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Contributors

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Appendix to

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PROPOSITIONS

RELATING TO

DISEASES OF THE STOMACH.

and in Dub. Med. Journ.

BY

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PROPOSITIONS,

&c. &c.

BEFORE I proceed to the remainder of the propositions which I have to bring forward, on the subject of diseases of the stomach, the attention of the reader is requested to some topics connected with those which I have already published, and with respect to which I am enabled to afford some additional information; and first of

THE PERFORATING ULCER.

This is a form of disease peculiarly insidious, and apt to be overlooked, on account of the slightness of the symptoms which mark its progress, and, as a subject of pathology, is involved in considerable difficulty, from the singular and indeed unique appearance it presents. The edges of the fresh-formed ulcer have no resemblance to those of any other kind of ulcer, but the coats of the stomach are perforated as if by a cutting instrument of a circular form, leaving a smooth and perpendicular edge. The situation of those ulcers is always at or near the lesser curvature, and they are often not noticed, and their existence not suspected, till they have perforated the peritoneal coat, when death ensues within a few hours, in consequence of the escape of the contents of the stomach into the cavity of the peritoneum.

I have hesitated for a long time before I could determine whether this affection should be considered as idiopathic,

and distinct from all others, or whether it should be placed with those of the gastric glands, or those of the mucous membrane. In most of the cases which came under my observation I had no opportunity of ascertaining the symptoms which preceded the perforation, the patients making little or no complaint, and not seeking medical advice till the fatal passage of the contents of the stomach into the peritoneal cavity had taken place. I, however, have now concluded that they belong to the cases of sour stomach (affections of the gastric glands, see Part I.), because the symptoms of that state may exist longest, and in the highest degree, without attracting the patient's notice, and chiefly because the seat of the perforating ulcer is always towards the lesser curvature, which is not the seat of gastritis, but that of the affection of the gastric glands. I more lately have had the good fortune of learning the symptoms of some cases in their first stage, which have completely confirmed the correctness of this conclusion. The following is one.

Mary Power, aged 20, a servant, of a florid and healthy appearance; made no complaint, and appeared to enjoy perfect health, with this exception, that when she was blamed, or in any other way thrown into a state of mental excitement, she used to be seized with a fit of severe pain in the stomach and vomiting, and the matter vomited was both sour and also bitter. Within the fortnight previous to her admission to Mercer's Hospital, the pain and vomiting increased, and came on without mental excitement. She was never known to have vomited blood.

On her reception into Mercer's Hospital she was in a state of collapse, and died in a few hours. On examination after death about half a pint of the contents of the stomach, of a bright green colour, were found to have effused into the surrounding parts, but the peritoneum was so universally adherent between the large and small intestines, that it was pent up and had not proceeded beyond the mesocolon.

In the stomach were two circular ulcers, with clean edges,

as if made by a gouge, one at the anterior wall, near the lesser curvature, and nearer the pylorus than the œsophagus, which had opened through the peritoneum, and afforded a passage to the contents of the stomach; the other a little larger and less regular, at the posterior wall below the lesser curvature, completely perforating the mucous and muscular coats and exposing the peritoneum. There was a slight thickening in the portions adjacent to the ulcerations, but otherwise the stomach was healthy.

When, by the adhesion of the peritoneum to the surrounding parts, or by its thickening and acquisition of indurated structure, the rupture is prevented, then the remarkable circular ulcer may by degrees enlarge, lose its characteristic shape and edges, and gradually assume the appearance of cancerous ulceration. Of seventy-nine cases observed by Professor Rokitanski, of Vienna, in twenty the ulcer was situated on the posterior wall of the stomach; in fifteen, on the small curvature; in five, on the anterior wall; in sixteen, at a short distance from the pylorus; in six, on the duodenum; and in sixteen, in different parts, as at the anterior and posterior walls, at the same time. Their size varied from that of a sou to a five franc piece. In twelve cases there were two, in four there were three, and in one there were five ulcers at the same time. When there was a plurality of ulcers he found them most frequently situated one above the other at the posterior wall, and they were on both walls only four times, out of seventeen cases in which there were more than one. In the collection at Mercer's Hospital there is one as if done by a circular gouge on the posterior wall, with another on the anterior wall, in the place exactly corresponding to it.

