

Notes of four Abdominal Cases of interest. By J. A. CAMPBELL, M.D., F.R.S.E., Medical Superintendent, Cumberland and Westmoreland Counties Asylum, Carlisle.

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In private practice abdominal diseases are among the most obscure and difficult of accurate diagnosis that come under observation. In asylum practice they certainly are about the most difficult that we have to deal with, owing to the want of any reliable information from patients as to symptoms, feelings, origin, or progress of the case, and frequently obscure abdominal diseases are concomitant with, or very probably give origin to, marked delusions which further tend to complicate the case.

That the difficulties I allude to are felt in other asylums are clearly indicated by occasional cases which are reported or brought before meetings of our Society. At page 220 of our Journal for 1882, a case of extraordinary faecal accumulation discovered at death is reported by Dr. Johnstone as occurring in the Edinburgh Asylum. In this case the ascending colon measured 2 feet 2½ inches in circumference, and the rectum, closely packed with hard faeces, completely filled the pelvis; while, at the November meeting of the Northern Section of the Society, Dr. Clouston* "showed an enormously distended stomach which was interesting from the circumstance that the patient had for some time before death been fed by the stomach tube; the fluid was retained in the stomach by the occlusion of the pyloric orifice by a cancerous mass. This condition was not discovered during life; the case resembled one of ascites, the more so as the liver was known to be affected." In the "Lancet," December 16th, 1882, I recorded three abdominal cases of considerable interest that occurred in my practice: one a cancerous ring causing stricture in the intestine an inch above the sigmoid flexure, another a case of cancer of the caput caecum, and the third, a twist involving eight feet of the small intestine in which the patient died from shock within four hours of exhibiting symptoms of illness.

In drawing up the following notes from the records of the cases and autopsies, I have condensed the account as much as possible, and have purposely omitted entering into details which had not direct bearing on the history of the case, or the

* "Journal of Mental Science," Jan., 1886, p. 611.

pathological lesions discovered, with the view not only of sparing possible readers needless mental exertion, but also with the view of leaving for other clinical records of interest space in this number of the Journal that may be more worthily filled.

CASE I.*—M. A. T., female, *ætat.* 23, was admitted into this asylum in May, 1863, suffering from dementia. She had been a mill girl, had been confined of an illegitimate child in a workhouse, became feeble-minded, and subsequently noisy, excited, and dirty in habits, would sit all day mumbling to herself, shaking her head and body.

During her first year of residence, she became thinner, and it is recorded that, though she looked phthisical, examination showed her lungs to be in a normal state, and that there was an absence of cough or spit. Frequent entries were made in her case for a period of sixteen years and two months, when, owing to the crowded state of this asylum, she was removed to another Asylum. She at this time weighed 102lbs. She was brought back here in November, 1883, when she only weighed 76lbs., a loss of 26lbs. since leaving this.

Her mental condition had altered little, but that for the worse. Physically she was emaciated, her muscles wasted. She was one of the most difficult patients to examine I ever met with.

She was able to move herself in spite of all efforts to keep her still, and she twisted, wriggled, bit, and scratched to such an extent as to render anything like an accurate examination impossible. The entry as to the state of her lungs on admission was: "Percussion generally more dull than normal over both lungs, R.M. abnormal, where it could be heard tubular, with wheezing râles."

No abnormality was detected as regards abdominal organs. I frequently attempted unsuccessfully to satisfy myself as to the state of her lungs, for at times she had a slight cough, and I thought it most probable, as other cause was not apparent, that her emaciation and general state of weakness was due to phthisis.

When let alone she lay quietly. She took her food fairly, and her bowels were regularly moved; her stools were formed, and natural in colour. During January she became more weak and emaciated, while yet she took food well. During February she became worse, and at the end of the month frequently vomited a portion after a meal. She took little food, and vomited frequently for the three days previous to her death, which took place on March 4th, 1884.

Autopsy.—For my purpose I may briefly state that the cranial, thoracic, and abdominal cavities were opened, their contents

* This case was written prior to my reading Dr. Cobbold's cases in the April Journal.

examined. There were traces of meningitic alterations, thickenings, and adhesion, probably the result of former inflammatory processes; there were also old pleuritic adhesions, but there was no tubercular deposit in the lungs. In the stomach there was found a mass containing matted hair, portions of blankets, and a hank of brown fine twine, unwound. A portion of this twine extended through the pyloric orifice down two feet of the small intestine.

CASE II.—I. T., female, *ætat.* 40, admitted on March 1, 1881. She had been dull and melancholic for four months, refusing food at times, becoming noisy in a mournful way. A complete examination of her mental and physical state was made on her admission, and recorded. The summary is stated. She was intensely melancholic; nothing except her anæmic state and subnormal temperature calls for comment. She was treated by tonics, stimulants, malt extract, and out-door exercise. She varied in mental state from the depths of depression, when she would neither notice anything nor take food, to an excited state, when she was both dull and noisy, a short interval existing when she spoke coherently and took food well, though she continued thin.

