THE SOUTHERN PRACTITIONER; AN INDEPENDENT MONTHLY JOURNAL, DEVOTED TO MEDICINE AND SURGERY, VOL. 12, NASHVILLE, FEBRUARY, 1890, NO. 2, PP. 51-93

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649337781

The Southern Practitioner; An Independent Monthly Journal, devoted to medicine and surgery, Vol. 12, Nashville, February, 1890, No. 2, pp. 51-93 by Various

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

www.triestepublishing.com

VARIOUS

THE SOUTHERN PRACTITIONER; AN INDEPENDENT MONTHLY JOURNAL, DEVOTED TO MEDICINE AND SURGERY, VOL. 12, NASHVILLE, FEBRUARY, 1890, NO. 2, PP. 51-93

Trieste

THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

Vol. 12. NASHVILLE, FEBRUARY, 1890. No. 2.

Original Communications.

NASHVILLE OBSTETRICAL AND GYNECOLOGICAL SOCIETY.

Regular Meeting, December 17, 1889.

President W. D. Haggard, in the Chair. Fellows present: Doctors J. S. Cain, James B. Stephens, J. R. Buist, W. G. Ewing, W. L. Nichol, W. A. Atchison, and Secretary Richard Douglas.

DISCUSSION—PYO SALPINX.

Dr. Buist: The subject before us to-night is one of vital importance, while regretting the forced absence of Dr. Bunyan Stephens, we can not permit it to go by default. Only in the last few years, has the profession grown to look upon the tubes and ovaries as the seat of frequent disease.

It is true many writers are credited with hinting at the existence of tubal disease, but its frequency and vital importance were only developed by the laparotomist, who, by his work, was able

to demonstrate the existence and nature of the diseases affecting the appendages.

To Mr. Tait, of course, we are chiefly indebted for our knowledge on this subject.

In former years, we were taught a great deal about cellulitis, now we know that this disease, if it exists at all, is only secondary to tubal or ovarian inflammation.

The symptoms of pyo-salpinx are pain, tenderness, with often recurring attacks of pelvic inflammation, excited by the most trivial causes. The local signs are sometimes misleading, but with a favorable pelvis, bi-manual palpation may detect the presence of a tumor, tender, elastic, and sometimes fluctuating. An exact diagnosis can not always be made, and we are often forced to content ourselves with a surgical diagnosis.

Dr. Nichol: It is a strange thing to me that Emmet, whom we all must regard as one of the first and foremost specialists in this country, and whose advantages both clinical and pathological, are second to none, should in all his publications adhere to that old classification of cellulitis and peritonitis, the views originally expressed by Nonal. Opposed to this theoretical idea, we have the practical work of Bernutz and Goupil. These authorities published years ago their views based upon post-mortem revelations, claiming that it was the peritoneum involved and not the cellular tissue. Now to-day the teaching comes back to us, as an advanced view, and the tubes and ovaries are regarded as the primary seat of disease, the peritoneum being secondarily involved.

I regard cellulitis as always septic. Endometritis is always the starting point for tubal disease.

The symptoms are very much as cited by Dr. Buist. I have also found that an intermittent discharge of pus from the uterus was indicative of suppurating tubes. This feature I observed recently in a case with Dr. Ewing.

Dr. Buist: I did not allude to the etiology of pyo-salpinx, but in answer to a statement made by Dr. Nichol, to the effect that endometritis is always the cause of tubal disease, will say: I do not think it is so considered; one of the most destructive

forms of pyo-salpinx is of tubercular nature, and this begins primarily in the tube.

Dr. Ewing thought there was but little to say on this subject, the questions are all settled both as to pathology and to treatment.

Dr. Buist wished to state a hypothetical case. If you have a case with the general symptoms of a suppurating type, which is discharging pus and there is no tumor, would you operate?

Dr. Nichol. How do you know the pus is coming from the tube?

Dr. Ewing: Eighteen months ago, I found a tube as large as my finger. A few days later the menstrual flow came on. At a second examination, I could not find the tube. I take it the flow of pus and blood emptied the tube. Some months later I again saw her and the tumor had reappeared. In this case the pus clearly came from the tube.

