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CLINICAL OBSERVATIONS

ON

(34)

DISEASES OF THE STOMACH.

BY

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N^o. I.—GASTRIC ULCER.

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CASES OF GASTRIC ULCER.*

CASE I.—Mary Jeffries, aged twenty-three, single, formerly a domestic servant, but has worked during the last six months in a cap warehouse, presented herself in the out-patients' room of the hospital on February 6th. As she entered, her gait was noticed to be unsteady, and, after an effort to stand, she dropped exhausted into a chair. Her countenance was extremely pale, and her lips exsanguine. On inquiry it was found that she had vomited blood in large quantities about one hour previously, so she was at once admitted as an in-patient.

She states that she enjoyed good health till about three years ago, when one day while at work she was seized with a violent pain in the epigastric region; the pain passed off after a week or so, during which time she had some medical treatment. She felt nothing more of it for about three months, when the pain returned, and has continued more or less ever since. It was of an aching, gnawing character, and situated just below the ensiform cartilage, a little to the left side. It came on usually about fifteen or twenty minutes after taking food, and she observed that it affected not only her stomach, but also her back, and ran up between the scapulæ towards the left side. She frequently experienced eructation of sour fluid which "set her teeth on edge;" no vomiting, however, occurred. Her bowels were at this time, and have been ever since, very obstinate. The catamenia did not cease, but she felt herself much weaker; she gradually lost her colour, and occasionally was subject to palpitation and headache. For some four months previous to her appearance at the hospital she had attended the General Dispensary with much temporary benefit. On the morning of her admission she felt, before going to her work, low and faint, and ate scarcely any breakfast; on her arrival at the warehouse she was attacked by the vomiting of blood, and lost, she states, nearly two quarts.

Symptoms on admission.—Patient very weak and faint, countenance almost hueless; expression anxious; pulse small, weak, and at times almost imperceptible; heart sounds normal, lungs healthy, vertigo on attempting to rise, and slight headache; tongue a little furred, very pale in colour; great thirst is felt, and nausea. Pain seated in epigastrium, a little to the left side of, and below the ensiform cartilage; slight pressure increases it; pain also felt across the back and between the shoulders; pain is of a burning, gnawing, aching character; no tumour to be detected in the epigastric region; liver and spleen normal in size; urine pale-coloured, but healthy.

Treatment.—She was ordered to keep her bed, and to have ice to swallow; to be perfectly quiet, and to eat no food whatever. Contrary to orders,

* Part of a Clinical Lecture delivered at the Queen's Hospital, Birmingham.

she got out of bed in the evening, and, as she attempted to pass across the ward, the hæmatemesis returned, and nearly a quart of bloody fluid was vomited. Ordered to be kept perfectly quiet, to use the ice, and to take, every second hour, half an ounce of a compound of two drachms of gallic acid, dissolved in eight ounces of water. On the following morning the hæmorrhage again came on; and on the same evening she vomited, for the fourth time, about a quart of bloody fluid; two drachms of diluted sulphuric acid were now ordered to be added to her mixture; this checked the hæmatemesis, and it did not recur. She took this mixture for four days, being nourished, in the meantime, by small quantities of milk and beef tea. On February 13th she was ordered to have nutritive enemata every four hours, and to cease taking anything whatever by the mouth. She was, at this time, very weak and exhausted, and complained of the pain in the epigastrium, and also of a sensation of nausea and pain after taking food. The enemata were continued till February 18, and then discontinued because they caused much pain and irritation to the gut. The enemata consisted of beef tea, milk, and occasionally contained the yolk of an egg; to them I also added, from time to time, small doses of tincture of opium.

February 18th.—Patient expresses herself much better, and even stronger than before she had the injections; no pain has been felt in the region of the stomach for three days; ordered milk as diet, and to take with each ounce half an ounce of lime water.

20th.—Very much improved, has felt no pain in the stomach, nor can any be occasioned by moderate pressure; allowed a little arrow-root.

22nd.—Still improving; as her bowels had not been opened for some time she was ordered, in my absence, five grains of extract of colocynth with three of mercurial pill.

24th.—Pills have acted, and have had no unpleasant effects; patient much better; allowed sago pudding.

29th.—Improving; ordered four grains of the citrate of iron and quinine in infusion of calumba, twice a day.

March 9th.—Has had no return of pain; feels much stronger since taking the mixture; ordered a little fish and jelly, also allowed an egg.

18th.—Dismissed quite well.

CASE II.—Maria Lygins, aged thirty-one, formerly a domestic servant, but now married, was admitted into the hospital, under my care, on February 9th. She complained of frequent vomiting, and severe pain in the epigastric region. She states that she has never been quite well for the last nine years, but has always had more or less pain in the epigastrium. The pain always came on about ten minutes after taking food, and was of a dull, heavy, burning character. She has had frequent pyrosis, and pains in her bowels; her family, with the exception of one brother, who died from symptoms similar to her own, have always been healthy. The

menstruation have been irregular from time to time during her illness; for the last six months, however, they have been more regular, though small in quantity, and pale coloured; she has occasionally been relieved by medical treatment, but never permanently.