With the exception of having the neck of her femur broken by another patient, from which she recovered, she continued much in the state she was in when admitted till March, 1883. She was then heavier than when admitted.

During 1883, she was, if anything, worse in mind; if sent out she continuously wailed out in a piteous voice, "I want to go in;" if in she cried out, "I want to go out." At times she seemed as if she had abdominal pain, and was frequently sent to bed and examined, with the only result that her temperature was found subnormal, and that a rather tympanitic state of abdomen was found, and this in different positions at different times. Her bowels were regular, and nothing unusual was found as regards her *fæces*.

During the first six months of 1884 little change is recorded, but during the latter half of the year she became weaker, had several attacks of sickness; her temperature, however, continued subnormal.

She became rapidly weaker, was confined to bed, her feet and legs became œdematous; her urine was frequently examined without any trace of albumen being found in it.

In January, 1885, she became markedly worse, circulation feeble; a slight general dropsical state followed, and she died on January 23rd, 1885.

At the *Autopsy*, the contents of the various cavities were examined; those of the cranium do not call for comment. The right lung was adherent to chest walls by old adhesion, the left merely at apex; the left pleura contained 20 ozs. of pale straw-coloured fluid.

There were several ounces of clear serous fluid in the abdominal cavity; the intestines generally were matted together; and to the parietal layer of the peritoneum thin firm light-coloured narrow

bands crossed and recrossed portions of the small intestine. The small intestine contained much flatus and pressed by these bands, was in portions much distended, and looked like a series of small bladders blown up and tied at the ends.

CASE III.—J. B., female, *ætat.* 45, reported as suffering from mania, and being in weak health, was admitted in October, 1862. Little of her history was known or noted at her admission. She had delusions about her inside being wrong, and having the smell of blood in her nostrils and the taste of it in her mouth at night. She is reported as thin but healthy, and with a good appetite; excited and noisy at times. Entries fully describing her state occur with regularity, but call for no remark here until January, 1877, when she is stated to have a pale, cachectic look, but to be taking food well. In April of 1882, her delusions, which had previously been of a varying character, are reported to have assumed a fixed and definite form. She said that she had rats in her stomach, that she felt the pains of their gnawing, and this delusion she retained persistently till death. Owing to her cachectic look, and to the fact that she was steadily losing weight, I examined her on several occasions most carefully during the early part of 1884, but could detect nothing abnormal as regards her abdomen.

In November, 1884, she had several attacks of sickness; she became thinner, more pale, and weak. Though repeatedly examined, it was only on January 5th, 1885, that a distinctly localised, irregularly edged, small tumour could be detected; it occupied a position two inches to the right of the middle line of the abdomen, its upper surface being one inch above the level of the umbilicus. The tumour was slightly movable, and measured three inches sideways by two from above downwards. The patient became rapidly worse, suffered from frequent severe sickness and coffee-ground vomit, and died on January 12th, 1885, aged 67.

Autopsy.—A full examination of organs was made and recorded. I extract the following: "The stomach was much dilated, projecting downwards almost to the pelvis. On the anterior aspect of the larger curvature there was the cicatrix of an ulcer the size of a shilling, and there were also two or three points of ulceration in its neighbourhood. The edges of the large ulcer were not hardened, but the smaller ulcers had a hard feeling implicating the pylorus. There was a tumour surrounding the orifice in the whole of its circumference three-quarters of an inch in thickness. The tumour was of a scirrhus character, hard for the most part, but in some parts softening and breaking down. The pyloric orifice was much contracted."

CASE IV.—E. W., female, *ætat.* 56, was admitted in November, 1884, suffering from melancholia. She was stated to have been previously insane; for the last six weeks to have been very dull indeed, and to have attempted suicide. Her mental disease was considered on this occasion to have resulted from ill-health, and

she became worse in mind and more actively suicidal after an attack of sickness, when she vomited coffee-ground-like fluid.

On admission she was found to be in a most melancholic state, could scarcely be got to reply to questions; but on persistent questioning she told that voices urged her to commit suicide, that she scarcely slept at night, and that when she did she had frightful dreams.

A thorough investigation was made of her bodily condition. She was extremely thin and emaciated, and she had a sallow complexion and cachectic look. Nothing in the state of her thoracic viscera calls for note, and no evidence of disease of any of her organs could be detected by ordinary modes of examination, but from her age, history, and general appearance and condition, cancerous disease of the stomach was diagnosed to be present.

From her feeble state she was kept in bed, and was carefully and frequently fed with digestible food, principally fluids, and she was treated with numerous remedies, external as well as internal, with the view of relieving pain and sickness, which she complained at times of suffering from.

During November and December she had several attacks of sickness, with coffee-ground vomit; and during January, February, and March of 1885, her condition altered little. At times she was constipated and required an enema. Examination showed extreme tenderness over the region of the stomach.

