

“Moral and mental quietude is most desirable, but here again not inactivity. According to the natural dispositions, various degrees of mental occupation and social intercourse are necessary; and so strongly is the action, and thence the structure of the heart, influenced by metaphysical causes, that there is no morbid circumstance more pernicious than violent mental passions, and no medicine, in chronic cases, so salutary as the calm enjoyment of agreeable social relations, and of amusing intellectual pursuits. We speak *practically* not less than *poetically*, when we place these passions in the human heart; and as we hear of many a whole heart rent and broken with grief and trouble, or burst with unbridled passion, we may well judge what havoc these feelings may cause in a heart already unsound. It is not often ours to “minister to a mind diseased, or cleanse the stuffed bosom of that perilous stuff that weighs upon the heart;” but we may often enlist the patient’s understanding and well-grounded fears on our own side, when we counsel him sobriety in his sorrow, and calmness in his care: on us may devolve the privilege and responsibility (and in no case does the conscientious physician, with his best exertions, more need Divine help to direct his judgment aright) of advising and deciding with regard to important changes in the relations and occupations of his future life.”—*London Medical Gazette*, 1838.

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A CASE OF MUCO-ENTERITIS, FOLLOWED BY ACUTE PERITONITIS, TERMINATING IN EFFUSION INTO THE ABDOMINAL CAVITY,

RELIEVED BY PROFUSE SEROUS DISCHARGE FROM A SPONTANEOUS OPENING OF THE UMBILICUS BY ULCERATION, FOLLOWED BY PROLONGED SUPPURATION, REPEATED HÆMORRHAGE, AND STERCORACEOUS VOMITING.

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CASE. J. S., an agricultural labourer, about thirty years of age, had enjoyed good health, until about a fortnight before his application at the Strangford Dispensary. At the period alluded to, he had been confined to bed for two or three days, but the precise nature of his indisposition had not been ascertained. It had, however, caused much debility, from which he was not yet recovered. When I first saw him, Oct. 26, he complained of acute pains about the umbilicus, and costiveness; for which a draught of castor oil and laudanum was administered, and he was directed to have hot fomentations repeatedly applied to the abdomen. The bowels were moved with considerable difficulty, and the constipation was followed by obstinate fæcal diarrhœa; but the discharges were neither scybalous, mucous, nor bloody, nor was any tenesmus present. The patient, however, was flushed, the pulse was quick, and there was obscure abdominal tenderness, increased by pressure. Leeches and fomentations were

assiduously employed, and calomel and opium, and afterwards hydrargyrum c. creta, combined with the hydrochlorate of morphia, were prescribed in repeated doses, with the view of effecting mercurialization of the system. On the sixth day, acute tenderness, on the slightest pressure on the surface of the abdomen, and tympanites, clearly indicated the extension of the inflammation from the mucous and muscular intestinal tissues to the peritoneum. The treatment above indicated was pursued with renewed energy, with the addition of the production of full and extensive blistering over the site of the inflamed viscera, with Brown's cantharidine, which acted very efficiently; but all failed to arrest the acute peritonitis, which had supervened on his original disease. In four days from the appearance of the peritoneal symptoms, and on the tenth of the patient's illness, I became satisfied that effusion had commenced, and indeed proceeded to some extent, as the feverishness had in some degree abated, and the tympanitic distension was replaced by a more firm condition of the abdominal swelling.

The indication now was of course to promote absorption, and support the patient's strength. Mild but nutritious food, chiefly farinaceous, was liberally allowed, as the faecal diarrhoea still continued unabated, causing many times in the day a profuse discharge, which opium, rhatany, kino, catechu, the diacetate of lead, and various other astringents, alone, or combined with gentle aperients, had failed to moderate. Mercury was continued in the form of the grey powder: but his constitution was scarcely affected, either by this, by calomel, or by the application of strong mercurial ointment, which had been applied both as a dressing to the blistered surfaces, and by inunction to the interior of the thighs. The presence of fluid, hitherto a matter of inference, now became certain, as distinct fluctuation could be felt within the abdomen; and the question was placed beyond doubt, by the profuse discharge of serous fluid from a spontaneous opening at the umbilicus. This event, however rare, a prominence at that point had led me to anticipate, and, in consequence, to prepare the mind of the patient, now weakened and anxious from his severe illness, to expect what might happen. The anticipated rupture occurred on the night of the twenty-first day of the patient's illness. The fluid, poured out in considerable quantities, nearly resembled, for the first day or two, pure water; it then assumed the appearance, both in consistence and colour, of unboiled oat-meal flummery, and finally became simply purulent. The pulse meanwhile fell from 120, successively to 90, 80, and 74 beats in the minute. Emollient poultices were applied to the umbilicus; wine and broth were allowed, and a mixture containing the tinctures of opium, cinchona, and catechu, combined with spirit of nitrous ether, given in full doses. The purulent discharge from the umbilicus from time to time assumed a brownish colour, evidently from the admixture of some blood. All the medicines hitherto used had failed in arresting the profuse diarrhoea, which was latterly mixed with mucus, and occasionally of a watery nature; and as this discharge, together with the abundant formation of pus, began to tell on the patient's strength, who became hectic, and subject to profuse night sweats, the diacetate of lead in three-grain doses, combined with one grain of opium, was now prescribed, with occasional draughts containing the compound tincture of rhubarb. A line of treatment which first

seemed to control the symptoms. But the discharge of pus, sometimes mixed with blood, and at other times pure, still continued; and pure blood, although not in large quantities, came away at intervals from the small opening at the navel.