Dr. James Stephens: I regard pelvic inflammations as seldom idiopathic. The most prominent factor in their production is some mechanical or chemical irritation about the cervix.

I have met with a large pelvic abscess directly attributable to the application of the simple tinc. of iodine within the cervical canal. Is it not possible for a suppurating catarrh of the tube to end in recovery. Do all such cases require operation as soon as diagnosed?

If I understand the pathology of pelvic inflammation, the recurring attacks of peritonitis result in pelvic adhesions and the distortion of the tubes so produced, arresting the natural discharges, accumulation takes place.

I should be pleased if some one would differentiate between true pelvic abscess and pyo-salpinx.

Dr. Atchison said he had met with very few cases of pyo-salpinx and would be pleased to learn something of the methods of diagnosis.

Dr. Douglas: From the rather prolonged discussion, this does not seem to be so settled a question as Dr. Ewing seems to think.

Bernutz and Goupil in their work did not quite reach the kernel; they did eliminate cellulitis as a primary disease,

but were not able to show that the tubes were the seat of all mischief. In response to some questions, permit me to answer that the principal guide in determining operation in chronic tubal or ovarian disease is the often recurring attacks of pelvic inflammation.

In the hypothetical case suggested by Dr. Buist, disease of the tubes without the existence of a decided tumor, I should, if convinced the disease was certainly tubal, advocate operation.

In all acute cases characterized by the presence of a tumor, attended by the local and general signs of suppuration, immediate operation is eminently proper.

One gentleman has alluded to the tube discharging through the uterus. I have never seen a uterine discharge which I could characterize as of tubal origin.

I observe many have alluded to the readiness with which they locate diseased tubes. I must confess my total incapacity to make such accurate diagnosis.

I do not think any one can deny that we may have a true cellulitis, acute and septic in character, developing and discharging as a true abscess without there being any involvement whatsoever, of the tubes and ovaries. A point of sepsis, a chain of lymphatics, a mass of cellular tissue, are all that is necessary for a phlegmon. Why could we not have it? The point is that so-called pelvic cellulitis, a sub-acute and often recurring inflammation, is really tubal disease.

Dr. Haggard: Sometimes the tube is distended by serum, in other specimens we find pus. Now what determines the character of this fluid? I think if the inflammation is of septic origin, viz: from an endometritis or gonorrhœa, then we will find the accummulation to be purulent in character. The germs of infection have much to do with the character of inflammation.

Dr. Cain: Where a satisfactory diagnosis of pyo-salpynx can be arrived at with the tubal orifices occluded, and all the attendant and threatening evils of such a condition present, there can be but one rational course to pursue: that of the removal of the offending organ by an operation.

But in a case like the hypothetical one suggested by Dr. Buist,

the real existence of which seems to be confirmed by the observation of Dr. Ewing, that of a suppurating tube, which from time to time, discharges its contents into the uterine cavity, I doubt the propriety of the operation, under such circumstances. I think that natural canals leading to suppurating cavities, once open to the flow of pus, seldom close again, and with an open and patulous uterine orifice, through which the discharge might easily escape, there could be little or no likelihood of the tube becoming so much distended as to endanger life or to give great discomfort to the patient, and in such a case there might be a possibility of cure under proper treatment, without resorting to the rather hazardous extreme of an operation.

As to the controlling influence which decrees that one case of tubal disease shall by a hydro-salpynx, while another is a pyo-salpinx, I will suggest that probably the former grows out a simple catarrhal inflammation of the tube communicated from the uterine cavity, resulting in the sealing up or closing of the orifices of the tube by inflammatory products, while the serous exhalations and mucous discharges peculiar to that form of inflammation, might result in a distension or dropsy of the tube. Should the inflammation continue, especially in a subject favoring pyogenesis, this fluid might be absorbed, and its place occupied by rapidly accumulating pus corpuscles. In other instances pus is evidently the fluid primarily occupying the tube.

