Mucous Disease.

This affection, the most prominent symptom of which is an abnormal discharge of mucus from the bowels, is not described in the ordinary textbooks on the practice of medicine. There is no account of it in Roberts', Artken's or Bristow's work. Neither is it described in Grinnell's Cyclopaedia of medicine. Sir Walter Whitehead in the British Medical Journal for Feb. 27, 1871, p. 143, gives a long list of writers who refer to the disease. They range from Celsus to writers still living. Those that I have been able to verify will be found abstracted below. Most of them do not mention by name, and when he gives references, there are very seldom precise. He says that after Dr. Andrew Clark Dr. Todd gives the best description of the disease in his article on "Follicular Duodenal and Follicular Colonie Dyspepsia" in the Cyclopaedia of Practical medicine. I have not been able to obtain
This book, and I suspect Mr. Whitehead to be in the same case, as he gives no quotation from the article, and does not make use of it in any way. My attention was first directed to the disease when I was house-surgeon at the Cumberland Infirmary. He had two examples of it in the house at the same time. Both these men complained of considerable evacuation and of pains in various parts of the abdomen, and both had a somewhat cachectic appearance. In the case of the man first admitted, we could find no trace of organic disease, and were at a loss to explain the symptoms, until our attention was called by the patient himself to the presence of feces in his stools. When the second patient was admitted complaining of similar symptoms, we examined the motions for feces, and found it in abundance. These cases are described fully below. I have since met with two cases
of the membranous form of the disease, which will also be found below. I will now proceed to give a abstract of all the article on the disease that I have been able to discover.

Dr. Grantham in his "Text of Medicine & Surgery" 1844, p. 203, has a chapter on this disease, which he calls "Fibrinous Membranes." Although he gives it this name, he does not once mention diarrhea as a symptom, and under "treatment" he recommends a daily enema, characterised as aperients as bad, but giving a teaspoonful of castor oil when absolutely necessary to remove the pseudo-membranes. This would lead one to suppose that the cases he had seen had constipation rather than diarrhea as a usual symptom, and then agree with the usual description of the disease. Dr. Grantham says the disease is rare, very unmanageable and chronic. In the first stage the discharges are mucous in appear.
case; secondly, mucous-fibrinous, and lastly, purely fibrinous. These fibrinous discharges are preceded by long-continued pain in the abdomen, which is aggravated by damp atmosphere and irregularity of temperature. When the mucous membrane of the uterus and posterior faces is affected, there is violent pain in the parietal regions and great mental irritability. There is, Dr. Franthern says, in this disease, a tendency to acidity of the stomach increased by liquids. The abdominal pains are spasmodic, sometimes extending to the neck of the bladder and down the thighs. The tongue is white and indented at the edges, the tongue, sometimes, ulcerated. The pulse is natural, the skin frequently present, vomiting, and the urine is occasionally albuminous. Dr. Franthern says, all the cases he has seen have been caused by Mercury and the excessive use of aperients. For treatment he
recommends a dry locality, warm clothing, friction of the body with oil every night, tepid ablution every morning, regular muscular exercise, and a plain solid diet consisting of meat, bread, and milk. He uses no aperient, except a teaspoonful of castor oil if necessary to remove the membranes. He gives bicarbonate of soda, and an emulgent every morning to keep the bowels open. If the discharge persist, he gives an injection of nitrate of silver, 1/6 in wine morning and night.

In the early stage of the complaint he gives iodide of potassium and morphia at bedtime. Cod liver oil, he says, improves the strength, but has no effect on the discharge of membranes.

In the same chapter there is printed a letter from Erasmus Wilson to Dr. Grantham, concerning the disease. To show that mercury is not always the cause he relates a case of the
disease in a young woman who put Erasmus Wilson well on delineant, in a few months, & who had never taken mercury. In the same letter he relates, a second case in which a gentleman had an attack of the disease following an inflamed haemorrhoid. The pseudo-membrane was several inches long and an inch broad. He found it almost identical in appearance with the fibrin of the blood and came to the conclusion that these membranes are produced by the whole mucous surface. This was in opposition to Dr. Joddie Bird who thought they were produced by the particles.

Mr. Jonathan Hutchinson in the 9th Vol. of the Transactions of the Pathological Society of London p. 188 has a communication on a case of the disease. In this case long cylindrical casts of the interstitial tissue, some of which were several yards long, were voided. The patient, a lady, aged 49, had been out of
health for 20 years. Her illness began with influenza and diarrhoea, after which she suffered for several years from a "Special Complaint." During the four years preceding the discharge of mucous casts, she suffered from time to time from severe attacks of diarrhoea. After the mucous disease became established, the bowels were alternately loose and constipated, and she suffered from constant pain in the hypochondrium, with almost daily vomiting of mucus and pus streaked with blood, or pure blood. Subsequently the pain settled in the left iliac region. At the time of the report the pain was constant in the right iliac region. It was always much aggravated for a few days before the breaking of larger casts than usual, or of greater quantity of them. As the casts diminished in number and size the pain also diminished. When confined to bed the casts were apt to be retained.
in the rectum, and could be brought be Hutchinson away by an enema as hard white masses the size of jettaugs. Treatment produced no improvement. Jamaican diet and alteration were tried for a year. A large blister over the abdomen was kept open for six months. A long course of pitch pills was tried. The patient was always worse after taking meat for a few days, and after the mildest aperients. The stools were relieved by an enema every other day.