On the whole, however, the patient was gaining ground; when, on visiting him on the 29th of November, in company with my friend Dr. Hunter, of Bryansford, we found the patient very low and much debilitated, from the effects of loss of blood, free hæmorrhage having taken place from the umbilical perforation during the night. The discharge had, however, ceased either spontaneously, or from the effect of applying cloths, dipped in cold water, and a mash of matico leaves to the opening—measures which his attendants had been directed to use, in anticipation of what actually occurred. When the hæmorrhage took place, the remedies above indicated had completely arrested the most urgent symptoms, and the patient had been perfectly free from pain and diarrhœa for the preceding five days. No additional light was thrown on the condition of the viscera, by the most careful examination; except that the liver, especially at its margin in the left hypochondriac region, seemed more dense and firm to the touch, than it had appeared to be on previous examinations. No pain, however, was felt on pressing it, and the increased density was probably only the result of congestion. Perspirations and hectic still continued. The continued use of matico to the part, and the most perfect quietude in the horizontal position, were enjoined, to guard, as far as possible, against a recurrence of the hæmorrhage, which, in the weakened condition of the patient, might have been attended with fatal consequences. Wine in due quantities, and opium in full doses, at bed-time, were allowed.

In three days the patient had rallied considerably, no recurrence of hæmorrhage having taken place, but a horribly foetid chocolate-coloured sanies continued to ooze from the umbilical opening. This dark admixture, with the pus, and the sickening fœtor, probably arose from the putrefaction of the blood, which had been discharged into the cavity of the abscess, from whence issued the purulent matter, and some of which had lodged there, not gaining a free exit at the umbilicus. It seemed pretty evident that a circumscribed abscess had formed, which had, by glueing its anterior borders to the parietes of the abdomen, directed the purulent matter to the exterior, and prevented thereby the fatal results to be apprehended from its diffusion through the cavity of the abdomen. On the fifth of December, there had been no return of hæmorrhage, nor was the pus which continued to flow, although still of intolerably foetid odour, much tinged with blood. His bowels were regulated with small doses of castor oil; and an accidental recurrence of the diarrhœa was checked by a draught containing tincture of rhubarb, calcined magnesia, and laudanum. On several occasions, a very considerable quantity of pus, mixed with gas, escaped when pressure was applied around the opening, especially on the left side of the umbilicus. The free exit of the matter seemed also to be promoted, when the patient, as he was directed, lay, from time to time, on his face. On the 20th of December, the discharge had nearly ceased, wine and opium being still allowed with evident benefit; and in two days more he was able to sit up; his strength was improved, his night-sweats completely gone, and his

appetite good. This improvement was in part attributed to the use of an infusion of cascarilla and decoction of chirayita (by the way a most excellent and agreeable bitter) which he had been taking for some days. On the night of the 25th, he again complained of pain in his bowels, which were rather costive, and for which he took a draught, containing Epsom salts, calcined magnesia, and rhubarb, to be repeated every two hours if necessary. When I visited him in the afternoon of the same day, I found that the medicine had not remained on his stomach, and he was suffering most acute agony from pain in the abdominal region, and he also complained of tenderness, on pressure, over the right hypochondriac region. Calomel, in three-grain doses, followed by half an ounce of castor oil, guarded with laudanum, was ordered. Hot fomentations were applied to the abdomen; leeches to the part where the greatest tenderness was manifest; and I further directed emollient injections, containing spirits of turpentine, to be administered, until the obstruction in the bowels should be overcome. On the following morning, although the pain was considerably abated, neither the medicines nor the injections, carefully repeated, had acted. I then ordered ten grains of grey powder to be made into two pills, with three drops of croton oil, and one given immediately, and the other, if necessary, in two hours; administering, at the same time, by Read's syringe, as much of a turpentine and warm water injection as the patient could bear, and which, when about three pints were thrown up, came away and brought off some scybalous and fæcal matter. The pain in the hypochondriac region, however, still continued; the pulse was 140, and all the symptoms most unpromising. December 27, pulse 144; *most profuse and uncontrollable stercoraceous vomiting had taken place; bowifuls of almost pure fæces being thrown up from time to time.* The turpentine injections were repeated at intervals, and calomel and opium given in a pill every four hours; and the vomiting gradually ceased in the course of the day, free action of the bowels having taken place. Hydrocyanic acid seemed to have no effect in tranquillizing the stomach. December 28, pulse 110. *Repet. pilulæ et enemata.* 29. Patient better, and had some sleep last night. *H. S. habeat hyd. c. cretâ, gr. vj; pulv. opii, gr. ij; able to take a little gruel.* 30. Pulse 94, strength improved, no return of the vomiting, pains in the abdominal region quite gone, slight discharge from the umbilicus, and frequent diarrhœa. *Habeat misturam astringentem c. tincturâ opii, cujus capiat cochleare parvum post singulas sedes liquidas.*

