

The treatment, as one would expect from the uncertain nature of the disease, comprises innumerable drugs with a consensus of opinion in favour of valerian, ergot, and galvanisation of the neck. The conclusions to be arrived at seem to be—not from my own case solely, but on the authority of those who have made the literature of the subject—that the disease is purely functional, and has no destructive tendency on life; that it may be set up by injuries or diseases of the central nervous system, continuing after the acute effects of those have disappeared, in somewhat a similar manner to which pyrexia continues after the subsidence of one of the specific fevers, and that treatment, in most cases, is useless, unless the cause be peripheral and under our control, as in the case recorded by Jacobi where the polyuria ceased after the expulsion of a *Tænia medio-canellata*.

ART. XVII.—*A Case of Enormous Enlargement of the Spleen : Complete Recovery.* By MONTAGU L. GRIFFIN, M.B., B.Ch. Univ. Dubl., Plymouth.

THE following case of gigantic enlargement of the spleen, followed by complete recovery under treatment by arsenic, is interesting, especially as it was uncomplicated by any leukæmic condition :—

CASE.—THOS. D., age forty-two, brush-maker.

Family History—Good so far as he knows.

History—Fifteen years ago had typhoid fever, and was very bad. When he recovered and returned to his work he was troubled with “drawing pains” in his left side under the lower ribs, and used to think it was “the wind in the stomach.” Six months afterwards he began to get stout in the abdomen, and used to suffer from indigestion. The doctor who attended him used to think “he was getting too fat;” having complained to him of “a loaded feeling across his stomach,” he was advised to wear an abdominal belt for support, and he has continued to do so ever since. The first belt he had to cease wearing *five years* ago as it had become too small for him. The present one he had then made extra large, but this also has become too small; the buckles are now in the last hole; the belt itself does not meet across the abdomen, a space of five inches being left between the

unopposed ends. I judge, therefore, that for the last five years his girth has increased at least ten inches. Asked what his girth was prior to the fever, he says he does not know, but that he was "a wonderfully small man around the bowels," was "very wiry and active," and "does not suppose he had a spare ounce of flesh on his bones." He says that "he has never been the same man since the typhoid fever," but that he has managed to get along with his work "without a day's illness since then;" for the last six years, however, when the work of the day is over he feels tired; and latterly, when returning home, having changed his abode, he has to walk up hill, and finds himself exhausted often midway, and has to stop and take breath, and feels giddy and faint. He feels "as if his heart is not working right, and that he cannot draw as long a breath as he used to do." The girth around the waistband of his trousers measures 54 inches; these were made *six months' ago* "a special easy fit," but are now so tight that they have to be left open at the top button, which allows them to gape over an inch. His height is 5 feet 4 inches. He "wants to get rid of these indigestion feelings" if he can. He has "been dieting himself all he can" to avoid getting stout, and it only seems to make him worse; and he "does not think that any doctor can bring down his fat."

In spite of the patient first coming into my consulting room at night, I am struck by his pallor. His skin looks like pale yellow ivory. In so short a man the prominence of the abdomen is so great as to approach the comic element found in *Vanity Fair* cartoons. Feeling his arms and legs they are very muscular and as hard as an athlete's. Buccal and conjunctival membranes are anæmic; tongue is large, pale and flabby, but not coated. I asked him to strip, and put him on the couch in the dorsal decubitus. On inspection, the abdomen presented an appearance unusual in obesity. It did not fall down over each side of the hips, but stood up tense, prominent, and egg-shaped immediately from beneath the ribs. The latter I find are visible all over the thorax, and though his neck is short it is not a fat one, and he tells me that his collars are much looser than they were five years ago; he says "he cannot understand why all his fat has gone to his bowels." It appears that if anything there is a want of adipose tissue all over his body.