It would be impossible to deny that there is considerable obscurity as to the production of those ulcers. According to my views it appears that a circular group of the acid secreting glands is irritated to secrete that fluid with such intensity as to dissolve the surface with which it first comes in

contact, and that thus the mucous and muscular coats are suddenly destroyed, and the fluid soon reaches the peritoneum. This membrane is not only the last, but the slowest to disappear, and resists so long that inflammation of its external surface is set up. If sufficient time is granted for the formation of plates of lymph, and the agglutination of the surrounding parts by adhesion, then the fatal catastrophe may not only be delayed, but no doubt is, in many cases, entirely averted.

We have seen that the symptoms belonging to the formation of those ulcers are distinct from those of any form of gastritis, and that the seat of disease is also different. On the other hand, this disease is distinguished from the ordinary cases of sour stomach and pyrosis, by the slight degree of sourness and pain, compared with the dreadful process which is rapidly going on, causing the destruction of the circular piece of the stomach with little or no signs of irritation at the edges or adjoining portions. In none of the cases of sudden bursting of the stomach which fell under my notice, was there vomiting of blood or of sanious matters, as are usual in other cases of ulceration. The symptoms appear to be sourness of the stomach as I have described (Part I.), but in a slight degree; then a soreness felt in one peculiar locality of the stomach, of which hereafter; and lastly, the fatal rupture and effusion of the contents of the stomach into the peritoneum, usually terminating life in about twelve hours.*

The formation of this disease is in many cases to be traced to grief, or anxiety. I have already referred to this in the case of Miss B., described (Part I.) Professor Rokitanski states, that out of seventy-nine cases, forty-six occurred in fe-

* See an able paper by Dr. Williamson, on the distinguishing marks of the three kinds of perforations which may take place in the stomach, viz., the perforating ulcer above described; second, the corroded ulcer from corrosive poisons; and third, the perforation from posthumous digestion.—*Dublin Journal*, 1841.

males, but he evidently has included in his list, many cases not strictly belonging to this form of disease. The great majority of cases which I have seen, or of which I have obtained adequate information, occurred in females. Hence it would appear, that there is something in the sex, or rather in the peculiar vexations and disappointments to which the sex is most liable, which tends to produce the disease. For example, in the instance of Miss B., she was suffering from anxiety as to a matrimonial engagement. Another of my cases occurred in a young unmarried female, far advanced in pregnancy, which she was endeavouring to conceal; and Mary Power, the subject of the case above related, was a destitute girl, unjustly suspected and reproached on account of supposed levity of conduct, as I ascertained by inquiry after her death.

Here is the place to introduce a mode of ascertaining, not only the existence of these and other ulcers of the stomach, but of determining the part of the stomach in which they are situate. This depends on the complete insensibility of the stomach to the sense of touch, which causes it, not only when healthy, but even when irritated or inflamed within certain limits, to make those states known by the symptoms produced in remote parts, rather than by pain in the organ itself. But when ulceration has taken place, then a new surface is formed, possessing the same sensibility of touch as ulcers in other places, and susceptible of a smarting pain, and a feeling of burning, whenever the ulcer is immersed in the acid fluids of the stomach. The diagnosis of the situation of the ulcer depends on the effect which the patient's position has in either producing or relieving this pain. When he lies so as to bring the fluids of the stomach in contact with it, then the pain is perceived, but when he lies so as to keep it above the fluid then he enjoys comparative ease; and in general in all such cases there is a great remission of pain, as long as the patient remains in the erect posture, arising from the great majority of those ulcers being either on or in the neighbour-

hood of the lesser curvature. The following cases, in which this mode of diagnosis was adopted, are here adduced to illustrate this point.