The patient now went on favourably until the 6th of January in the present year, when he had some recurrence of the abdominal pains, with vomiting of greenish fluid. His bowels, notwithstanding every care to regulate them, having become again costive, he was directed to use castor oil and laudanum, and to repeat the injection. As I was confined to bed by indisposition, he was kindly visited for me, by my friend Dr. Filson, of Portaferry, who found the pulse to be 96; some discharge of matter, not fœtid, taking place from the umbilicus, and without any symptoms of hectic fever, or stercoraceous vomiting. The remedies employed had opened his bowels.

Jan. 8. As he still complained of pain, an anodyne draught was ordered by Dr. Filson, with good effect, and diarrhœa, with foul secre-

tions, having supervened, he also directed grey powder, with chalk and opium, to be taken three times a day, linseed poultices to be applied over the umbilicus, and the result of pressure effected by means of a bandage and graduated compresses, so as to direct the purulent discharge to the umbilical opening, tried; a measure which had also been previously suggested by Dr. Hunter. In about ten days more, the symptoms were in every respect much improved; but finding him still suffering from diarrhœa, I ordered compound powder of kino, and tincture of rhatany, with laudanum, which gradually brought his bowels into good order, interposing, at the same time, a teaspoonful of castor oil occasionally, when it seemed requisite.

Feb. 10. On visiting Smith this day, I found him able to sit up, his strength greatly improved, his bowels regular, no pain or uneasiness whatever, his pulse regular, the only remnant of his disease being a very slight occasional discharge of true non-fœtid pus from the opening at the umbilicus; so that after his long, varied, and severe sufferings, there is every reason to hope for his complete restoration to health, if no relapse should unfortunately recur. I should have observed, that after his last attack, on the 6th of January, the occurrence of pus in the stools led to the suspicion, that the abscess had effected a communication with the bowels, as well as with the exterior at the umbilicus.

REMARKS. This case, as far as my experience and reading extend, is quite unique. It is true, I find six instances recorded by M'Cormac (*Methodus Medendi*, p. 265), Blackall, Peter Frank, and Dugès, where a discharge of sero-purulent fluid, consequent on peritonitis, took place through the umbilicus, and in most of which recovery took place. Dalmas also mentions one case, where the evacuation took place through the intestinal canal, and Abercrombie another, where the point of exit was at the ring of the external oblique muscle. But the profuse hæmorrhages, the intolerably fœtid nature of the discharges, and the intense stercoraceous vomiting, seem peculiar to Smith's case; and, combined with the other varying and protracted symptoms, the disease having lasted, to the present time, for more than four months, form a combination of symptoms occurring in the same case, to which I am not aware of any parallel. The due observation of the phenomena, at the time of their occurrence, has led me to arrange them as occurring in the following order. Inflammation attacked the mucous and muscular tissue of the intestinal canal, and subsequently extended to the peritoneum. The sero-purulent effusion having got exit from the ulceration occurring at the umbilicus, a circumscribed abscess would appear to have been formed, from which the purulent matter, in the subsequent stages of the disease, appear to have been discharged; the hæmorrhage taking place, possibly by exhalation, as observed by Andral, but more probably from ulceration of some vessel; and the blood, not being entirely discharged at the opening, giving rise, by its stagnation and putrefaction in the abscess, to the most insupportably fœtid odour I ever remember to have perceived. The appearance of pus in the stools, in the latter stage of the disease, would, as already stated, lead to the inference that the abscess had also communicated with the alimentary canal. Although some congestion was observed in the liver, I do not think that the

abscess had any connexion with that viscus; and cases have been recorded by Abercrombie and others, where circumscribed purulent abscesses, supposed to exist in the liver, have, on dissection, been found to be totally unconnected with that organ.

In offering this explanation of the probable causes of the successive phenomena, I do it with the diffidence naturally inspired by all cases in any degree obscure, where no opportunity has arisen for elucidating them by a careful examination after death. At all events, the leading phenomena are faithfully recorded from notes made at the time; for being very much interested in the case, I visited the patient more than sixty times during its progress, and the reader has therefore an opportunity of explaining the symptoms in his own way. The recovery of this poor man, and his restoration to his wife and family, were greatly aided by a full supply of the necessary nourishment, placed at his disposal by the benevolence of a lady of rank in the neighbourhood.

Strangford, April 1850.