Palpation.—This is startling. I find that nearly two-thirds of the abdominal cavity is occupied by a tumour such as I have never before seen or felt outside those of ovarian growth. It emerges from the border of the left lower ribs and ensiform cartilage, and

extends downwards into the left iliac fossa, where the lower margin cannot be felt. Its inner margin sweeps in a gentle curve about one and a half inch to the right of the umbilicus (which is nearly as prominent as in that of a seven months' pregnancy); from thence it curves inwards again to about half an inch outside the left pubic spine, and is lost beneath Poupart's ligament. On turning him into the prone position, a swelling is visible in the left lumbar region, beneath the border of the left lower rib, and ends in a convex margin looking downwards, the tip of which almost reaches the posterior superior iliac crest. This tumour is soft, and feels more pliable than that on the front of the abdomen. The whole abdominal contents are now seen bulging the left flank, and it is evident that the contour of both sides of the abdomen do not correspond, the main prominence being in the left hemisphere. What I estimate to be the lower margin of the right lobe of the liver is to be felt two and a half inches below the ninth costo-cartilage junction. The remaining portions of the abdomen are fairly soft on deep palpation, but the walls of the abdomen are very tense. *Percussion* elicits femoral dullness all over the tumour, and over the area in which the liver is felt. In the upper right hand corner of the umbilical region a note resembling that of the stomach is elicited, but it is difficult to determine this, as on swallowing fluid the splash is not evident through the stethoscope.

Thorax—Respirations are of the thoracic type; the abdominal walls move only a little, even in forced inspiration, and that only over the right side of the abdomen. The sterno-mastoids stand out strongly, and the upper part of the thorax is somewhat barrel-shaped. There is no emphysema. The heart impulse is felt imperfectly in the normal position, but a strong thrill is given to the rib above.

Percussion of the thorax gives complete dullness, extending from the left 5th interspace to the margins of the lower ribs where it blends with that of the tumour in the abdomen, and likewise behind, from the level of the 11th dorsal vertebra downwards. No stomach note of resonance is to be elicited anywhere in the thoracic region.

Heart sounds—Normal. No hæmic murmurs are to be heard.

Lungs—Breath sounds completely annulled from level of left nipple to that of 11th dorsal vertebra behind.

Urine—Normal. Sp. gr. 1,015. No enlarged glands anywhere.

Blood—Examined. No increase in the number of white blood

corpuscles can be detected. Neither megalocytes nor poikilocytes present.

Patient wants my opinion and says that "from my face when I felt his bowels he is sure that I have found something very bad." I tell him that at present I can find no fatal symptom in his case, and that I hope that in a month's time treatment will prove that what I now believe to be the case is correct—viz., that his spleen is enormously enlarged, and that his breathlessness, poverty of blood, and size of his abdomen are due to this; but that he must cease from work for a week at least.

R. Liq. arsenicalis, ℥ v. Acid nitro hydrochlor. dil., ℥ v.

Infusi gentianæ co. ad ʒi ter in die ex aq. ʒi p. cib.

Diet—To avoid potatoes and pastry, of both of which he is very fond. (He has practically been a teetotaler since he was 21, and never exceeded one glass of beer in the day).

Next day his wife visits me, wishing to know what is wrong with her husband, saying that he is in a dreadful state of depression, as he feels sure that I have found a cancer in him, and that I do not want to tell him. I tell her that he has an enormous tumour in the abdomen, so great that if it had been of a cancerous nature he could not have lived so long, but that it may be another disease than cancer, which may prove fatal if it does not yield to treatment. She then asks me to have a consultation to ease her mind, to which I agree.

Seen with Dr. Richard Wagner on the following day. He agrees in giving the case the benefit of a trial on arsenic, suggesting the addition of five grains of ferri and ammon. citrat. to the mixture.

