongue coated only slightly in middle and back part.

13th. Eight dejections, loose, fecal, watery; excited to stool by any motion; very little pain, but has a sense of moving in bowels; pulse 108; skin rather hot and dry; tongue as yesterday; very wakeful in night; annoyed by burning in feet; some chill, with cold feet in evening.

14th. Three dejections yesterday, viz. two in night and one this morning, with slight pain. In night was hot and dry five hours; afterwards very profuse sweat. Pulse 80, small.

15th. Five dejections, not quite so loose. In night was hot three hours; afterwards chill, then sweat. Tongue rather cleaner.

16th. Five dejections, he thinks better. At 5, P. M. had ague turn, no heat nor sweat; slept well; feels better, though feeble; skin less hot.

17th. No ague, but heat through night; no sweat; slept tolerably; seven or eight dejections, thin, with much flatus and cutting pain about rectum. Let him have one of the following every night.

R. Hydrarg. submur. gr. iv.

Pulv. ipecac. gr. iij.

Pulv. opii gr. iij. M. ft. Pil.

No. iv.

18th. Slept well, no heat, &c. Six dejections, two of them this morning, rather less painful. Some appetite; would relish some meat; may have beef or mutton, with bread, but no vegetables, at dinner.

19th. Chill in evening; no heat; good sleep; four dejections, rather loose, small; countenance better.

20th. Four dejections; chill and heat, which terminated before 9; afterwards had good sleep.

21st. Four dejections, loose as usual, with flatus, but less irritation. Night as usual; feels stronger; rather tired of diet; may have for breakfast and supper milk and lime water, proportion of three to one, boiled, and bread.

22d. In bed slept well, but after going to water closet became faint. Says dejections have been more copious of late; skin quite hot; pulse 120, small, feeble. Omit pill of 17th, and substitute the following:—

R. Pulv. ipecac. gr. iv.

Pulv. opii gr. iij. M. ft. Pil.  
No. iv.

one now, and one at bedtime.

23d. Much sunken. One dejection at noon; one this morning as before. Slept much in day; in evening much prostrated, seeming to have lost command of voice and memory; hot and parched; now in bed, very pale. Pulse 120, feeble, not soft; tongue quite dry; complains of pain in right side about fifth or sixth ribs, came on at daylight; abdomen soft; has not called for drink; has taken very little nourishment.

Cerat. cantharid. 6—4 to seat of pain.

Pill of yesterday at bedtime, or at any time if diarrhœa occur. Balm tea or toast water for drink.

Continued failing without any new symptom or increased pain till 6, P. M., when he expired.

*Examination eighteen hours post mortem.*—*Pleura* not extensively inflamed, but had many spots on right side inflamed, with slight ulcerations, precisely similar to the little ulcerations in the mouth, called canker sores. On the left side were extensive marks of a pleurisy of some former time.

The *pericardium* was distended, and contained 3 viij. or x. of a watery fluid.

The *mucous membrane* of the large intestines was diseased universally. It was much discolored, thickened in some parts, and had very numerous ulcerations; none of these were very large or very deep.

The *liver* was diseased greatly. Its right lobe had not a natural aspect. Its left lobe was mottled, and somewhat hardened. On raising it, at its posterior part was found an abscess containing 3 viij. or more of thick pus.

*Remarks.*—From the good effects which frequently occur, in chronic diarrhœa of hot climates, from exact diet, this patient was put upon such a course of food as promised most benefit. No beneficial changes however occurring, such medicines were prescribed as were indicated by his disease. The day but one before that on which he is reported to have grown worse, and exhibited decided appearances of increased disease, he was accidentally exposed to a much lower temperature than usual, and obviously was injured by this exposure. Before this time, though exhibiting marked symptoms of serious disease, he was out of bed most of the

day, and walking about with some considerable strength. He had not essentially altered in this respect from the statement of the 11th Oct.

Dissection brought to light great general disease of the liver, and a large abscess full of pus on its posterior part. This condition of the liver explains one symptom of the disease which was always a severe one, the nightly chill, and the hectic heat which followed it. No symptom of disease of this organ was discovered during life, by the minute investigation which was made into the state of the abdominal viscera, nor did the general aspect of the patient excite a suspicion of latent disease in this organ.

*Boston, November, 1828.*

## II.

*On the Earlier and Later Floodings.—From Lectures delivered at Guy's Hospital,*

By Dr. JAMES BLUNDELL.

(Continued from p. 612.)

*Management of the Earlier Floodings.*—After the general observations already at large premised, the management of the earlier floodings may be compressed into few words. If a woman, in the earlier months, is laboring under a flooding of one or other of the four varieties, no obvious danger attending, the less you actively interfere, the better. The patient should be a-bed, quiet, and cool; the bowels should be opened, the system, if feverish, should be refrigerated; and cold should be applied topically, and, in larger doses, perhaps, lead should be administered, or the vagina should be obstructed, provided the dis-

charges, copious and pertinacious, seem to require it. But if you find your patient laboring under a discharge more copious and dangerous, and if there is reasonable cause for believing that life, or the tenor of her future health, may be in danger, practices more vigorous than those just enumerated may be required. In these rarer exigencies, besides the remedies ordinary in such bleedings already detailed at large, it behoves you to consider whether you may not have recourse to some of the deobstruents formerly commended, (ergot, for example,) in order to accelerate the expulsion of those substances lodging in the uterine cavity and keeping up the discharge. The ergot I have sometimes tried, according to the rules formerly prescribed, and with the greatest advantage. From idiosyncrasy; or other causes, should the ergot remain inert, it would, too, be for consideration, whether you might not manually interfere, emptying the uterus by that action of the fingers, already explained and demonstrated. Such interference, however, be it remembered, is always an evil. Violence will bruise, tear, and kill. To remove the ovum, however, when it lies not in the womb but the vagina, is often both safe and proper, in both varieties of flooding. Yet, when the bowels are open, often of itself it comes away.

I will not suppose it necessary to remind you, that, in the latter floodings, when the woman, without further discharge, lies in a state approaching to asphyxia, to disturb the clots by manual operations may be death. I should despair of teaching you prudence and caution, could I imagine that