Mr. Hutchinson added that he had had an almost identical case under his care in the York hospital. The patient was a pale, cachectic man of 23 years of age. He was treated for a year without improvement, and Mr. Hutchinson saw him two years afterwards in the same condition. The case that Mr. Hutchinson here describes, at length, appears to me to be quite a typical one, when the disease has become thoroughly established.
It is very similar to one of my cases but differs from it in that the discharge of membranes in Mr. Stutchbourn's case was continuous, while in that of Mr. B. (Case III) it only lasted for a few weeks about once a year. (The last attack however lasted more than 3 months.)

After Mr. Stutchbourn's report (p. 190) there is a description by Dr. Andrews Clark and Dr. Hicks of the casts, accompanied by drawings of the microscopic appearance. They say: The outer surface of each tube is moderately and uniformly smooth; the inner surface is something ragged, and sometimes thrown into shallow folds, lying in some parts across, but chiefly in the long axis of the tube. For the most part the tubes consist of a single lamina, but sometimes of several laminae, with undigested food between them.

Examined under the microscope with a magnifying power of 350 diameters, the matrix is seen to be transparent, structureless and free from fibrillation. It is perforated
at regular intervals by well-defined rounded or oval open-ings with elevated margins. Embedded in the matrix are granules, free nuclei, cells, and crystals. Upon the surface are opaque yellow lines and dots, composed of bile-pigment and fat granules, with other foreign matter. The cells embedded in the matrix are of two kinds: one more or less spherical, the other more or less cylindrical. In some parts of the matrix the cells are disposed irregularly; round the openings they are arranged in layers, the round cells on the attached surface, the cylindrical cells on the free surface of the membrane. These openings, which have elevated margins, lead to two kinds of pits—short and flask-shaped, the other long and cylindrical. The flask-shaped pits are about one-sixth of an inch in diameter. The wall is made up of one or two layers of round cells. The cylindrical pits are one-sixteenth of a line in length and one-thirty-fifth.
of a line in diameter. The walls consist of small round cells in a plasmous matrix.

Dr. Andrew Clark has an article in the St. A. Cl. Rev. in the Lancet for December 1859, p. 614, under the title of "Clinical Illustrations of Mucous Disease of the Colon." He says that in all cases there is congestion of the mucous membrane of the colon, and excessive secretion of mucus. He thinks it is one of the results of advanced civilization. It is to die in its course, and may be divided into three stages. In the 1st stage, which is generally curable, there is a discharge of mucus of mucus. In the 2nd, which is occasionally curable, casts of the put are discharged. And in the 3rd, which is incurable, membranous shreds of lymph mixed with blood and pus are discharged. Dr. Clark found that the symptoms were always associated by too much food, vegetables, preserved fruit, condiments, beer, undiluted spirits, excess of liquids, sexual or other.
excitement, a sedentary life, damp and hot atmosphere, and the abuse of perspiration. In all cases, besides the discharge of excess of mucus, the patient suffered from feeble circulation, irreparable arterial septum, thin blood and dry skin. He believed that the symptoms were due to the secretion and accumulation of mucus in the colon, which diminished absorption and secretion, fermented itself, and caused fermentation in the contents of the bowel. The treatment recommended is to get rid of the mucus by the internal use of alkalies and gentle aperients. To prevent the secretion of mucus in excess he recommends a solid diet, consisting of fresh meat, bread and occasional farinaceous puddings; abstinence from the things mentioned above as harmful as well as tea and coffee; cutaneous friction; daily exercise; the administration of iron, alum or gallic acid with ulex 
romica; the regulation of the bowels by soda, rhubarb, ippecacuan; counter-irritation to the abdomen; and injection.
of actinomycosis if necessary.

Dr. Thos. King Chambers in his book on "The Indigestions" 2nd Edition 1867, p. 34, relates a case of indigestion occurring in a man suffering from "mucous diathesis," and remarks that these cases are peculiarly affected by climatic influences, the union of cold and damp found in an ordinary English winter being the most common exciting cause. The case was that of a schoolmaster who made himself ill by reading too hard. His nervous system was completely prostrated. Half a year after he suffered from a cough at the Brightonium after bathing, vertigo, sudden flushes and perspirations, cramp, and flatulence. His bowels were constipated, he was troubled with acid rising in the throat, and vomiting of stringy mucus. This was in winter. Next Summer he was much better, but in the Winter again his old nuisance returned with double force. He was very weak and nervous, his tongue was white and tremulous, his pulse very rapid and occasionally he was quite
Hysterical, he was also anemic.
Dr. did not suit him, but he improved on quinine and occasional doses of Valerian. Dr. Chambers adds that he was quite well afterwards every Summer, but always had a relapse at the beginning of the Christmas holidays. This case appears to me to have been a well-marked example of that form of mucous disease, in which the mucous is passed as lumps and not as pseudo-tenesmus. I have no doubt that the stools, if they had been examined, would have exhibited lumps of mucous. But Dr. Chambers would not see them, as he patient no doubt went to his Consulting-room.

