HÆMATEMESIS BY EXHALATION, PROVING FATAL AFTER THIRTEEN HOURS.

By JOSEPH C. S. JENNINGS, Esq.

[Read at the Quarterly Meeting of the Bath and Bristol Branch, March 25th, 1854.]

I WAS consulted by Mrs. H., aged 30, who had from childhood been subject to bilious attacks, for a threatened attack of jaundice, on the 18th of last Feb. Her troublesome symptoms were removed, and she was restored shortly to her usual state of health, by two doses of calomel, and saline effervescing draughts. Her complexion was always sallow; and I found, on inquiry, that at the menstrual periods the catamenial discharge was always scanty. Beyond this, she complained of no distressing symptoms. She then left home for a week on a visit to some friends in the neighbourhood, and whilst absent felt in better health and spirits.

On March 9th, two or three hours after her return, I was hastily summoned to see her. I found that she had vomited a large quantity of dark clotted blood, apparently upwards of a quart. I administered immediately acetate of lead, with tannin, in a full dose; but the vomiting was repeated to a like extent in half an hour. Half a tumblerful of pounded ice was then given, and the dose of the styptic repeated after every act of vomiting, which continued at various intervals during the night. A freezing mixture of ice and salt was also laid upon the epigastric region; and mustard sinapisms were applied to the calves and soles of the feet.

About 2 A.M., gallic acid in ten grain doses, with thirty minims of oil of turpentine, were given every two hours, or instantly after vomiting; and turpentine stupes were applied to the abdomen. The hæmorrhage appeared to be at length arrested for three hours; and she laid in a quiet and tranquil state, when, upon suddenly raising herself, expecting to vomit, she became convulsed for about half a minute. Upon returning to consciousness, she complained of acute pain in the region of the heart, with violent palpitation of that organ, and afterwards gradually sank from exhaustion about 10 A.M. The respiration continued some time after the heart had ceased to beat.

EXAMINATION OF THE BODY, thirty hours after death. The liver exhibited traces of past mischief, having at some period been the subject of inflammation; it was adherent on the right side. The portal circulation and hepatic ducts were much obstructed. The section of the organ exhibited the nutmeg appearance described by Kiernan. The gall-bladder was corrugated, and contained a small portion of bile. The left kidney was enlarged to twice its normal size; while the right was much sacculated, and enormously distended, having lost its cortical structure. It contained a lump of yellowish matter, and cysts of raised epithelium, filled with serous fluid, and presenting altogether the characteristics of Bright's kidney in an advanced stage. The stomach contained a quantity of coagula; and, at its cardiac extremity presented the appearance of having been vesicated. The coats were thin and almost transparent, with the epithelium raised in spots. A zone of incipient ulceration existed round the œsophageal opening. The same appearance of vesication existed in the first portion of the duodenum; and nearly the whole, particularly the small intestines, contained melæna. The spleen was much congested, and somewhat enlarged. The heart was unusually small, but tolerably muscular. The lungs were healthy.

REMARKS. The rapidity and profuseness of the hæmatemesis led me to suspect the rupture of a blood-vessel from ulceration, the result of chronic inflammation of the stomach; although the history of the case otherwise did not warrant such a supposition. And it is remarkable, that the large doses of tannin and gallic acid, with turpentine (which latter is usually considered as a specific), had little or no effect in restraining the hæmorrhage. The effusion of blood seems rather to have arisen primarily from mechanical causes; viz., congestion of the liver and other viscera, than as vicarious of menstruation; although, had that function not been suspended, the system might have been to some

extent relieved; and it must also be borne in mind, that when Bright's disease exists, the proportion of fibrin and albumen in the blood is diminished, thus rendering exudation more easy; the red colouring matter also disappears to a great extent; yet in this case the redness and firmness of the muscles after death was remarkable.

Malmesbury, Wilts, March 1854.

ON METASTASIS, IN ITS PRACTICAL BEARINGS.

By THOMAS HUNT, F.R.C.S.