The subsequent history of the case is one of steady and uninterrupted recovery under a gradual increase of arsenic up to first physiological signs, and remissions to the minimum dose, again increasing, and so on. *Twenty-one months* after the commencement of treatment the splenic area of dulness is now normal, and nothing can be felt below the ribs. Six weeks after the consultation I sent the patient to Dr. Wagner, with the inferior margin of the tumour to be felt four inches above the pubic spine and one inch above the anterior superior spine, and to be felt distinctly moving downwards on deep inspiration. He has seen the case since and noted further improvement. The patient very quickly began to mend in health, and in two months' time declared himself to be

better than he ever felt since the fever, fifteen years before. His present girth is 12 inches less than when I first examined him; but this gives no estimate of the reduction in the tumour, as he has put on flesh everywhere in a marked degree. The anæmia altogether disappeared by the tenth month of treatment. The area of hepatic dulness became normal as the spleen shrank away from it. I think that its enlargement was only apparent, and due to the displacement of a plastic organ which was squeezed laterally. It has been proved on criminals in France, executed after eating a hearty meal, that the full stomach pressing upon the liver laterally makes the right lobe descend even as much as two inches below the so-called normal position, as proved by the series of frozen models afterwards taken from the victims.

Remarks.—The interest in this case depends on the almost complete absence of symptoms in the face of such physical condition as may well be called stupendous. The judgment shrinks from estimating even the weight of the tumour which this man carried in his abdomen, one may safely say, for years. It rested in his left iliac fossa and was fixed there, whilst it rose so high into his thorax as to displace the heart upwards and to annul the respiratory function of the left segment of his diaphragm. It pressed the liver to the right and the left kidney backwards, so as to make a *visible* tumour in the left lumbar region behind. How it treated the stomach and bowels I am unable to say. Yet the patient comes into the consulting-room complaining of dyspepsia, and only casually alludes to the fact that he has for years been growing too fat. That the anæmia was not excessive was evident from the comparatively slight functional derangements and the blood analysis, together with the fact that so soon as the tumour rose out of the pelvis and became movable his breathlessness ceased. And, finally, it is worthy of note that until the man was stopped working for fourteen days by me he had never missed a five hours' working day for fifteen years.

NOTE.—I regret to say that a note on the count of the relative proportion of white to red blood corpuscles, which

I made during the second month of the treatment of this case, has been lost. But it was remarkable only in that it showed no excess in the number of leucocytes. It is eight months since I wrote the above notes on the case, and to-day (March 19th, 1897) I have examined the patient once more. The area of splenic dulness is normal. The man is in good health, but does not work so hard as before. He still takes the medicine, but with less regularity.

ETHER v. CHLOROFORM.

DR. W. S. CALDWELL, in September last, read a valuable paper before the Mississippi Valley Medical Society, which gives his experience, gathered in 40 years' practice, of the superiority of ether as an anæsthetic. Surprised that "at the meeting of the American Association of Railway Surgeons at St. Louis, while the subject of the merits of chloroform and ether were being discussed, a vote was taken as to the preferences of that body for these two drugs, and 105 of those present advocated the use of chloroform, while only 16 were on the side of ether," he addressed over two hundred circulars to surgeons practising in Baltimore, St. Louis, and northward. The result is thus summarised:—"I find my replies as sectional as politics, nearly every advocate of chloroform was west of Buffalo. Chicago was about equally divided between chloroform and ether; the further west I got my replies from, the more generally did the writers use chloroform. . . . St. Louis is three-fourths chloroform. I only sent my circulars to the homœopaths connected with the large colleges and hospitals, and the replies I got were all in favour of ether. New York, Philadelphia, and Boston use ether exclusively, according to the replies sent me, except in a few instances where the surgeon began the anæsthesia with chloroform and then followed it with ether. Of those who have answered my questions, 60 per cent. use ether, 25 per cent. use chloroform, and 15 per cent. use various mixtures of ether and chloroform, mostly the A. C. E. mixture. My correspondents reported 127 deaths from anæsthesia, that they had in their own practice, or known in the practice of others. Of this number, 15 were from ether and 112 from chloroform." The paper, which well repays perusal, was printed in the *Journal of the American Medical Association* for December 19th, 1896.