Dr. Heberden has a paper on this affection in the 1st volume of the Lancet for 1868, p. 7, under the title "Catarh of the Colon, or Chronic Innes-Cooties." He says that this disease is often referred to the stomach. It is an affection of the whole of the large bowel, and the mucous discharge is not always a prominent symptom.
The bowels are irregular. Constipation may alternate with diarrhea, or only small 
secrections may pass, or the ejecta may 
consist of mucus in the form of gelatin-
iform masses or of long worm-like 
masses. These discharges are sometimes 
very offensive. More rarely the evacuation 
are frothy and yeast-like. Flatulent 
distension of the colon is a prominent 
symptom. Pain in the course of the colon 
is common. Sometimes there is pain during 
defecation with tenesmus, or there may be 
great prostration and even syncope. 
The general strength, he says, is not much 
impair'd. Frequently there is great depression 
of mind. The tongue is clean and the appetite 
good. Sometimes in men there is irritability 
of the bladder, in women dysmenorrhea, 
in children vesical catarrh. Dr. Sabotkin 
divides the disease into acute and chronic 
the acute being characterized by diarrhœa 
with much below mucus, the chronic being 
that described above. He says the urinary 
membrane sometimes shows eczatomes 
when it has followed deputations. More
frequently there are grey zones round the follicular glands, and thickening of the membrane. The wall is often weakened, and in consequence the bowel is much distended. He follows Sir J. Clark in attributing the symptoms to the secretion and accumulation of excess of mucus, followed by fermentation and the evolution of gases. As causes are given - the frequent use of powerful purgatives, neglected constipation, haemorrhoids, acne, foot ulcers, excessive smoking and snuffing. The treatment recommended is to remove sepulchre and retained mucus, to regulate the diet and forbid stimulants. To diminish the excretion of mucus he gives nitric hydrochloric acid, blue pill and rhubarb; quinine and strychnine; or injection of borax or charcoal where there is flatulence. If the rectum is chiefly affected he uses a dilute solution of nitrate of silver. To check the flatulent distension of the colon he recommends crocetine and carbolic acid, or carbonate of lime and hydrogen peroxide is present.
In this article there are several points open to criticism. Dr. Habershon says that the tongue is clean and the appetite good. This is certainly not usual in severe forms of the disease. On the contrary the appetite is generally very poor, and the tongue so often piled as clean, he divides the disease into acute & chronic. But the cases he would call acute must be. I think, exacerbation occurring in the course of the disease, which is essentially a chronic one. Many of the causes he mentions are probably antecedent rather than causes. Such are age, pain, diabetes, smoking and snuffing. As regards treatment he does not seem to be aware of the great value of alkalis.

In his work on "Diseases of the Abdomen", 3rd Edn., Dr. Habershon describes the disease calling it "chronic catarrh of the colon" (p. 42). I shall only notice the points which differ from the Lecture article. He says the mucous discharge may be in small pieces, or may constitute casts of the intestine, from a few inches to a foot long, consisting of
Mucus cells in an albuminous tissue. The chief diarrhoea as the prominent symptom. But a few days further down (p. 493 bottom) he says the bowels are irregular, sometimes constipated, at other times affected with diarrhoea. Dr. Habershon goes on to say that the disease may last for years. The patient is cachectic, pale and emaciated, occasionally there are intervals of weeks or months between these mucous discharges. Nervousness may be very severe two or three hours before or after defecation. The prognosis, he says, is favourable when the irritating causes can be removed, and the patient will submit to protracted treatment. As causes the following are suggested: acute and chronic dyspepsia, catarrh of the small intestine, polypi of the rectum, portal congestion, sciatica, and irritation of urino-genital organs. The treatment recommended is practically the same as in the 'Lancet' article, with one or two unimportant additions. The only part of the article that I should take exception to is the prognosis, which...
in my opinion, is much too favourable. I
should say, from my observation and reading
that well-established cases of the non-bronn
form of the disease, very rarely completely
recover.
In the 2nd volume of Rankine's Abstracts for 1871, W. Whitehead,
p.82, there is an abstract of "Notes on Muscular Disease" by Dr. Walter Whitehead, published
in the Manchester Medical and Surgical Reports Oct. 1870.
As this contains nothing of importance which
is absent from his later articles in the British
Medical Journal abstracted below, I will only
quote from it the remark. He says "the muscular
contractions are not always easily recognised
when mixed with the motions, but their
nature may generally be recognised when
they are floated in water." This is of
interest in connection with my first case (p.29)
where their condition obtained, and prevails
for a time the true nature of the complaint
being recognised.
Dr. Whitehead's later articles are in the
British Medical Journal for Feb. 11th and Feb. 18th
1871. The first article is entirely occupied
with extracts from previous writers (see p.1 above)
In the second article Dr. Whitehead gives his account of the disease. He follows Dr. Clark in his division of the disease into three stages.
(See above, p. 11) He says the membranes in post-mortem examination can sometimes be raised with facility by a stream of water; at other times, they cannot be detached with a scalpel. With regard to the etiology of the disease, he thinks it must be considered "neuropathic." He says that middle-aged persons are more liable to the disease than children, and children than old people. A damp climate increases the severity of the symptoms. The excitation produced by modern habits predisposes to the disease, especially want of exercise and excessive introspection. Constipation is both a cause and a result of the disease. It is generally observed in persons of a cold temperament and relaxed habit of body and in those who show languor of faculties and intellect with highly excitable nervous centres.