[Read before the Medical Society of London, April 22nd, 1854.]

THE object of this paper is not to demonstrate the existence, nor yet to investigate the nature, of that process by which disease is sometimes translated from one organ to another, but to inquire in what manner and to what extent the knowledge of such a principle or contingency should modify or restrain the practice of the physician and the surgeon.

That diseases do occasionally attack two or more organs or regions in succession, which have no direct continuity of parts, nor special physiological relation to each other; and that, in this translation of morbid action from place to place, a mutation or conversion sometimes occurs, that is, a change in the character of the disease as well as in its locality,—are well established, and, as far as I know, universally admitted facts. The manner in which these changes have been explained by different writers has been sufficiently contradictory and confused, to show that the subject is imperfectly understood. Nevertheless, authors of repute have spoken with confidence, and even with dogmatism, of the "salutary" nature of certain diseases of local or superficial seat, describing them as protective and prophylactic, and as manifesting a condition of the system which forbids all interference, whether surgical or medical; inasmuch as they cannot be cured without risk of the morbid action being transferred to some important or vital organ.

In inquiring into the origin of this somewhat popular conceit, I was naturally led to place all the diseases described by different writers as salutary disorders in a class by themselves, in order to see if any common property could be found in each of them which would both identify them as belonging to so distinguished a group, and explain the nature of their protective power; but they do not appear to have any one pathological property in common. Some consist of inflammation, others of passive discharges; some affect the skin, some the bones, some the ligaments and muscles; others, as convulsive asthma, appear to reside in the nerves. At length, on reflecting upon their history, one feature, common to them all, disclosed itself, which seems to a great extent to explain the grounds upon which they have been pronounced salutary. It is simply this; *they are all difficult of cure*. Every disease, without exception, which it is thought dangerous to cure, lest some important organ should become affected by metastasis—every disease considered protective, or salutary, or prophylactic, and thus to be regarded with a kindly feeling of forbearance on the part of the practitioner, and to be considered as a necessary but minor evil on the part of the patient—every one of these diseases happens to be *difficult of cure*. The following catalogue embraces most of them:—Gout, asthma, hæmorrhoids, fistula, ulcers of the legs, otorrhœa, cutaneous diseases of the chronic class, especially eczema, porrigo, strophulus, lichen, prurigo, urticaria, herpes, furuncululus, lepra, psoriasis. All these diseases are occasionally, and most of them always, difficult of cure; and each one of them has been accordingly assigned, by one author or another, to a class of diseases supposed to be salutary or protective to the general health, and which cannot, as a general rule, be cured without risk. The accomplished Dr. Parry, late of Bath, described gout, asthma, hæmorrhoids, and ulcers, as especially protective of the general health. Fistula and otorrhœa are, even to this day, often allowed to take their course, not unfrequently a fatal one, under

the erroneous assumption that "something worse" would follow if these discharges were suppressed; and, as regards cutaneous diseases, the late Mr. Plumbe actually placed in a class by themselves the diseases, no fewer than seven in number, which he believed to exert "a probably salutary influence on the system". Rayer says: "The best advice which can often be given to patients advanced in life, and of infirm constitution, is, not to attempt the radical cure of such an infirmity as chronic eczema, if the disease be at all endurable. The removal of these natural (?) drains of the system is often followed by serious symptoms of a different kind." Mr. Erasmus Wilson coincides in this opinion, and both authors even propose to restore the eruption by counter-irritation after it has been cured, to prevent injury to the health, not only where such injury has actually taken place, but where there is reason to believe that it would result from the drying up of eruptive discharges of long standing: yet it is remarkable that eczema, the disease which both Rayer and Wilson regard as salutary in certain cases, is not included in Mr. Plumbe's list of salutary eruptions; neither is lichen, another disease which Rayer would prefer leaving to itself. If there is any truth in these doctrines, one cannot fail to perceive that this morbid provision for the safety of the patient is in general a sufficient safeguard, inasmuch as there are few diseases considered more difficult of cure, or less likely to be cured by ordinary treatment, than those which are thus said to be appointed to the guardianship of human health.

