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CASE OF HON. ABBOTT LAWRENCE.

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MR. LAWRENCE is known to have possessed originally a good constitution. By the help of a strong, energetic and well-regulated mind, he has been able to sustain an unusual amount of responsibility and labor, under various high trusts and complicated enterprises. In early youth he is reported to have suffered from a thoracic inflammation considered a "lung fever," the remote traces of which were discovered in pleural adhesions after death. From childhood he has been subject to severe headaches, accompanied with distress at the epigastrium. The veins of his left lower extremity had been varicose for many years, to an extent requiring treatment. His habits, originally active, had in the latter half of his life been sedentary, with the accompanying troubles of dyspepsia, constipation, and a plethoric state of the system. About thirty years ago he had an alarming attack of abdominal pain and constipation, which lasted three days.

In the spring of 1840, while at Washington as a member of Congress, he passed through a dangerous and protracted illness, considered by his physicians as a "typhus" or "bilious" fever, by which he was confined three months, most of the time in a state of great prostration. From this he slowly recovered, having spent part of the following summer at the Virginia Springs.

He visited Europe as Minister at the Court of London in 1849, and returned in 1852. During this time a grave illness, attended with signs of hepatic disease, overtook him at the residence of his friend Mr. Bates, near London, where he was confined and considered in a critical situation for several weeks.

Since his return to this country, and even for many previous years, he has complained at times of pain, soreness, and a sense of weight in the right side of the abdomen, and has repeatedly called the attention of others to the existence of a solid, palpable protuberance in that region of the body. This infirmity had of late so in-

creased upon him, as to limit his rate of walking, and to cause him to lean for support on the arm of a friend.

In September, 1854, he was taken with severe pain in the abdomen and right hypochondrium, which was relieved by a cathartic operation, obtained after much difficulty. In October, while on a visit at Groton, he was attacked with some abdominal pain, and diarrhœa, followed by sudden syncope and temporary loss of consciousness, from which he immediately recovered. During May last a copious epistaxis occurred, occasioning the loss, by estimation, of a quart of blood.

His final illness manifested itself on the evening of June 4th, 1855, by a violent pain in the right hypochondrium and whole side of the abdomen, with tumefaction of the part, and tenderness on pressure. He had that day taken off an elastic belt which for years he had been accustomed to wear. His pulse, ordinarily about 60, had risen to 80, with some febrile heat. Before I saw him he had taken half a pint of solution of citrate of magnesia, but he did not obtain any relief until after copious leeching and purging. To effect the latter, eight ounces of infusion of senna were taken, in divided doses, and were followed at length by abundant operations. On the 6th his pain returned, but was relieved in three hours, after sinapisms and a slight opiate. From the 7th to the 10th there was more relief, except for a short time during the operation of a cathartic (pil. hydrarg. and aloes, ââ gr. x.), which, like that of other cathartics, was slow and painful, and only acted after repeated enemata. Blisters were several times applied to the seat of pain.

Various articles of nutriment were tried in small quantities, and as frequently abandoned after a day or two's trial. The things which were most easily tolerated for a short time were coffee and milk, in spoonful doses, sago, some spirit in water, and at times a little broth. A continued use of any one of these articles was generally followed by disgust and refusal. On the 4th day of July he incautiously ate a part of a peach sent him by a friend, which act was immediately followed by distressing pain in the abdomen, of twenty-four hours' continuance.

To obviate in some measure the inanition caused by his long abstinence and rejection of food, enemata of beef-tea, and afterwards of clear juice of beef, were thrown into the rectum to the amount of half a pint about twice in a day, for nearly two months. These were generally retained and absorbed, and were followed by a quantity of urine considerably exceeding the amount of liquid which had been swallowed. Twice during the disease, the urine deposited lithic acid sand for a few days. Many years ago he is remembered to have passed, after much suffering, a renal calculus.

On the 12th of July the symptoms suddenly assumed a new and alarming character. The pulse, which had been steady at an average of about 90, suddenly became very irregular, beating, stopping, trembling, and unequally rapid. This state continued for twenty-four hours, with dyspnœa, fainting and sinking, the accom-

panying action of the heart being feeble and irregular. Five or six glasses of Champagne were taken during the day, and retained. On the next day the pulse became regular, and so continued afterwards.