Symptoms on admission.—Expression of face, anxious; countenance evidently much paler than natural; body, emaciated; pulse regular, 75, small and weak; sounds of heart, healthy; feet, usually cold; lungs, healthy; breathing, natural, but quickened whenever epigastric pain comes on; tongue, furred and moist, often has a very sour taste in her mouth; appetite very bad, in fact, she is afraid to eat on account of the pain which the ingestion of food causes. The pain is of a dull, burning, gnawing character, and its point of greatest intensity is about one and a-half inches to the left of the extremity of the ensiform cartilage. It comes on about ten minutes after eating, and continues till the food is vomited. The pain is also felt across the back, and runs up between the shoulders; this dorsal pain sometimes alternates with the epigastric pain. The matters vomited have of late been often streaked with blood; she has also noticed that of late her stools have been black and tarlike. The strictest examination can detect no tumour in the epigastric region, which is, however, very tender on pressure; and even a dress of ordinary tightness causes her much pain. She is often troubled with flatulence, and her bowels are usually obstinate.

Liver, normal in size; no enlargement of spleen to be detected; urine, high coloured and scanty, containing lithates.

Treatment.—As I did not see the patient during the first few days after her admission, she had merely an alkaline mixture; and, as her bowels had not been moved for several days, a purgative draught. Her bowels were moved after some difficulty, but no improvement in the pain followed, and scarcely any in the vomiting. The irritability of the stomach decreased, however, somewhat while she was kept on milk diet.

On February 29th I ordered her to be supported wholly by nutritive enemata of beef tea and milk, given four or more times a day, and to strictly observe the recumbent posture.

March 3rd.—She feels much better, the pain having nearly altogether disappeared; she complains of thirst, but does not feel hungry.

6th.—Pain quite gone, feels rather faint at times, but is wonderfully strong, and does not at all complain of hunger; ordered to take one ounce of milk four or five times a day, with two drachms of lime water.

9th.—Nutritive enemata stopped, and milk, arrow-root, and corn flour pudding ordered for her in small quantities.

14th.—Food has been increased gradually since last note, and the patient is gaining strength; says she feels much better, has no pain in stomach at any time, has felt a little in the back to-day; ordered four grain doses of citrate of iron and quinine in infusion of calumba, twice a day.

19th.—Much better; pain in back, complained of on last visit, appears to have been connected with the menses, which have since appeared.

24th.—Patient has now quite recovered, and is only now and then troubled with occasional flatulency; discharged.

The treatment adopted on the admission of the first patient, was, of course, directed to the hæmorrhage from the stomach; and after this had ceased, the case was placed almost in a similar position to the second. In each we had an ulcerated surface on the mucous membrane of the stomach, which it was our great object to heal, or rather to assist nature in healing. In all injuries we find nature ever ready to cure, her tendency to repair only being checked when disturbing causes exist; and, as Mr. Hilton observes, in his "Lectures on Rest and Pain"—"this tendency becomes most conspicuous when a disturbing cause has been removed." In the cases before us nature had tried to repair the lesions over and over again, and was endeavouring to do so still; but what she accomplished with one hand at one time, she, Penelope-like, swept away with the other hand at another time.

Whenever the stomach was empty nature worked hard to heal the breach of surface; but food had to be taken, and in the process of digestion all efforts at repair were swept away. This process of digestion, essential though it was, interfered in several ways with the healing of the ulcers. These modes of interference and disturbance we may arrange as follows, viz.:—

1st.—The movements and great change in volume of the stomach necessitated by the ingestion of food.

2nd.—The mechanical and chemical irritation to the ulcer produced by the food.

3rd.—The solvent action of the gastric juice on the fresh lymph poured out for the repair of the ulcer, and on the weakened tissues forming its periphery and base.

The ulcers then were prevented healing by the very functions which it was the duty of the membrane on which they were seated, to perform; and when we consider the grave character of the disturbing causes, and the frequent repetition of the irritation, we cannot so much wonder that in such cases the ulcers are very difficult to heal, as that they ever heal at all. Let us for a moment consider what we should have done for an ulcer seated on the surface of the body, and subjected to the same obstacles to healthy repair; assuredly we should have made the effort, almost at any cost, to relieve the ulcerated surface from irritations so prejudicial to it. In the pain caused by the movement of the part, and by the contact of irritating substances, we should have recognised the voice of nature crying for rest, and should have procured that rest by removing all causes of disturbance; then healing would have gone on quickly, and nature would soon have restored the healthy condition of the part, for rest is as essential to repair as it is to growth. Growth, we see

only proceeds favourably under rest, and when that rest is not given, or is broken, we have always an arrest of development. So it is with repair, which is growth directed, not to the full development of the body, but to the restoration of injured portions of it. The same principles then that would have guided us in the treatment of the surface-ulcer, should also regulate our proceedings in the case of an ulcer of stomach; and our chief indication in such cases, I hold to be, the removal of all conditions interfering with the mechanical and physiological rest of the organ.