Women with membranous depreezement.
Childless women, and those who have early ceased to bear children, are prone to it. In cases without any apparent cause the patient frequently suffer from chorea, hysteria or hypochromia. Dr. Whitehead goes on to say that the early progress is most insidious. The skin is dull or sodden, or sweaty, or of a waxey clearness. Eruptions are not uncommon. The lips and gums are generally pale. The tongue is moist, pale, flabby, or red and irritable. The mucous coating often peels off in patches, so does also the mucous membrane of the lips, cheeks, gums, fauces and pharynx, and the posterior nares: these latter with violent headaches. The pulse is weak and slow. Dejection is slow and difficult, and accompanied with mental depression. The muscular and nervous systems are soon fatigued; the memory is bad; the bowels are almost always constipated. With regard to the critical explication of the membranes, he says that the patient is generally conscious of the
formation of each fresh crop, and describes it as a gathering in some part of the abdomen, generally the lower part of either lumbar region. At other times the feeling is only one of heat and dryness. The exfoliation is indicated by a sudden attack of pain in either flank, or towards the epigastrum, often lasting two days. During these times the tongue becomes coated, the pulse hard and quickened, the temperature raised, and the urine dark and often albuminous. The skin is frequently freckled. A day or two after these attacks the mucus comes away and for a variable time the patient is free from the most distressing symptoms. As regards prognosis Dr. Whitbread thinks that in the first stage is always to be remedied. Treatment he says must be continued a long time, as recovery is always slow. He gives four main indications. (1) Remove the cause. (2) Rejuvenate the strength and allay nervous irritability. For this purpose
he recommends iron and bicarbonate of potassium. Dr. Whitehead
3) Remove the mucous by Freina's.
4) Prevent the reaccumulation of mucous.
by injection of nitrate of silver if necessary. 
Counter-irritation the deep is essential; especially daily soaking of the entire surface
followed by prolonged friction with a coarse
towel. Daily exercise must be taken. 
The diet must be free from liquids,
(except milk) and from sugar, tea, coffee,
alcohol (except rarely occasionally),
vegetables, and fruit. The finishing by
saying that cases of this disease are
constantly mistaken for dipsopoea, so
that the curetting stage is allowed to
pass into the later and more lethal
forms.
This description of the disease by Dr. Whitehead
is the fullest and best I have seen. He
calls attention to an important point in
the pathology of it when he calls it
"neuropathic." It is this belief that has led
me always to prescribe a cure.
The last abstract I shall give is from
Dr. Burnham Smith's "Mastery Disease of Infants"
and Children" 4th Ed., p. 208. He says that "Influenza Diarrhea" consists in an increased secretion of mucus from the whole of the alimentary canal. It is most common (in children) between the ages of three and four, and ten and twelve. The patient is languid and dull, pale and cyanicated, listless and moody, drowsy in the daytime, restless at night with frightful dreams and grinding of the teeth. Sometimes he will start from sleep with a loud cry. Somnambulism and nocturnal incontinence are frequently produced by this disease. The appetite, at first very keen, becomes capricious. The tongue is flabby, indented at the edges, glossy and slivery, with the fimbriiform papillae unusually distinct. If diarrhea supervene these papillae become bright red and project through a thick coating of yellow mucus. The bowels are constipated, or there are frequent scanty stools, or constipation alternately with diarrhea. There is always abundant mucus in the motions. The patient frequently
turns deadly white as if about to faint. Dr. R. Smith.

The complexion is often very sallow, especially when the nervous symptoms are at the worst. Pain is frequent in the left hypochondrium. The chair is small. The cervical glands frequently enlarge. The temperature is normal. There is frequently a short hacking cough. The symptoms come on in paroxysms which last for a few days; then the child is better for a few weeks till another attack. Dr. Smith ascribes the symptoms to the spices surrounding the food and to preventing digestion and causing fermentation. The most common cause is whooping-cough. It often occurs at the beginning of the second dentition, and sometimes follows measles and scarlatina. Dr. Smith says that Measles disease in children sometimes closely resembles tuberculosis, but that the following characteristic signs of Measles disease are generally sufficient for a diagnosis: (1) The fleeting appearance of the tongue, (2) The fine measles in the stools, (3) The great irregularity in the secretion of the symptoms.
The periodical occurrence of "bilious attacks" is a matter of concern. If these follow Whooping-Cough, or occur at the second dentition, if they are accompanied by dry, rough skin and pallor complexion, and if the temperature is normal, Dr. Smith says we may conclude it is a malarial disease, in which however the temperature may be elevated for a few days by passing sources of irritation. As regards treatment, Dr. Smith recommends strict attention to diet, which must consist chiefly of meat, eggs, milk, and stale bread or dry toast. He gives a full diet at p. 217, and there more in a chapter on diets, p. 341. He also recommends a warm bath every evening followed by anointing the body with olive oil, a morning sponge with water 60°F, exercise in the open air and warm clothing. With regard to medicines he gives an alkali such as Soda with Calomel to begin with or cinch and aloes when the evacuation and debility are extreme, along with an occasional emetic. When the patient ceases to improve he recommends a change to acid of improvement ceases before the tongue has lost its slily appearance.
he adds alum and sulphuric acid. Where emaciation is well-marked cod liver oil is to be given.