It cannot be denied, however, that there prevails in the profession a *suspicion*, to use no stronger term, that some of these diseases cannot in all cases be safely cured—a suspicion which has a most unhappy influence on practice, and which often prevents that steady perseverance in the treatment of chronic disease which is always essential to success; yet a suspicion which, if well founded, cannot too soon ripen into certainty, and, if not well founded, cannot too speedily be scattered to the winds.

That this question is worthy of calm inquiry, may be proved by the consideration that, while we are hesitating, the quack is acting. Reckless of consequences, he pushes his specifics, and in some instances cures the disease, with impunity certainly as regards himself, and possibly as regards the patient; while we are shaking our heads over the case, and hesitating lest even our legitimate practice should be brought into discredit by sequences which are too often mistaken for consequences.

The class of facts which are appealed to in support of this dogma are of this kind. We are told that we often succeed in relieving internal congestion by external stimuli, used for the purpose of producing what we call counter-irritation. And further, if the congestion is chronic in its nature, we are sometimes enabled to unload the vessels of the affected organ by establishing a discharge from the integuments, by means of blisters, tartar emetic ointment, issues, or setons. The current of the circulation is thus diverted, and the patient is relieved. Hence we are apt to conclude, *vice versâ*, that, in an opposite case, a drain being already established through an ulcer, eruption, or muco-purulent discharge, if this drain is stopped, the current will be reversed, and some internal congestion must be expected to take place as a consequence. I submit, however, that the premises do not warrant such a conclusion; neither is it borne out by facts. It is a very low and mechanical view which some writers take of the causation of disease, when they attribute it solely or chiefly to increased momentum of the circulation. It is as fallacious as attempting to explain the theory of digestion by regarding the stomach as an alembic. The fallacy of deducing the theory of metastasis from the results of counter-irritation may be thus exposed. There is in every patient, as a general rule, a tendency towards health, an inherent power which only requires certain conditions and opportunities for action, and the patient recovers. Now, take a case of internal congestion. The circulation of the part is clogged; the vital stream is interrupted in its flow; there is not room for the transmission of the proper quantity of blood in the proper time. Divert

the current of blood, congest the veins of some part not in the immediate vicinity, and you reduce the quantity of blood to a stream which can pass freely, and the part is thus enabled to recover; but when it has recovered, it must be supposed to have resumed the tone and vigour of health; consequently, if your issue is allowed to dry up, you do not, *cannot* thereby create disease in a healthy part, provided the quantity of blood in the system, and its quality, are both equivalent to the requirements of health. It is, therefore, in the highest degree unphilosophical to suppose that healing a blister, or an eruption, or an ulcer, seton, or issue, can, under ordinary circumstances, create disease, or even re-establish bygone disease.

But it may be replied that such occurrences have taken place, and that these have been sufficiently frequent, and sufficiently varied in their character, to establish a sort of rule which should put us on our guard. Patients, in whom inflammation of the lower extremities, with œdema of long standing, has been indiscreetly treated with cold lotions and bandages, have been for the first time seized with epilepsy. Others, having suffered for years from ulcerated legs, have been seized, upon the healing of the ulcers, with sickness and vomiting, headache and giddiness, or fatal disease of the heart. In two cases, related by Dr. Parry, the immersion of a gouty foot in cold water, which produced instant relief from pain, and a proportional abatement of the inflammation, was, in a few hours, followed by hemiplegia. And it is granted that the cure of cutaneous diseases has been known to issue in different forms of dyspepsia, asthma, and dropsy. In each of these cases, possibly, the treatment was mischievous; and, if no better treatment could have been devised, it were better to have left the patient to his fate. But granting all this, it may still be denied that the treatment was anything more than the *occasional* cause of the disease.