In the treatment of the cases before us I followed out this indication, and procured rest for the stomach by stopping the ingestion of all food, giving the stomach, in fact, no work to do at all; and, at the same time, cutting off all the sources of irritation. But, in the meantime, the system had to be supported, and materials for repair afforded. Nutriment could not be given by the mouth for the reasons stated, and therefore we had to rely upon the absorbing power of the rectum to take up the nutritive matter. This the lower gut did, in both cases, very satisfactorily, for its absorbing power, for many materials, is even more active than that of the stomach.^a The first patient was supported by nutritive enemata alone for four days, even at a period when, from the excessive exhaustion consequent on the copious hæmorrhage, the treatment seemed hazardous; but seemed only, for the enemata afforded her sufficient nutriment; and far from feeling more exhausted, our patient actually rallied a little day by day. This, at first sight appears surprising; but we must recollect that the bodily waste was reduced to the minimum by the perfect rest observed, and great relief was felt from the cessation of the wearing and exhausting pain in the stomach. At the end of the four days, as the enemata had caused some irritation about the lower part of the rectum, they were discontinued, and the patient fed on milk, mixed with lime water. Beef tea, and, by degrees, the lightest kinds of solid food were allowed, and thus the patient gradually brought back to her ordinary diet. From the commencement of the treatment the pain disappeared, and during all the time of her fasting did not annoy her at all. Up to the time of her discharge no pain had been felt, in short, no unpleasant symptom marred the slow and sure progress she made towards health; no pain in the epigastric or dorsal regions, even on pressure; no vomiting, no pyrosis, troubled her. The patient still continues well, and shows herself from time to time on my out-patient days.

In the second case the same treatment was adopted, and the patient was kept five days without any nourishment by the mouth, being wholly supported by nutritive enemata. After the first day the pain began to disappear, and, by degrees, left her altogether. During her long fast she felt low and weak at times, but not very hungry; and she bore her protracted abstinence with wonderful patience. Neither the pain or the vomiting have recurred; her food is taken with comfort, and she expresses

^a *Vide Experiments by Mr. Savory, in Lancet. 1863.*

herself better than she has felt for years; flatulence, to which she has been always subject, annoys her occasionally.

This method of treatment, which has been carried out with such benefit in these cases, is what I would advise in all similar cases. It recommended itself to me some years since, and I have ever since, more or less, advocated it, recognizing the great fact, that in all such cases our treatment should be simply an observance of the road which nature points out to us. The efforts which the stomach makes to get rid of all ingesta by vomiting, and the pain which they occasion, tell us, in the loudest voice, that rest is what the injured organ wants—rest from all mechanical irritation, and rest from all physiological action. In the case of a surface ulcer, we should at once recognize the warnings, and obey; let us then listen to them with equal regard in all lesions of the internal organs. The ordinary treatment, by dietary, does not completely fulfil the indications pointed out, for, although it avoids distending the stomach, and irritating it by much food, yet it still stimulates it to secrete gastric juice, and this secretion not only requires a certain amount of exercise in the organ, but also dissolves the materials being formed on, and irritates the surface of the ulcer. In the treatment by enemata, on the other hand, the most perfect rest we can command is given to the diseased surface; and this rest will, I believe, most frequently heal the ulcer; and if it do not completely repair, will leave it in such an improved condition that a carefully regulated system of diet will perfect the cure. The plan of after-diet must be based upon physiological principles, for it must strictly forbid all substances irritating to the stomach, either by their properties, or slow digestibility—*e.g.*, animal food, hard and tough substances, hot drink, alcohol, &c., &c.

The blandest and lightest food is the best, and milk may be taken as an example of the most perfect nutrient substance; it may be given in small quantities, and frequently, diluted at first with lime water, to neutralize any acidity of the stomach. As the patient improves, arrow-root, macaroni, tapioca, and corn-flour may be added; and, after a time, vegetables in small quantities, and lastly, fish; and thus the return to animal food most carefully guarded. The great importance of the strictest attention to diet, will, at once, be recognized, when we consider how easily the newly-made tissue, forming the cicatrix of the ulcer, might be irritated and dissolved by the ingestion of hard and indigestible food. To the enemata I added, occasionally, a few drops of tincture of opium, and I also gave the drug occasionally during convalescence; it is of great value in these cases in allaying the irritation of the mucous membrane, in checking the waste of the tissues, and in acting as a nerve tonic.

Towards the period of convalescence I prescribed citrate of iron and quinine, a preparation, which, from its mildness, is particularly suited to these cases, as well as from its tonic effect on the mucous membrane, and the system generally.