Dr. Smith's recommendation of albes co 5, is far-Health, as all other writers who maintain it at all, say it is particularly injurious.

It would appear from the absence of any reference to the pseudo-membranous form of the disease, that this form is not met with in children.

I will now give four cases that I have met with in my own practice. In the first two the mucous appeared in the stools as amorphous jelly, in the other, it formed membranous streaks or casts of the stool.

Case 1.

Thomas Peate, aged 28, admitted to the Cumberland Infirmary April 27th 1861. He complains of loss of flesh, and passing "mucus" in his motions.

History. Patient states that he has never enjoyed good health for long periods at a time, but has constantly been in the hands of the doctors for indigestion, nervous debility etc. He further states
that during the last twelve months he has been losing flesh and during the last two months he has passed what he calls "mucus" in his stools.

Condition on Admission. The man is pale and emaciated. The skin is dry and harsh, and the face has a care-worn expression. He is very depressed in spirits and moves about in a listless manner.

The tongue is sticky and slightly furred, and is indented at the edges. The lips and gums are pale. The teeth are much decayed. The appetite is fairly good. He occasionally suffers from a feeling of weight at the pit of the stomach, shortly after meals, but has no other symptom of indigestion. He suffers from darting and stabbing pains in various parts of the abdomen. The bowels are somewhat constipated, and defecation is occasionally accompanied by a feeling of great prostration. The motions are dark and solid. No mucus was seen on examination.

The urine was acid, specific gravity 1.018.
Microscopic examination showed a few few crystals of oxalate.

The lungs and heart were healthy.

Treatment. The diet to consist of flesh, -

and milk and bread.

The following mixture was ordered.

\[ \text{L. Gr. Truciis dom. 31} \]

\[ \text{Acid. hydrosol. Dec. 3 4} \]

\[ \text{Jpsur. Calenda ad 3 07 2} \]

\[ \text{Sig. Coch. Harp. ter die Sem.} \]

May 6th. The patient seems to be no better.

The bowels have been moved daily.

He says that there is still mucous in the

motions, and that it may be seen by

washing them in water. Then the stools

were treated in this way, numerous

agglomeration of mucous were discovered.

No oxalate in urine. Weight 6st 4lb.

Ordered to continue the same diet and

to take the following mixture:

\[ \text{F. Potas. Creas. 3 oz} \]

\[ \text{dig. arsenacites by \( xx \)} \]

\[ \text{Epsam ad 3 07 2} \]

\[ \text{Sig. Coch. Harp. ter die Sem. post} \]

\[ \text{Cibus.} \]
May 13th. Patient is improving. The tongue is Case 2.

May 18th. The skin is softer and less dry.

May 20th. Patient is improving. The tongue is clear.

Remarks: This case was at first supposed to be

May 20th. The mucus in the motions is in less

quantity. The pains about the chest and

abdomen have disappeared. Weight 88 1/2 lb.

He was discharged June 1st. With orders to

take the treatment for some weeks

longer. At this time his weight had

increased to 91 5/16. His motions were

quite free from mucus, and he expressed

himself as feeling quite well.

Case 1
Complaint: they were examined only cursorily, as no importance was at first attached to it. This case illustrates very well Mr. Ritchie’s remark (see p. 19), that “the mucous conditions are not always easily recognized.”

Case II

Mr. Edmonds, age 35 yrs., laborer, admitted into the Cumberland Infirmary, May 11th 1881. Complains of loss of flesh, and irregularity of the bowels.

History: Patient states that for the last twelve months he has been subject to constipation, with occasional attacks of diarrhea. He says that the motions sometimes consist of very hard masses which are exceedingly offensive. He has also been much annoyed with flatus, occasionally passing large quantities of wind per annum. He has also suffered from considerable pain in the bowels, of a stabbing character, and varying much in duration. During the last six months he has lost flesh rapidly, and has not been fit for his work.

Condition on Admission: The man is pale and
Case II

Weight 9st. 7lbs. She is of middle height. The skin has an earthy appearance, is dry and harsh, and covered with fine scales. The tongue is clean, flaky and indented at the edges. The teeth are decayed. Her appetite is pretty good. There are no symptoms of gastric distressing. She suffers from frequent pains of a darting and stabbing character in various parts of the chest and abdomen. The bowels are moved daily. The motions are dark and offensive, and contain lumps of masses of various size, the largest being about the size of a halfpenny. She suffers from a severe pain for an hour before each act of defecation.