CASE I.—*Diagnosis; Ulceration at the posterior Wall of the Stomach.*

Arabella B., aged 26, a children's maid, came under my care on the 11th of July. Symptoms: pain of stomach coming on about a quarter of an hour after eating, and relieved by vomiting; matter ejected generally sour and interspersed occasionally with black matter; appetite much impaired; thirst, especially when pain comes on; sub-emaciation; catamenia regular; experiences more annoyance after taking liquids than solids; has a sense of weight from every thing taken; bowels habitually confined; *always obtains ease from the pain by lying in the prone position*, and also when she falls into a perspiration. Sometimes she can eat without vomiting.

History.—During the last two years she has been affected with sourness of stomach and torpidity of the bowels. The dark coloured vomiting and anorexia came on within the last two months.

℞ Ext. Opii. gr. ii.
Nitrat. Argent. gr. ii.
Aquæ distill. ℥ i.

Sumat coch. min. in aquæ calid. poculo ter die. Enema Tereb. Vesicat. seq. ventric.

14th. The bowels did not act till five pints of warm water were injected by the tube. Pain of the stomach much relieved.

Cont. Mist.

16th. Pain and tenderness at the lower part of the abdomen; no return of vomiting; the uneasy sensation after eating has nearly vanished.

22nd. Feels much better; pain occurs after eating stira-bout, but not after egg, and is always obviated by the prone posture; eructations follow pain.

25th. Appetite has now returned ; no pain after eating ; some nausea at night.

Repetat. Enema. Cont. Mist.

5th August. Ceased to take medicine, being now nearly free from any subject of complaint.

On the 20th she was again placed under my care, having been within the last four days in a state of great suffering from pain, and tympanitic tension of the abdomen, obstinate confinement of the bowels, and vomiting of all medicines taken to relieve it. During the following three days, notwithstanding the employment of leeches, hip baths, calomel and opium enemata, and other remedies, it became evident that she was sinking, and she died on the evening of the 23rd.

Necroscopia.—On opening the abdomen, (which was swollen and tympanitic, especially to the right of the median line) the cœcum and ascending colon were found distended to a diameter of nearly six inches, and appeared to occupy the entire space, from the ensiform cartilage to behind and beneath the pubis. At the angle formed by the ascending and transverse arch of the colon there was a contraction ; beyond this the intestine was healthy, but between it and the ilio-cœcal valve it was of a dark bluish colour, and of a much darker hue immediately above the constriction. The contents of this portion of the intestine were gas, and about a pint of dark brown fluid fæces. The peritoneum was highly injected.

The stomach was half full of a dark coloured fluid ; it adhered to the pancreas at the part of *its posterior surface, where there was a round ulcer the size of a shilling*, one inch below the lesser, and two inches above the greater curvature, and rather towards the œsophageal end. The portion of the stomach immediately around the ulcer was much puckered.

The above case is remarkable, not only from the circumstance pointing out the seat of ulcer, but also from the relief obtained from treatment, the patient having died in conse-

quence of the contraction and inflammation of the large intestine, which supervened to the former.

CASE II.—*Diagnosis: Ulceration towards the Pyloric End of the lesser Curvature.*

John Gannon, shoemaker, aged 30, admitted to Mercer's Hospital, April 17, 1844. Pain at the scrobiculus cordis, extending to the umbilicus; sour eructations about two hours after eating, which are generally followed by vomiting of a sour, clear fluid; *the pain is generally brought on, and when present always aggravated, by lying on the right side*; bowels mostly confined; appetite natural.

History.—About eighteen weeks ago had a diarrhoea, and at that time first suffered from sourness and vomiting. Six weeks ago, first vomited matter resembling coffee-grounds, and the same has happened twice since. Is reported to have fretted much of late.

He was ordered the drops mentioned in the first part of these propositions, also aperient pills on each alternate night, and a meat diet.

On a review of his state, on the 17th of May, it appeared that although he still complained of pain, yet that it was much diminished, and was not increased by lying on his right side; the vomiting had ceased altogether, and there were no sour eructations. Remedies to be continued, also a sinapism to the region of the stomach every evening.

On the 27th he complained of severe headach, his appetite now failed, and he had bitter vomiting. On the 29th, the symptoms of arachnitis set in (not necessary to be enumerated here) mercurial treatment was prescribed, but notwithstanding this and other means were resorted to, delirium, convulsions, and coma successively supervened, and he died on the 13th of June.