For several of the following weeks there was a perceptible decline of strength, with a pulse of 90 to 100, intolerance of food, vomiting almost daily of dark-green mucus, more or less pain in the right side, and but little sleep. Opiates were resorted to, two or three times, and procured a night's sleep, followed by greater distress and vomiting the next day. During the first week in August his countenance grew more morbid, his pulse rose to 120, and he was with great difficulty assisted out of bed once in a day. During the whole disease, constipation prevailed, but fecal discharges were obtained by enemata about twice a-week. No dropsical symptoms ever appeared.

On the 8th of August a new phase occurred in his disease. Having expressed a strong desire for water, and a belief that its effect would be salutary, he was allowed one ounce per hour of that liquid. In the course of the day and night he took nineteen ounces, and retained the whole. By a remarkable coincidence, the urine, which before had been very frequent and free, now became suddenly suppressed, and after a stoppage of thirty-six hours, half a pint only was obtained by the catheter. The habitual vomiting stopped about this time.

August 12th.—A severe chill occurred of two hours' continuance, and the pulse rose to 130 and became small and thready. After this, he grew more torpid, wandering in his mind, and swallowing with difficulty, and after lingering several days, he died easily on the 18th.

After the first week of his illness Mr. Lawrence was seen daily in consultation by Dr. J. M. Warren. For the last half of his disease he was also attended on alternate nights by Drs. Edward H. Clarke and Buckminster Brown. During the whole of his painful sickness he uniformly displayed great courage, equanimity, self-command and consideration for others.

Autopsy.—The body was examined by Dr. Ellis, five hours after death—present Drs. Warren Sen. and Jr., Bigelow Sen. and Jr., J. B. S. Jackson, E. H. Clarke and B. Brown. In the abdomen a strong adhesion was found of the gall-bladder and adjacent parts of the liver, to the ascending colon at a place two or three inches above the cæcum, and also to the abdominal parietes over a space an inch and a half in diameter. The adhesion was through a firm, dense false membrane of considerable thickness, having a cavity in its centre as large as a walnut. This cavity communicated at one end with the gall-bladder at its fundus, and at the other with the ascending colon, forming a direct outlet from the one of these organs into the other. The gall-bladder was much altered, contracted, thickened and dark inside, containing a soft solid mass of inspissated bile three quarters of an inch in diameter. The cystic

and hepatic ducts were both pervious and dilated, and the bile ducts inside the liver contained inspissated biliary matter like that found in the gall-bladder. In the large curvature of the stomach were two small coagula covering ulcers two or three lines in diameter, which had so nearly perforated all the coats, that a probe passed through them without sensible resistance. There were two similar ulcers in the duodenum near the pylorus.

The kidneys were somewhat under size, with a slight granular appearance, with some cysts on the surface containing serous fluid. There were some old adhesions of the pleura at the base of both lungs.

From the facts which have been stated, it is justifiable to infer that chronic structural disease in vital organs had existed for an unknown time, during which it had been tending slowly but surely to its fatal termination.

CASES OF ALBUMINURIA OCCURRING AFTER SCARLATINA, WITH REMARKS.

BY JOHN WARE, M.D., BOSTON.

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THESE cases are not related in the exact order of time in which they occurred, but they have been rather arranged so as best to illustrate the course of the affection and the influence of treatment.

CASE I. was that of a lad aged about 11, who passed through the disease under homœopathic and hydropathic management. I saw him once accidentally during life, and witnessed his examination after death. The following brief statement of his case, therefore, is given at second hand. He had the primary disease in a favorable manner, and seems to have had no severe or alarming symptoms. He was regarded as having nearly recovered, when, between two or three weeks from the first attack, some œdema of the face was observed, but with no other marked symptom. Within a few days, on the morning of Wednesday, March 3, after having gone to bed, apparently pretty well, the night before, he awoke vomiting, and continued very sick through the day. The next morning, Thursday the 4th, he had convulsions, which continued to recur through that day, but not afterward. He became extensively œdematous, very pale, heavy, almost somnolent, with hard, labored breathing, and died on Saturday the 6th. The urine was described as dark and thick, but was not examined during life.

I was present at the examination after death, but, instead of my own imperfect record of the appearances, I prefer inserting an account of them with which I have been favored by Dr. J. B. S. Jackson, who was also present.

“Lungs.—Pneumonia of greater part of upper left lobe; red, solid, not at all granulated, but rather smooth; ‘splenified,’ or