Treatment. Is have a warm bath daily. The diet to consist of fish, milk and bread. The following mixture was ordered

K2 Potas. 3 lb

Siz. arsenici 9

Arsen ac 361/2

May 18th. - Improving. Weight 9 ft. 10 lb. The pain, Case II, before defecation has disappeared entirely. There is less Mucus in the motions.

May 31st. - Still steadily gaining flesh. Weight 10 ft. 14 lb. The complexion is clearer and the skin more moist. The motions are almost free from Mucus.

June 14th. - Weight 10 ft. 4 lb. The action of the bowels and the character of the stools are natural. The patient expresses himself as feeling well.

Discharged June 15th.

Case III

Mrs. Birdsall, aged 57, a Believer, enjoyed good health until she reached the age of 38, when she had a miscarriage, followed by "depaury, inflammation of the womb and of the bladder." This illness lasted three months. After this until the age of 51 she was subject to profuse Menorrhagia every three weeks, lasting a week at each period. Once in every year or two (she does not remember very precisely) she was attacked repeatedly with severe pain in the bowels,
followed by the evacuation of abundant Case III "Stents". Since her first illness she has always suffered from constipation. After the age of 51 years menstruation ceased and she improved greatly in general health, but about once a year she continued to have the attacks of pain in the abdomen with evacuation of "Stents", lasting for periods which varied from a month to six or eight weeks.

I was called in to see her on April 10th, 1854. She was then suffering from very severe pain in the region of the descending colon. I took it to be a case of ordinary colic, as I learned from her that her bowels had not been moved for three or four days. I ordered the bowels to be emptied with an enema, and I gave her an anti-spasmodic mixture. When I saw her in the evening, I found her much at all relieved. The temperature was 101°F. and the tongue was furled. I gave her a sixth for pain of morphia hypodermically. The next day, I found that she had slept part of the night, but was again in great...
pain with a temperature of 103° F. I ordered her another enema. The diet to consist of broth, milk, and beef tea. The enema brought away some small gypsum covered with mucus. In the evening the temperature was 100.6° F. The whole abdomen was rather tender, but there was no very tender spot. The hypodermic was repeated. The next day the pain was considerably relieved, the temperature was down to normal, and after an enema the patient evacuated numerous sheets of membrane and a cast of the bowel about three inches long. I ordered her 3 ounces of liquor arseneas and 20 p. of bicarbonate of potash three times a day, and a diet of milk and dry toast. I examined the sheets of membrane and the cast of the gut microscopically, and found all that I examined to consist of an amorphous matrix embedding numerous nucleated cells of varying size. Some the size of a white blood-corpuscle, other perhaps three times as large.

The patient continued much better,
although still suffering from a pain in the left side, and passing masses of mucus and a few shreds of membrane, until April 19th, when she had another attack of severe pain which lasted two days, and was followed by the evacuation of abundant shreds of membrane as before. I discontinued the arsenic during the acute attack, but gave it again as soon as the acute symptoms abated. After this, the patient gradually improved. The pain became less along with a diminution in the mucus passed in the stools. As she improved I ordered her froth and gruel in addition to the bread and milk. I found that spirits and water aggravated the symptoms. The patient was quite conversant when I took leave of her on May 24th.

I did not see anything more of her until I was again called in to see her on Feb. 22nd of the year (1833) I found her much thinner and very haggard. She said she had been ill since Christmas, and was getting worse. She complained
of severe pain about the umbilicus and in the lumbar region immediately after food of any kind and in the smallest quantity. In consequence she had scarcely had food at all for weeks. She stated that very frequently she vomited her food, which returned very sour and surrounded by abundant thick mucus. When she did not actually vomit she had a choking sensation rising in the throat. The bread had not been moved without an injection for many weeks; the mucus consisting of small hard masses along with very abundant mucus and 'stains'.

When I saw her the tongue was dry and slightly coated with a yellowish fur. In the inside of the cheeks were several new painful patches. When the mucous membrane peels off these patches, which happens every few weeks, she suffers acute pain in the part, closely resembling the pain in the abdomen before passing the worms of membrane. The patient says that she has not had any of the very recent attacks of pain for several weeks.
I found the stools to consist of small, yellowish, semi-liquid, and somewhat thick masses, and numerous pieces of mucous membrane. The microscopic appearances of these were the same as those she passed last year (p. 35 bottom). I examined the urine but found nothing abnormal.

I ordered her food in small quantities at a time, dry toast, and milk. In addition, I recommended an arena daily and the following mixture:

(Feb. 22)

\[\text{P. 1. acridi, By 209.} \]
\[\text{Potan. loc. ad 240.} \]
\[\text{Aqua ad 840.} \]

She took it as directed in the same.

On Feb. 26th the patient was much improved. Her appetite was better, the vomiting had ceased, the diarrhea in the stools was much diminished, and the pain in the hypochondrium was less severe.