Necroscopia.—*Head.*—Nearly half a pint of fluid diffused on the upper surface, and in the ventricles of the brain. Substance of the brain softened at the posterior part of both ventricles.

Abdomen.—Liver enlarged; intestines matted together with old adhesions.

Stomach.—*At the lesser curvature, near the pylorus, were superficial ulcerations, or patches deprived of mucous membrane, and also some patches in which the mucous membrane was entire, but with a whitish opaque structure interposed between it and the peritoneum.*

CASE III.—*Diagnosis: Ulceration towards the pyloric End of the lesser Curvature.*

Patrick Hayden, a Nailor, aged 46, admitted to Mercer's Hospital, 3rd April, 1844. Complains of sour vomiting, ptyalism, *pain in the region of the stomach much aggravated by lying on the right side*; appetite impaired; bowels confined.

About fifteen months ago, was attacked with "cramp" in the stomach, since which time ptyalism and vomiting have continued, with but little intermission. About six weeks ago, he vomited a dark coloured matter, stated to resemble coffee grounds.

Prescribed the lead and morphine mixture (see Part II.), and aperient pills.

9th April. Vomiting has been checked, but returned last night. Prescribed the pills of Nitrat. Argent. and Acet. Morph. (see Part II.) one to be taken three times daily, drinking after it a wine glass of lime water in a tumbler of warm water; a sinapism to be applied to the gastric region every evening; diet to consist of rice and eggs; aperient pills as required.

12th. All the symptoms decidedly abated, with the exception of the pain aggravated by right decubitus, which is nearly the same as before; a lime moxa was applied to the scrobiculus cordis. The treatment last ordered to be continued.

13th. The pain mentioned in last report is much less to-day.

15th. Can lie for nearly half an hour on the right side without pain; no return of vomiting.

18th. The vomiting and ptyalism have entirely ceased; the pain of the stomach is not at all felt, except when he lies for a considerable time on the right side, and then in a much slighter degree. His countenance was still indicative of scirrhus disease, but he felt so much improved that he was dismissed at his own request.

CASE IV.—*Diagnosis; Ulceration towards the pyloric End of the lesser Curvature.*

Mr. J. M., aged 22, placed under treatment 15th March, 1845. Is of a livid and emaciated appearance; complains of pain in his stomach coming on in bed at night, and occasionally at other times after eating; *relieved by lying on the left side*, also by vomiting, and in a lesser degree, by a gulping up of sour fluid which comes on at night; it interferes much with his sleep, especially when he feels an inclination to vomit, but cannot expel the contents of his stomach; on these occasions he sometimes strains violently and ejects a slimy fluid tinged with blood; has appetite, but is afraid to indulge it; thirst; tongue smooth towards the middle.

History.—The case commenced about two years ago with vomiting of clear fluid and pain; about a fortnight ago he vomited an adhesive matter, in colour resembling the grounds of porter.

Ordered the drops described (Part I.); meat diet; pills to regulate the bowels.

18th. Vomited this morning a dark brown slimy fluid, which on the application of heat was converted into grumous shreds; *states that when his stomach has been emptied he can lie for some time on his right side.*

℞ Nit. Argent. gr. iv. Acet. Morph. gr. i. Aquæ still. ℥ iv. St. coch. min. omni semihora. A lime moxa was now applied to the scrobiculus cordis.

25th. Since last report has only vomited once; thirst less; appetite can now be indulged; pain much diminished; fæces reported to be of a dark colour.

Omit. mist. Nit. Arg. Resume the drops, which are to be taken in lime water.

April 4th. Continues to improve. To go to the country.

CASE V.—*Diagnosis: Ulceration (perforating)? towards the œsophageal End of the lesser Curvature.*

Miss F., aged 22, of full and healthy appearance, complains of pain in the stomach, increased after eating, and *constantly relieved by lying on the right side.* Tongue foul, and marked with impressions of the teeth; sour fluid occasionally rejected; headach; appetite impaired; bowels regular; catamenia regular.

