

DISEASES OF THE INTESTINES AND PERITONEUM

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649132089

Diseases of the intestines and peritoneum by Various

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VARIOUS

**DISEASES OF THE
INTESTINES
AND PERITONEUM**

M.D.
B

DISEASES

Charles Stone Shaw
OF THE *Dec. 25th 1879*

INTESTINES

AND

PERITONEUM.

BY

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and others.

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WILLIAM WOOD & COMPANY

1879

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Trow's
PRINTING AND BOOKBINDING CO.,
205-213 East 12th St.,
NEW YORK.

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DISEASES OF THE
INTESTINES AND PERITONEUM.

ENTERALGIA.

BY JOHN RICHARD WARDELL, M.D., F.R.C.P.

DEFINITION.—Enteralgia is a painful affection of the intestines, of neuralgic character, generally accompanied with constipation and flatus. It may come on gradually in a dull and obtuse manner, but in the great majority of instances its supervention is sudden, and the pain is sharp and violent. It is, correctly speaking, visceral neuralgia, and mostly occurs in neurotic individuals. The common accompaniments of inflammation are absent. The skin is cool, the pulse is not accelerated, and the heart's impulse is rather subdued than augmented. Its attacks are paroxysmal. It shifts its position in the abdomen. It is often a pain reflected by distal disease, but if continuous it may end in inflammation.

SYNONYMS.—Enteralgia, Termina, Dolor, Colicus, Colicodynia, Spasmus Intestinorum (*various authors*), Ileus (*Sauvages*), Spasmus Ventriculi (*Wiessner*). Some writers have confounded it with Gastrodynia, or Gastralgia. In the vernacular the affection is identical with Pain of the Intestines, Spasm of the Bowels and Belly-ache, Pain in the Belly, Gripes, and Cholick, or Cholick Colic.

CAUSES.—The causes of this complaint are to be regarded as those which are *Predisposing* or *Remote*, and those which are *Proximate* or *Exciting*.

Under the head of the first-named may be mentioned the influence of sex, and it is beyond dispute that females are more prone to this affection than males; their greater sensitiveness, and their susceptibility to moral emotions, favor the development of nervous diseases; and the sympathy of the uterus and its appendages, as familiarly known, in marked manner reacts upon the cerebro-spinal and ganglionic systems. The particular temperament of the patient will confer a proneness to, or tend to give an immunity from, this complaint; those who are nervous and melancholic being more liable to it, and those who are leuco-phlegmatic or lymphatic being less susceptible. The condition of asthenia conduces to the production of enteralgia, and a lowered vitalism is often associated with an exaltation of sensibility. The weakness resulting from acute or chronic

disease, by depressing the tone of the system in general, and the functional power of the great nervous centres in particular, constitutes a common predisponent, and the morbid action of the nerves proper to some part or parts is not an unusual occurrence. During the convalescence of fever, after visceral inflammation and large losses of blood these attacks are frequently witnessed. Excessive lactation, by subduing the general strength, often enters as an element into the remote causation; and the same may be said of menorrhagia, the lochia, hemorrhoids, leucorrhœa, and like affections. Long-continued secretions and periodical discharges, by deteriorating and diminishing the vital fluids, are followed by the result in question. Amongst the proximate or exciting causes is to be mentioned the malarial influence, and in tropical countries and aguish districts there is no doubt it often merits the accusation. Atmospheric humidity, low and damp situations, and a naturally cold and wet climate, form endemic conditions which foster the development of neuralgic ailments; and the truth of the converse is unquestionable that in places of greater altitude, and in a purer and drier air they are not so prevalent. When hot and sunny days are followed by frosty nights, the body being suddenly chilled, and thus the blood being determined to the internal organs, these anomalous pains are often produced. Wet clothes and wet feet give rise to the same affection. Mental fatigue, as after long-continued and great intellectual efforts, has by some writers been enumerated. In those persons whose vocations are such as to demand a continued strain of thought, or whose hopes and fears are excited by speculation, as in commercial enterprises, or those whose faculties are stimulated by some career of ambition, in all of whom the nervous functions are brought into great energy of action, these neurotic ailments prevail, sometimes being located in one organ or part, sometimes in another.