On the evening of Feb. 28th she was attacked with acute pain of a raw, burning character in the hypochondrium and the left flank. The appetite was entirely lost. The tongue was furred, the temperature
rose to 100° F, and she vomited her food mixed with mucus. I stopped the arsenic and recommended her to take nothing but milk. She continued in the same condition till March 2nd, when an anaemia brought away large quantities of mucus in the form of jelly-like lumps and pieces of membrane, and the pain was much relieved. After this the patient improved daily and on March 5th she resumed the arsenic and began to take molasses in small quantity in addition to bread and milk. On March 20th she had a motion without an anaemia for the first time. It was almost free from mucus. The pain in the epigastrium was still occasionally present but was not severe. I thought I would try a change of medicine and gave her a grain and a half of quinine twice a day. This however did not suit her at all. The pain in the epigastrium became worse and disagreeable choking sensation returned, so that after a few days she resumed the arsenic and potash. Under this treatment she steadily
improved and I was able to take leave of her on April 9 by which time she was able to do a moderate day's work, being quite free from symptoms.

Remarks. I have neglected to note above that

Mrs. Birdsell is of a highly nervous temperament, is fair in complexion and clear-sighted.

The cause of the disease in this case would appear to be dysentery continued with a nervous temperament. There appears to me to be no chance of the patient ever being perfectly and permanently cured of her complaint; so doubt she will be attacked with it again early next year if not before.

It would be interesting to see if the constant or almost continuous exhibition of the potion and essence would ward off the disease, but to this the patient will not try.

Case IV

On June 14, 1884 I was called in to see ship H - Lt. 33, a lady in good circumstances. She complained of passing slimy and "bloody" with the stools, and of prurigo of the vulva.

The history she gave me was as follows.
She enjoyed good health till two years ago, when she was ill for a month with pain in the abdomen and the passage of blood in the motions. Since then she has suffered from a similar illness every year, generally in the Spring or early Summer, the attack being more severe each year. She has suffered from membranous dysmenorrhea for about seven years, and from occasional attacks of purging of the bowels for three years. Each attack of illness begins with a severe constant pain of a burning character in the left side, the bowels becoming at the same time constipated. She has been in the habit for several years of giving herself an enema of warm water daily from the beginning of the attack. After two or three days the enema brings away humps of mucous and numerous pieces of membrane. Rarely complete tubes have been discharged. These are accompanied by feces in the form of small hard lumps. The severe pain diminishes as soon as the feces begin to pass.
After two or three days this discharge of pseudo-membranes ceases and the patient is comparatively well for a period varying from two days to a week. Then the same process is repeated, each attack being bolder than the last, until at the end of about five or six weeks they cease altogether. During the whole illness the sufferer from a feeling of great prostration during each act of defecation, and passes mesus in form of lumps of jelly-like matter. She says that alcoholic beverages of all kinds aggravate the symptoms. She has never derived much benefit from treatment. When I saw her first she had been ill for three days and was beginning to pass the pseudo-membranes. She is very thin and dark, the skin is dull. Temperament markedly nervous, she has a brother who suffers from "tubes donales." The tongue is slightly furred, the teeth good, the appetite poor, the bowels constipated. The motion passed in the morning with the aid of an enema consisting of a few ounces Pegala and cord with Musus.
some lumps of mucus and abundant threads of membrane. These I afterwards examined microscopically and found them to consist of an amorphous matrix containing numerous round and oval nucleated cells, the smallest of which were about the size of a white blood-corpuscle, and the largest three or four times as large.

I examined her urine but detected nothing abnormal. No examination was made of the bowels.

Treatment. I recommended a tepid bath every morning; a diet consisting of meat or fish, and bread and milk; exercise in the open air; an enema every morning; and the following mixture:

* Image 0x0 to 527x776

\[ \text{Potas. acetab. } 3 \text{ gr.} \\
\text{Symp. Gelsem. } 3 \frac{1}{2} \text{ gr.} \\
\text{Aconit. } 3 \frac{1}{2} \text{ gr.} \]

For the purgative I recommended a Catholic Opii (1 in 40),

Under this treatment the patient improved. The discharge of membrane ceased on the 16th.
The purpura was brisk relieved by the colchic.
A second exacerbation began on June 26th
and lasted till the 28th and a third and
last one began on June 28th and lasted till
July 2nd. The same treatment was continued
throughout. The patient steadily improved
and was practically well in every way
when I took leave of her on July 19th.

Remarks:
In this case the treatment employed does
not seem to have had much influence
on the course of the disease. The illness
lasted about the same length of time
as previous ones.

This case and the one that immediately
precedes it differ from the case reported
by Dr. Hutchinson and from the ordinary
descriptions, in that the mucous discharge
only occurred during a limited time in each
year, while in Dr. Hutchinson's case these
critical discharges of pseudo-membranes occurred
from time to time all the year round.
At least I infer so from the description although
nothing definite was said on the point.
I shall now divide under the heads of Aetiology, Pathological Anatomy, Symptoms, Prognosis and Treatment, a resume of these facts, which appear to be well-established.

Aetiology.

