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LECTURES.

A CLINICAL LECTURE ON CHRONIC GASTRO-DUODENAL CATARRH.

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CASE I. A. B., eight years of age, a delicate-looking child, of healthy parents, for some months past has at times complained of languor and weariness; is apt to be dull and disinclined to play; does not care to go out; grows pale; loses flesh; has occasional headache, not very severe; is restless at night; grinds her teeth; has bad dreams; wakes up suddenly in terror, and at times with pain in the legs. The appetite is capricious; to-day there is none whatever, to-morrow it may be voracious. After eating she will frequently complain of pain in the region of the stomach and small intestine. The tongue is at times clean, and again it has a moist, milky coat, through which the papillæ show prominently. The tip and edges are usually clean and not particularly red. The bowels may be constipated, or they may be so for a few days, and then a little loose, or the child may have a slight clay-colored operation daily for a week or ten days. The breath at times is very offensive. In cold weather she always has considerable follicular pharyngitis. Now this condition of things persists till the child has what the mother calls a bilious attack, that is, headache, nausea, vomiting, and diarrhœa. She then keeps her bed a few days, and after that is a little better for a while, but in the course of a few weeks she goes through the same thing again. She often has a little cough. When the stools are clay-colored she is more likely to complain of headache and intestinal pains, likewise of the pains in her legs. Her temperature is never above the normal unless the so-called "bilious attack" is protracted. Her parents and friends have ascribed the trouble to various causes, — worms, second dentition, and incipient phthisis.

CASE II. C. D., aged seven, looks tolerably well, but is subject to periodical attacks of indigestion, called by the parents, as in the previous case, "bilious attacks." Every few weeks she loses her appetite; her bowels get constipated; the constipation is followed by nausea,

vomiting, and diarrhoea, or in the place of diarrhoea she may pass hard, scybalous masses of a clay color. Sometimes the vomiting is very severe, and persists for a whole night, leaving the child thoroughly worn-out and exhausted when morning comes. Her appetite does not return very readily, and when it does come back she is well for a few weeks only, when she again has a similar attack.

CASE III. E. F., aged five, is another delicate-looking child, very pale, with eyes somewhat sunken, skin thin and hanging loosely to the bones, and capricious appetite. Her mother thinks that she lives on air at times. The child had pneumonia about two years ago, and the mother dates the present trouble from that illness. She is restless at night, and grinds her teeth. She usually goes to bed at seven o'clock, but frequently lies awake till nine or ten. During the cold weather she is never warm; is always hanging over the fire; is tired easily; sometimes after a short walk she will throw herself on the lounge, saying that she is too tired to play. Often she is feverish and fretful in the morning; nothing seems to satisfy her, and she cries readily. Once in a while she has attacks of what her mother calls "indigestion," that is, vomiting with purging or obstinate constipation.

The foregoing are examples of what, in my experience, is a very common affection in childhood, especially in girls, between the ages of four and twelve. Sometimes the symptoms are not well marked. The patient does not have the explosive or so-called "bilious attacks," and the parents do not seek advice until the condition of emaciation or a slight cough suggests the terrible name of phthisis. The symptoms often come under the head of that vague term "general debility," and I am very sure that in children these symptoms mean nothing more nor less than gastro-duodenal catarrh.

The affection is often met with after some exhausting disease like pneumonia or typhoid fever; it may, however, occur without being preceded by either of those affections. I presume that during the fever the system becomes so exhausted and debilitated that the digestive organs partake of or share in the general weakness. In these cases the appetite is at times voracious, and if the child is allowed to indulge it the penalty for the indiscretion is generally pretty severe; an acute attack is developed, with its train of distressing symptoms, such as pain in the head, nausea, vomiting, intestinal pain, and perhaps diarrhoea.

As is well known, a child is not nourished by the bulk of food he takes into his stomach, but only by the food he can digest. In all children there is a constant tendency to acid fermentation of their food. This is very marked in feeble children; it may be due to their diet. The mucous membrane lining the intestinal tract is naturally active, and on the slightest irritation pours out suddenly and freely an alka-

line secretion ; if they have overeaten, or if starchy food has too largely entered into the diet, fermentation is set up, and an acid is formed which stimulates the mucous membrane to further secretion. Now this excess of mucous is the *fons et origo mali* under consideration, for it interferes with the digestion and absorption of food. As a result, the child is imperfectly nourished, and from lack of nourishment the symptoms which come under the head of general debility, or properly, in these cases, gastro-duodenal catarrh, are developed. As I before stated, the affection is more common in girls than in boys. With careful parents, some children seldom have the explosive attacks. The cases are less severe, but the child is half sick all the time.

The affection may follow the exanthemata, pneumonia, pertussis, or typhoid fever. During second dentition it is extremely common, and often mothers believe this process to be the occasion of the child's ill health. Worms are also supposed to be a cause of the illness, and it is not surprising that mothers think so, for it is not unusual to find in these cases lumbrici or oxyuri. The excess of mucus which is secreted forms a favorable nidus for the development of the worm, and consequently the parasite is less a cause than a result of the disease.

The symptoms, then, may be briefly enumerated as follows. I refer to the chronic gastro-duodenal catarrh, not the acute affection ; the so-called "bilious attacks" which occur in these cases are simply the affection rendered acute for a few hours or days, and need not be described.