It has already been observed that, as a general rule, there is in patients a strong tendency towards health. But some patients are too weak to be healthy. There is something deficient in their *vis vitæ*. In them, the functions of life cannot all of them be healthily and vigorously performed for any great length of time together. One organ or another flags, as if it required rest. In some, the action of the heart intermits every twenty or thirty beats; in others, the stomach flags, and fails to digest the food; and in many, the bowels become weak and will not act, or the kidneys fail, and gout or dropsy supervenes. After a fit of illness, these patients often recover for a time, and begin to think they are strong and hearty; but soon they fail again. Now, it is this class of patients who are subject to metastasis, revulsion, translation, reaction of morbid irritability, and every other kind of morbid change. These individuals are few in number, as compared with the mass; but, as they figure largely in the daily list of patients, it becomes a practical question, how we can treat their more ordinary, and especially their local infirmities, without seeming to light up the latent embers of organic disease into a flame.

And this is the practical question which it is proposed to discuss. What is the safest mode of treating local disease, when there is any real or imaginary danger of metastasis?

In the first place, ought such disease to be left to nature? Surely, it becomes those who maintain this, to point out the general limits to which our interference with disease ought to extend. There is, perhaps, no one disease which has not been known to give place to another; and, unless we have some means of ascertaining that the disease which may succeed will prove less serious than the existing one, we ought on this principle to leave all disease to nature. This reasoning would at once, if carried out, put an end to the practice of medicine. It is a refinement of the homeopathic doctrine, in which we are charged with creating more diseases than we cure. In truth, to shrink from the treatment of local disease, under the influence of an undefined apprehension of serious consequences to the general health, shews either an ignorance of the resources of medicine, or a great want of confidence in those resources.

At the same time, it must be admitted that there is a

way of treating local and superficial disease, which may possibly so act on the general system, as to develop organic disease when there exists a predisposition to it. I refer to *local and discutient treatment, pursued regardless of the general health*. And to this I should feel disposed to attribute, not only the results of the cases alluded to, but *every unfortunate case of metastasis occurring in consequence of medical treatment*. And this remark applies not only to local diseases of constitutional origin, but also, in some degree, to local diseases of local origin; inasmuch as some of these, from their severity or duration, may at length implicate the general organism, and then local treatment may embarrass the circulation: whereas the cure may be very safely accomplished merely by assuming the existence of some general lesion, and combining with the topical treatment such a course of alteratives as shall effectually excite into activity such of the secreting organs as can readily be stimulated by medicine.

Questions of the following nature are often put by patients. One inquires, Is it safe to allow this issue, or that seton, to heal? Another says, I have had an ulcer on my leg for many years, and I am told if it heals I shall be struck with apoplexy: is it safe to heal it? A third has an extensive eruption, which has rendered life miserable for many years, and he is told that it is a great preservative of health, although he is, perhaps, all the while, conscious of very much impaired health: he asks if it is right or prudent to use any means for the restoration of his skin, or whether he is doomed either to carry his affliction to the grave, or to seek relief at the peril of his life? Now, the answer to all these questions will, I apprehend, depend upon the antecedents in each case. An issue or a seton, which has manifestly been useful in relieving the patient of some local congestion or lesion of magnitude, may be allowed to heal at any period; provided only, either that some satisfactory evidence can be produced that the tendency to disease has subsided, or else that the discharge may be compensated for by a scale of diet or regimen, or a course of alterative remedies, which shall supersede it in effect. And what is true of these artificial drains, is also true of morbid discharges of spontaneous origin. This ulcerated leg, or that eruption, may be very safely healed, not only without danger to the general health, but probably to the manifest improvement of it, provided it is healed, not as a navigator would dam up a leak in a reservoir, but as a skilful physician would heal every curable disease, both within and without, by adapting his treatment to the infirmities of the constitution, particularly with reference to the glandular system, the digestive organs, and any other part of the economy which is liable or likely to become defective or redundant in its action, or lame and irregular in its functions.