The commencement of her complaint dates from nearly four years ago. Last November she had a violent attack, and was treated with mercury, which was attended with temporary alleviation.

℞ Nit. Argenti gr. iv. Acet. Morph. gr. i. Ext. Gent. gr. i. ft. pil. xii. Sumat i. ter in die, superbibendo aquæ calidæ poculo amplissimo et deambulando. A sinapism to the epigastrium every evening.

6th. Pain is rather increased; the pills were omitted, and the drops (see Part I.) directed in their stead.

14th. The pain has been, since last report, steadily diminishing; the other symptoms all disappearing; a lime moxa was applied to the scrobiculus cordis. Cont. cæt.

20th. Now the pain is no longer felt, even when she lies on the left side. She went to the country, and by a letter received about a month afterwards, it appeared that the symptoms had not reappeared.

In the above cases the existence of ulceration was inferred, not only from the correspondence of the symptoms with those of cases in which that fact was proved by dissection, but more especially by the smarting pain felt *within the stomach*, when the patient assumed a certain posture, so as to

bring the contents of the stomach into contact with a certain part, and by this posture not producing pain when the stomach was empty. In all those cases in which the pain was provoked by right decubitus, there was the most decided vomiting, but in those wherein pain was caused by left decubitus, there was not so much vomiting as anorexia. Now those two symptoms having been already proved (Part II.) to be more peculiarly connected with those two ends of the stomach respectively, they add a considerable weight to the value of the inference now drawn.

Professor Rokitanski states that there is evidence of a cure of those perforations taking place, in the fact that circular cicatrices are frequently seen on the internal surface of the stomach, in persons who had previously suffered from the symptoms which usually accompany the appearance of the disease. In the museum at Mercer's Hospital, there is a preparation of a stomach, in which is an exact circular perforation, through which the fatal effusion into the cavity of the peritoneum took place, and in another place, also near the lesser curvature, is a circular cicatrix, perfectly resembling it in size and shape, which had evidently been an ulcer of the same kind, but had been healed. If any reliance is to be placed on the evidence of symptoms, there can be no doubt of those ulcers being not only alleviated but healed. Of this I have abundant illustrations, but it is unnecessary to multiply cases, inasmuch as they are sufficiently represented by those already recorded. Of the treatment enough has already been said (Part I.) The metallic astringents, when ulceration of any kind has taken place, require to be more cautiously employed, and the doses of them must, in general, be smaller than in cases where the mucous membrane is as yet entire, otherwise an increase of pain and irritation is experienced. The effect of small doses of opium (as in the drops or in the morphine mixture, Part I.) is admirable, and

as numerous cases testify, far superior to hydrocyanic acid, belladonna, or any other narcotics which I have tried.*

The application of the lime moxa has been attended with the effects which I expected from what I had seen of it in other cases, and especially in a case of ulcer of the sigmoid flexure, of two years' standing, in which, after it was applied over the part, the sanious and purulent discharges and the local pain almost immediately and completely ceased. Since I commenced writing the present communication, a remarkable fact has come to my knowledge, of which I was not previously aware. A young woman, named Brady, had often been in Sir Patrick Dun's Hospital, where she was an object of interest, having for three or four years laboured under a constant vomiting of every thing that she swallowed, except wine, or spirits and water. Her emaciation was extreme, and it was difficult to understand how life could be so long sustained. The matter vomited was occasionally sanious, and every remedy tried by myself and others proved fruitless, till at her entrance into my clinic, above a year ago, I applied a lime moxa to the scrobiculus cordis a few days before my attendance ceased. I then lost sight of her case, but having lately had occasion to apply to me for another complaint, she informs me that from that time to the present, she has never vomited, and although she often requires to be cupped for a pain in her chest, and has amenorrhœa, she assures me that she has a good appetite, that she freely indulges it, and has never suffered any inconvenience whatever from her stomach, since the time of the application of the lime. The members of the clinical class, not now in Dublin, who may