First, the child's appetite is capricious, or fails altogether ; he is constipated, and perhaps the constipation is followed by diarrhœa for a day or two. After this state of things has gone on for a time he complains of feeling tired on slight exertion, is languid, indisposed to play. At times he is fretful and feverish ; restless at night ; grinds his teeth ; wakes up suddenly with severe pain in his legs, or in great terror. The child emaciates ; the eyes are sunken and surrounded by dark rings. The skin becomes thin, harsh, and dry. There may be nausea and slight headache, with blurring of the eyes, and in older children *muscæ volitantes*. Through all this the tongue may be tolerably clean, or it may have a light, milky coat with the papillæ showing through prominently, the latter fact being generally significant of digestive disturbance in children. The so-called "worm tongue" may exist ; that is, a tongue tolerably clean on the tip and edges, with a coating of shiny mucus in the centre. The tongue is seldom markedly affected. The breath is often very offensive, though foul breath may be due to the disordered stomach, or to buccal or pharyngeal catarrh. The cough which may be present is due to either slight bronchial catarrh or follicular pharyngitis. You frequently find hypertrophied tonsils in these cases, and the decomposition of the

thick, yellow secretion will account for the foul breath. I believe that I have before alluded to the occasional pain in the epigastric region and the region of the small intestine after eating. Ear-ache is not at all uncommon in these cases.

After a careful examination, if we find the symptoms to be due to the gastro-duodenal catarrh, if we recognize the weakness of the digestive system and see the evidences of defective nutrition, our indications for treatment are plain enough. We must increase the nutrition, that is, increase the supply of food; but at the same time we must be careful in our selection, as the fact that the digestive system is feeble must ever be before us.

Treatment. First, the diet is to be arranged; as the tendency to fermentation is so marked in these cases, I eliminate the starchy foods as much as possible. You cannot deny a child of from six to twelve years bread and potato altogether, but you can arrange an agreeable and varied diet so that he shall get a minimum quantity of these articles. Many physicians believe that such cases would be benefited if oatmeal and cracked wheat should enter more largely into the diet; it is not so, however, according to my experience. It seems to me that oatmeal and cracked wheat illustrate most admirably the old adage that "what is one man's meat is another man's poison." Particularly in the summer season should the oatmeal be interdicted.

In these cases I generally order a cup of weak mutton, chicken, or veal broth to be given to the child as soon as he wakes in the morning, before he gets out of bed even; a good-sized teacupful is enough; of course it must be warm; then an hour or so later a little toasted bread or stale French bread. The crust of the long French roll is excellent, and children usually like it. A cup of milk and a hard-boiled egg chopped fine may be given, to which may be added a little butter and salt, or, better still, a little cream, or, in place of the egg, a little broiled fish. At noon, a dinner consisting of beefsteak, chop, a little bird, roast beef, or mutton, not too much cooked, with meat gravy; but no made gravy or sauce is to be allowed. At night, dry bread and milk. The broth may be repeated, if not too rich, at this meal. Some mothers think this a pretty limited diet, but you should vary it as much as possible, and give four or five small meals a day instead of three larger ones. As the excessive production of mucus in the stomach and intestine is to be overcome gradually and by constant efforts, I endeavor to attain this result in two ways: first, by diminishing the production, that is, by regulating the diet; and, secondly, by clearing out the excess or over-production by means of cathartics regularly administered every third or fourth day. As cathartics I use the aqueous tincture of rhubarb, licorice powder, and occasionally a powder of jalap, scammony, and a little calomel or pil. rhei comp. In mild

cases the following recipe has often done good service, obviating the necessity of the regular administration of a cathartic : —

R̄ Podophylline	gr. i.
Alcohol	3i. M.

Gtt. three to five, morning and evening.

The indications for this are, constipation, clay-colored stools, and loss of appetite. I do not expect to get a cathartic action from the remedy, for if it produces such an effect it must be used in smaller doses or abandoned altogether. It is to be given continually for two or three weeks, or even longer. Under its use I have seen the tongue clean, the appetite return, and follicular pharyngitis disappear completely. From five to eight grains of calomel are sometimes given with good result, but as it is very unpopular treatment among many persons I seldom employ it, as other things seem to act as well.

One word more in regard to the podophylline: if the patient should have two or three dejections a day, the dose must be diminished about one half. The good effect of the medicine is not seen for several days. After cathartics alkalies are of next importance, — the bicarbonate of soda or potassa, given in a bitter infusion, say cascarrilla, chiretta, gentian, or columbo. In lax conditions of the mucous membrane, where a tonic action is required, the tincture of myrrh is much used, and I have added it to the alkali and bitter infusion with advantage. The latter is usually intensely disagreeable to children, and sometimes it is a difficult matter to get them to take it regularly, but if the mother understands the importance of the drug she will make the child take it. Tincture of nux vomica may be added to the infusion, or liq. strychniæ. They do not render it any more agreeable, but rather more bitter. The objection to syrup is obvious. As the child improves, a little iron may be added, but of the milder forms and in very small doses. At this stage many children will bear cod-liver oil well. Wine, such as dry sherry or good claret, may be given with dinner, and baths are a useful adjunct to the treatment; I mean sponge baths.

PUERPERAL CONVULSIONS SIX HOURS AFTER LABOR.¹

BY O. W. DOE, M. D.

MRS. X., thirty years of age, the wife of a physician, always had good health until seven years ago. At that time she began to lose flesh and strength, became gradually anæmic, and suffered from all those symptoms attendant upon nervous prostration. Her mother died of Bright's disease six weeks after the birth of her seventh child, but was in perfect health at the time of the birth of Mrs. X., thirteen years before. Three years ago she first noticed enlargement of the cervical

¹ Read by invitation before the Obstetrical Society of Boston, October 13, 1878.