There are also proximate causes, which are strictly speaking pathological—which are referable to foregoing and obvious forms of morbid change, especially to those changes which take place in the blood, and which constitute a humoral causation to the nervous phenomena. It has been observed by Simon that central neuralgia arises with the utmost frequency in anæmiated and debilitated persons;¹ and we know how apt it is to follow hemorrhage, and be associated with malnutrition when no primary structural lesion exists. During the latency of the gouty, and in the rheumatic diathesis, when the *materies morbi* of those respective affections has accumulated in the system, before its explosive decomposition has been evinced by local inflammation and excessive secretional evacuation, its presence may be such as to generate that humoral disorder, which first affects the cerebro-spinal and ganglionic centres, and then the nerves proper to visceral organs. In chorea, which is consequent upon some perversion in the development of the blood, caused by the alteration of physical qualities, or the chemical relations of that fluid, or it may be by the absolute generation of some new product, we have ample testimony of the immediate effect produced on the nervous system. And in Bright's disease we are continually presented with examples of the same consequence, caused by the retention of effete and poisonous matters in the circulation. Dr. Todd² some time ago pointed out the fact that epilepsy, as associated with this renal affection, is characterized by greater severity in its seizures the longer the interval between the fits, because the irritant

¹ Lectures on General Pathology, Lect X.

² Lumlleian Lectures *Medical Gazette*, 1840 and 1850.

materials revulsed into the circulation are then in accumulation and act with greater force. The fact that defective blood-development, or its contamination by lesion of the depurative organs, is productive of nervous disorders, is well shown by the administration of suitable remedies. In anæmia and chorea we every day observe the beneficial effects of ferruginous medicines, and see how pains diminish in degree and frequency, and how the disorderly movements of the voluntary muscles become subdued. In hyperæmia, more especially in that form which has been denominated active hyperæmia, pressure upon the nervous filaments gives pain; and although such far more frequently obtains with the solid abdominal organs, yet it doubtless is an element entering into the causation of Enteralgia.

In organic disease of the brain and spinal cord pain is generally reflected to some distant part, and such is the common case in lesion of the last-named organ. In caries of the vertebræ, as I have in repetition observed, the reflected visceral pain has been a constantly recurring sign. Some years ago I saw, at the request of a distinguished provincial surgeon, a lady who for many weeks had been under his care, and whose case he regarded as one of persistent Enteralgia caused by some offending ingesta or some impaction in the bowels. I believed, however, that this pain in the bowels had a more remote origin—that it was spinal. The examination after death revealed vertebral caries and softening of the cord. Sometimes the distal pain can be traced to mechanical injuries of the nerve-centres. We know that in children there is the closest connection between encephalic disease and disorder of the bowels. In primary disease of the solid abdominal viscera, especially in that of the liver and spleen, irritation is not infrequently extended to the intestines; sometimes neuralgic pain of an intermittent or remittent character eventuates; while in active congestion of the liver, or in that sudden distention of the spleen which occurs in periodic fever, intestinal pain is no unusual symptom. The intimate sympathy which subsists between these parts can be well understood when we consider their ganglionic connection.

Amongst the more common causes may be mentioned indigestion and flatulence. When the ingesta have not been properly converted into chyme, but have passed down into the lower bowels only partly disintegrated, they give rise to irregular spasmodic attacks of pain by acting, as it were, like foreign bodies in the canal. In this way shell-fish, dried salt meats, pork, badly cooked food, unripe fruit, crude vegetables, and the like, are followed by the affection. That flatus very often produces Enteralgia is a fact so familiar as scarcely to merit comment; but numbers of the older authors speak of this cause with much emphasis.¹ Wiessner says: "*Flatus similiter etiam ventriculorum doloribus spasticis afficiunt. Hæc enim toti tractui intestinorum molestissima affectio vel ipsi ventriculo proxime nocet, vel partium distentione stomacho proximarum. Ex hisce imprimis colon transversum, ante inferiorem ventriculi curvaturam extensum, sedem aeri incluso quam maxime incommodam parat.*"² The movement of gases from one part of the intestines to another accounts for the shifting of the pain. Constipation is another and frequent cause of the complaint. Indurated masses of feces become

¹ Rhodii Obs. Med. cent. iii. Palav. 1657; cent. ii. obs. 70. Lieutaud, Hist. Anat. Méd. tome i. p. 7; Paris, 1767. Marchand, Diss. de Cardial. flatul. Argent. 1754. Weikard, Vermischte med. Schriften, Frankf. 1778, b. ii. p. 143.

² De Spasmo Ventriculi, p. 13.