During April and May she seemed rather better in mind, and said that her sickness was always preceded by intense pain in the stomach, that this pain was relieved by vomiting, and that owing to this she frequently made herself sick by putting her fingers down her throat. She took sufficient food. Though many modes of treatment were used in attempts to improve her state and mitigate her severe attacks of sickness, they and the coffee-ground vomiting became more frequent. She became more weak and blanched, and died on July 9th, 1885.

Autopsy.—For my purpose it is unnecessary to deal with the contents of other cavities than the abdominal. As the stomach lay *in situ* it was seen to be constricted, and divided into two unequal portions; the cardiac end constituting two-thirds, the pyloric end the remaining third. The front and lower edge of the stricture was puckered and drawn, the constriction being situated four inches from the pylorus. Examined from the outside it was thinned in one localised portion; inside in one of the puckered folds there was an ulcer the size of a threepenny-bit much thinned, with a punched-out look, and invested with deposit of hæmatine. The state of the other abdominal organs was not abnormal.

Remarks.—My reason for grouping these cases is not from their having many points in common, but from the fact that, with a small population amounting to some 250 females, it

seems strange that one should have in one year three such cases. One only occurred in 1884.

CASE I.—Is the first of its class that I have met with, though I have made a post-mortem on each case that died under my care in an asylum for 20 years. I, at intervals, notice such cases reported as occurring in kindred institutions; and, wonderful to say, the public papers seem to deal with them, probably from information gleaned at inquests.

I have read, though I cannot quote my authority, that concretions formed by matting of hair were common causes, not only of disease, but also death, in the inhabitants of out-of-the-way highland districts in remote times, when the population subsisted greatly on oatmeal, which was carried in skin bags from which the hair had not been completely removed.

I have also been told by stock-keepers that calves at times acquire the evil habit of sucking each other's ears, and that cases have occurred in which they have become emaciated without known cause, and the emaciation proceeded to exhaustion and death, and that hard balls of hair have been found in the stomach in such cases.

Gastrotomy, with removal of such masses, has been proposed and carried out successfully.*

In this case I report, my idea of phthisis being the cause of failing health was excusable, I think, as I never really could get the patient examined. I think it would, in this case, have been extremely difficult to diagnose the presence of the mass of twine and hair in the stomach.

I believe the patient died of exhaustion from slow starvation, as the twine descending into the small intestine kept the pylorus constantly open, and the mass in the stomach prevented the muscular action of the stomach. The twine was not of the character of that in use here, and probably had been swallowed in the asylum the patient had been in while away from this.

CASE II.—Though I have, since the death of the patient, endeavoured to ascertain the fact of a former attack of peritonitis, I have failed. I believe, however, that in some portion of her life she must have had a severe attack of peritonitis to have left such matting and such bands of adhesion; and I am sure, from observation, that she had not this attack while here. I am quite of the opinion that abdominal diseases not only produce in some, mental phenomena, but also give a character to the mental symptoms, and that cases where mechanical altera-

* See paper by Mr. Knowsley Thornton, "Lancet," Jan. 9th, 1886, page 57.

tions cause constipation, colic, and general abdominal discomfort, show a melancholia of the deepest and most persistent character, and usually have a most piteous, anxious expression of countenance, and rarely are for any length of time free from this, or from the melancholic symptoms.

CASE III.—In this case I long suspected cancer of the stomach. We know that in old women scirrhus may kill very slowly, and I myself have known a scirrhus tumour of the breast to exist for more than 16 years. I believe it most likely that the cancer began about the time the patient's delusion about rats gnawing her stomach first appeared in 1882, three years previous to death. Of course it is well known that physical disease may really be the starting point of what appears to a casual observer a ridiculous delusion. Numerous cases which have come under my observation, many of them cancerous tumours of abdominal organs, have been, I am well aware, the real cause and origin of delusions.

CASE IV.—The appearance, symptoms, and age of the patient, and the course of the disease, were so similar to what is found in cancer of stomach, that a much more experienced physician than I am might readily have assumed, as I did, that cancer of the stomach existed.

The post-mortem cleared the matter up. The altered blood vomit was from the recent ulcer, and no doubt the stricture was the cause of the pain and increasing emaciation.

In my reading I have not come across a report of such a case as this, though I know that such cases have been recorded. I think it more than probable that the whole train of mental symptoms originated and was continued by the bodily disease and want of nutriment.

Lead-Poisoning, with Mental and Nervous Disorders. By
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In the Journal for July, 1880, several groups of cases were recorded by Dr. Savage and others, including myself, on insanity and other disorders of the nervous system, resulting from the poisonous action of lead. The following note may be regarded as supplementary to my contribution to that series of articles.

Quite recently three cases of lead-poisoning were under my care in the Royal Infirmary of this city, all being inmates of