* The peculiar action of the drops on the gastric glands, has been well illustrated in a case of sour vomiting at night, of three years' standing, lately in Mercer's Hospital. Although containing no alkali they removed the sourness, but the vomiting of mucus still continued unabated till combated by the means already indicated (Part II.)

peruse these pages, will, no doubt, be as much surprised as myself at this decided effect of the remedy. If asked what advantage I ascribe to the lime moxa above other moxas, I reply, first, the gradual manner in which the heat is increased; secondly, the great heat produced, causing not only destruction of the skin, but an action on the vessels at a considerable depth under the part; in a manner quite different from ordinary burns, as seen by the original eschar not healing in the usual way, but becoming the centre of an ulceration extending (if properly performed) to three times the original diameter, which in due time heals by granulations; and thirdly, the convenience and safety of its application, rendering this heroic remedy one of easy application, even with the most difficult and refractory subjects.

The other parts of the treatment, and especially that consisting in diet, and the management of the bowels, have already been treated of (Part I.)

The circumstance connected with the perforating ulcer, which distinguishes it from all the diseases included under the general term dyspepsia, and which invests it with a fearful interest, is its being a cause of sudden death, in consequence of its affording a passage for the contents of the stomach into the cavity of the peritoneum. The patient, like Damocles at the feast, sits with the sword suspended over his head, and in the full enjoyment of life has no suspicion of the slight tenure by which it is held.

“ Fallimur et cœci mortem procul esse putamus
Illa tamen medio corpore clausa latet.”

When this dreadful event has taken place, it is known by the following symptoms, viz. : first, a sudden seizure of violent pain, with a sensation (such as never felt before) shooting through the epigastrium and abdomen; secondly, all efforts at vomiting, whether from the action of emetics or otherwise, are unaccompanied by the rejection of the contents of the stomach by the mouth; thirdly, rapidity and pungency of the

pulse, soon passing into a state of extreme weakness and irregularity; fourthly, tympanitic distention and tenderness of the abdomen; and fifthly, constant desire to pass urine, continuing although the bladder has been repeatedly emptied. The average duration of life, under these circumstances, is about twelve hours, but the cold perspiration and sinking of the features announcing the approach of death, generally commence at about the eighth hour.

In some instances life is protracted, and the symptoms may be even somewhat mitigated, when, first, the contents of the stomach happen to be small in quantity; or secondly, when, in consequence of adhesions previously formed in the parts around the stomach, the effusion has been prevented from extending through any considerable extent of the peritoneal cavity; or thirdly, when the contents of the stomach possess a certain firmness of consistence, which presents an obstacle to their expulsion.* The constant and urgent desire of emptying the bladder is, according to my observations, a symptom always present, except under the three modifications now mentioned, and from its absence in these it would appear, that it is caused by the sudden presence of the effused fluids of the stomach in the pelvis around the bladder, communicating to that organ the peculiar sensation belonging to the presence of fluid within its cavity.

When the effusion has taken place all hope of recovery, by the aid of medicine, is at an end, and if any hope can be

* In the case of a woman described by Mr. Tagert at the Surgical Society (Medical Press, April, 1839), the stomach was ruptured, she having been run over by a car, shortly after having eaten a hearty dinner of herring and potatoes. Although there was an aperture in the anterior wall of the stomach capable of admitting a finger with ease, and although there had been frequent vomiting during the twelve hours that she survived after the accident, yet the stomach was found after death to have retained a large portion of her dinner, and there appeared in the cavity of the peritoneum only the barley water which she had drunk, and two small pieces of potato.

indulged, it is only that by the alleviation of the violence of the symptoms, the heart may recover the shock sufficiently, to persevere in the performance of its functions to the longest period of which the vital forces are capable. In particular, we must beware of administering by the mouth stimulating medicines, which, passing into the peritoneum, produce a dreadful increase of torment. This happened in the case of Miss B., in whom the mustard emetic and turpentine draught, found in the peritoneum, must have greatly aggravated her sufferings. At this crisis little remains for us but to administer opiates, to apply fomentations, and when the heart's action begins to fail, to endeavour to protract it to the utmost by means of wine and other cordials, administered in the form of enema.

THE END.