Diabetes is generally seen in people of phlegmatic temperament combined with an irritable nervous system, sedentary habits, and living much in hot and damp atmospheres predispose to it. It occurs more frequently in women than men, especially childless women, and those suffering from menstruation, dysmenorrhoea. Middle-aged people are more liable to it than children, and children than those advanced in life. Among children it is liable to occur especially after whooping-cough, and in a less degree after measles and scarlatina, and at the period of the second dentition. Among other causes are the constant use of drastic purgatives, neglected constipation, and inflamed haemorrhoids.

Pathological Anatomy.

In most cases the colon only is affected, but in some it would appear that the whole of the digestive tract is affected (W. Chambers p. 13, and Dr. S. Smith p. 24.)
The colon is generally distended. The veins of the colon are distended. There is deep suffused redness of the colon, mixed with clay-brown pigmentation. The mucous membrane is swollen and covered with abundant exudation. The mucous membrane may show cicatrices when the disease has followed dejectory. The mucous under the microscope shows corpuscles of various size. The discharge from the bowels is of three different characters:

1. Masses of jelly-like mucus, which may be intimately mixed with the feces.
2. Membranous shreds and tubular casts of the fat.
3. Shreds of lymph mixed with blood and pus.

For description of the membranous casts see above p. 9.

Symptoms.

The patient is generally languid and dull, pale and more or less emaciated. The complexion is generally sallow. The skin is sodden, and acts imperfectly. These appearances are generally worst when the known symptoms are most marked. The lips and gums

...
are pale. The tongue may be clean, but in severe cases, is generally furrowed and indented at the edges. The mucous membrane sometimes peels off the tongue, leaving a raw tender surface. This also occurs on the cheeks, lips, gums, and pharynx. This process of peeling is accompanied with acute pain, and in the cases of the fauces and posterior nares with violent parietal headache. Dysuria is frequently slow and difficult, accompanied by depression of mind, and palpitation. The bowels are generally constipated, but in some cases there are occasional attacks of diarrhea. Sometimes defecation causes great prostration and even syncope. It is sometimes preceded by a severe pain in the abdomen, lasting from a few minutes to one or two hours. When mucous casts are expelled, the formation of these is periodic, and the expulsiion is critical, and is followed by an improvement in the symptoms. The patient is generally conscious of the formation of each fresh crop, and describes it as a pattering in some part of the abdomen, generally the left lumbar region. The expulsions are indicated by a sudden attack of pain in either flank or in the epigastrium, often lasting a couple of days. The tongue becomes
Symptoms

furred, the pulse hard and quick, the temperature is raised, and the urine is frequently albuminous, according to Dr. Bostrom of the Whitehead. A day or two after this attack the fluxus is discharged, and the patient is much relieved. The fluxus continues to be discharged for a few days or a week; then the patient is better till another attack.

The subject of fluxus disease are generally hypochondriacal, inability to perform ordinary business or to take active exercise. Sometimes, the patient suffers from chorea, partial palsy, or melancholia. Cutting or stabbing pains in the chest or abdomen are common. Pains along the course of the colon are frequently mistaken for jaundice. In men, the bladder symptoms and this is frequent desire to micturate. In young women there is frequently dysmenorrhea and ovarian irritation. In young children mucopurulent discharge from the vagina and irritation of the vulva may be present. In some cases there is frequent vomiting of fluxus, or mucous and blood (see Hutchinson's 
and care to)

Proposed.

Cases in which the discharges consist.
body should be drenched daily with tepid water, and then vigorously rubbed with a coarse towel. When the skin is dry and rough it is well occasionally to remove the hardened epithelium by a thorough scrubbing with soap, using hot water softened by the addition of Carbonate of Soda. Flannel should be worn next the skin, and gradually increasing exercise should be taken in the open air. All emotional excitement, and hot and damp atmospheres should be avoided.

Suitable Society is important.

(3) To bring about a healthy condition of the mucous membrane the most important measure is the regulation of the diet, which must not include articles which readily undergo fermentation. All liquid food is injurious except milk. Bread, fish and milk are the most important article of diet. The bread should be taken stale or in the form of dry toast. Mutton, chicken and game may be allowed. No tea, coffee, beer, fruit or pastry must be taken. Among vegetables, Cauliflower, Spinage, & Asparagus may be taken.
occasionally. Alcohol in some cases improves the appetite and digestion. Spirits and water and Burgundy are the best forms. In some cases all forms of alcohol are injurious.

As regards medicinal treatment almost all writers are agreed that at first alcohol is the most useful. And as the nervous system is at fault "Loquor arsenicatis" i.e. minimum doses should be given thrice daily along with 20 gr. of the bicarbonate of soda.

When this combination has been taken for a considerable time and improvement has ceased, nitro-hydrochloric acid with a bitter infusion may be given as recommended by Dr. Habershon; or the pernitrate of iron, salicyl acid or alum with small doses of new vomica as recommended by Dr. Andrew Clark.

In obstinate cases Dr. Habershon recommends the injection of soothing cucumate, as torace; or astrigent cucumate as nitrate of silver (p. 16 above) (p. 5).

Where there is emaciation to an extreme degree cod liver oil should be given.