If, however, we are to accept the microbic theory of all pus genesis, (to which I reluctantly incline), the probabilities are that the staphylococus pyogenus, finds access into the tube either from the uterine cavity or through lymph channels, and by their presence, or that of their ptomaines, products acting either locally or through the blood, invite a rapid emigration of leucocytes or white corpuscles from the blood to the diseased organ, thereby distending it and producing pyo-salpynx.

Dr. Douglas: Do you not, doctor, concede the local genesis of pus corpuscles under the "inflammatory stimulus?"

Dr. Cain: No, if we are to accept and follow after the most modern teaching. I would discard the the Virchow theory of local pus genesis from fixed tissue cells, and say, that owing to

some influence exerted by the staphylococcus pyogenus or the alkaloid ptomaines produced by it, there is a rapid development and migration of leucocytes from the blood to the seat of disease, and that all pus cells are from the blood, and are migrated leucocytes.

TROPHOPATHY IN THE FATTY AND FIBROID DEGENERATIONS.

JOINT PAPER.*

BY EPHRAIM CUTTER, M. D., LL. D.,
Gold Medallist of the Society of Science, Letters and Arts, London; Author Boylston Prize Essay for 1857, on "Under what Circumstances do the Usual Signs furnished by Asculation and Percussion prove Fallacious?" Principal Medical Department of Instruction of the American Institute of Micrology, etc., etc.,

AND

JOHN ASHBURTON CUTTER, M. D., B. SC.,
Formerly Attending Physician to Dispensary No. 3, of the International Medical Missionary Society.

INTRODUCTION.

The animus of this contribution is the belief of the writers that *Trophopathy* (Trophos-food, pathos-disease), has more to do with the cause of the so-called incurable diseases than the profession gives credit to, and to show that our belief is founded on facts, we will immediately proceed to the consideration of the subject in the concrete, to-wit: The reading of some histories of patients that have been under our care.

CASE-HISTORIES.

CASE I. A little more than four years ago, a gentleman brought to our office a friend, who appeared to the Senior writer to be almost moribund; indeed, he feared that the man would die in the office. Examination showed the case to be suffering from an enlarged heart, a fibroid liver and Bright's disease of the kidneys; the urine contained albumen, casts and fatty epithelia. We will here make note that in our study of patients for the

*Read before the Section of Practice of Medicine, Materia Medica and Physiology of the American Medical Association, at its Fortieth Annual Meeting, 1889. By the Junior writer.

evidence of Bright's disease, little care is paid whether the casts are fatty, hyaline, waxy, etc. Amyloid bodies are usually found in the urine when the kidney is first breaking down. *But we consider no case to be full-fledged Bright's disease, till albumen, casts and fatty epithelia are found.* There may be any one of these three, or any two; it is a common matter to find such cases which are just hovering along the margin of health and disease and yet not full-fledged, so to speak. This patient, desperate as his case was, went under the treatment to be further on described, and recovered and would be here to-day for your examination if possible; his heart, liver and kidneys are now doing healthy work.

CASE II. About one year before his death, America's greatest laryngologist, Dr. Louis Elsberg, came under the care of the senior writer. His case was one of Bright's disease with all the signs as before enumerated. He was placed on a rigid diet and would take no medicine. This regimen he followed out for months and all of the morphological and chemical evidences of his disease disappeared from the urine. He was then allowed some lee-way in his diet. The senior writer called one morning early at his office and found Dr. Elsberg at breakfast eating freely of all the starches and sugars that were placed before him. It was said to him, "Elsberg, if you persist in this reckless diet, you will kill yourself." The medical world knows how he died sudenly of pneumonia, perhaps Bright's disease of the lungs.

CASE III. About four years ago, a millionaire was treated for two month's for Bright's disease of the kidneys and lungs. At the expiration of that time feeling *too poor* to continue under a physician's care, he undertook the direction of his case; ate wrongly, overworked, and while superintending some repairs in his house, was poisoned by sewer gas. The doctor was sent for again, but the good work that had been done for him in the two month's of treatment was thoroughly undone and he died.

CASE IV. June, 1880, the senior writer called to see primipara in a non-professional way. She was in three weeks of her expected confinement, and to his horror he found her bloated, and on examination the urine proved to be heavily albuminous