To enter into detail on this part of the subject, would be the same thing as writing a treatise on the modern practice of medicine. For nearly all the cases which are liable to metastasis are to be found on the broad and hazy line which unites rather than separates the practice of physic and of surgery.

In requesting to be favoured with the views and experience of my brethren on this important practical question, which concerns the treatment of disease generally, in all its departments, medical and surgical, I may be permitted, in conclusion, to say that my own experience has fully established the conviction that the safest as well as the most satisfactory method of treating local disease is to treat it constitutionally—to attack it from within, not from without: and, in cases where there is no necessity for surgical or mechanical treatment, to abstain as much as possible from local medication, or at least to make it secondary to the general treatment, and directed rather to the relief of pain or irritation than to the ultimate cure of the disease.

Three classes of facts which have come before me, have confirmed these views:—

1. Although it has occasionally happened to me to be told by a patient suffering under skin-disease, ulceration of the lower extremities, or other local ailment, that his health is now very good, but that before the local disease

broke out, his health was unsound; yet, for one case of this kind, I have met with at least a hundred in which the very reverse has occurred—the health has been very good until the local disease appeared, the general disorder has then accompanied the local, and, on recovery from the latter, the patient has also recovered his general health.

2. In the exceptional cases—that is, where improved health has appeared to result from the outbreak of eruptive or ulcerative disease, and where, if anywhere, local disease might be presumed to be salutary or protective, and therefore not to be cured without risk—I have invariably treated the disease (which, if eruptive, is generally some form of eczema), not by external medication, but by purgatives, diuretics, sudorifics, and every kind of treatment calculated to augment the excretory discharges; at the same time enjoining active exercise and abstemious diet. And the same line of treatment has been pursued during the healing of ulcers on the legs, when they have appeared to be the means or condition of improved health. And whenever this plan has been adopted, I have never, in any single case, known the health to become deteriorated in consequence, nor have I ever seen any reason to regret the healing of these so-called salutary eruptions and protective ulcerations.

3. I have observed, in common no doubt with many of the Fellows of this Society, that in those rare cases in which a strong disposition to metastasis has been manifested in the system, it has been connected with a peculiar idiosyncrasy, to which no general rules either of theory or practice can possibly apply; and in these cases, *medicine seems to have no power to control disease*. The viscera and the tegumentary tissues are affected alternately, and no human means can either drive the disease from one part of the system to another, or effectually check its violence in any organ or tissue which it may happen to attack. Thus, I have known a case in which every year a child was attacked with an eruption of boils on the scalp, and, as these subsided, the brain became affected; both the boils and the cerebral disorder became more severe every year, until the disease ultimately proved fatal. No medical treatment appeared of the slightest use. The disease always took its course. The membranes of the brain were found inflamed after death.

These cases of metastasis are extremely rare as compared with the mass. Yet, because they are rare, they are very generally published; whereas, the every-day cases, those in fact which establish the rule for practice, are not published because they are common. The result is, that cases of metastasis are thought to be much less rare than they really are.

As a general rule, then, I greatly question the existence of any disease which is essentially of a salutary nature, or which is of so much importance as a safeguard to health, as to deserve the slightest consideration, as such, at our hands. We meet with cases, indeed, in which perfect health cannot long be maintained; disease will appear in some form or in some locality, attacking sometimes one organ or structure, sometimes another, sometimes both at once: yet even here medicine is not altogether at fault; judicious and rational treatment will generally improve the health of the most unhealthy.

23, Alfred Place, Bedford Square, April 22nd, 1854.

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RELATIONS OF UTERINE TO CONSTITUTIONAL DISORDER.
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ENQUIRY INTO THE PATHOLOGICAL IMPORTANCE OF ULCERATION OF THE OS UTERI. Being the Croonian Lectures for the Year 1854. By CHARLES WEST, M.D. 8vo., pp. 95. London: 1854.

BOTH of these works are of value, as they tend to prove what has of late been too much lost sight of—that, in uterine diseases, *constitutional* is often of far more import-