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Vomiting. A Symptom in disease,
its importance in diagnosis,
and treatment

The symptom of vomiting is one which presents itself so often and in such a variety of diseases that its importance in diagnosis is primary. The fact that it is met with so frequently no doubt has led the lay mind and even in many cases the practitioner to look upon it in a very casual manner. When however one notes the cases in which this symptom has been an outstanding feature, when to the patient

It has really been the disease of which he most complained one must concede that at all times it must have due weight laid upon it as a symptom calling for active treatment.

Without considering the Anatomical structure of the Stomach and its relations to other organs it would be well to review some of the facts which have been elicited in scientific research. Whether the stomach plays an active or a passive part in the act of vomiting has apparently been a subject of doubt if one looks to the

-the literature of the Subject.
Prof McKendrick with others,
holds that the Stomach does
contract. The Experiments which
Cohnheim lays before us as
having been performed by
Majeandie, Ruble & Giannuzzi
seem to point to a different
conclusion. The first named
has shown that when Tartar
Emetic is injected into the
body of a dog, and the
finger being introduced into
the abdomen, the diaphragm
plays a most important part
in the act of Vomiting.
Giannuzzi by the introduction
of a manometer into the
Stomach of a laryngized dog

demonstrated the fact that the stomach did not contract when Tartar Emetic was injected which would point to the Passive View. Again Majendie tried to prove by substituting a pigs bladder for the stomach that Tartar Emetic by injection caused Emesis. Lantini however showed that this experiment does not succeed if the Cardia is left attached to the Oesophagus. The importance of such experiments is very great in the determination of causes which bring on Emesis. It seems unreasonable however to suppose that if we have a peristaltic and anti peristaltic movement in

the gullet and bowels so that
 the stomach which is so intimately
 connected with these, it in fact
 but a part of them, will ^{not} have
 have an antiperistaltic motion
 also. In the case of the uterus
 there seems to be an analogous
 movement to vomiting in its
 endeavour of to free itself of its
 contents as the pain or con-
 traction according to Peishman
 begins at the os & proceeds
 to the fundus from which it
 passes again to the mouth of
 the womb. The experiments
 carried out by these gentle-
 men and the records of Clinical
 observation would tend to
 show that the centre is complex
 or at least spread over a

fairly wide area at the base of the brain. (I discuss this point further in page 31.)

The act of vomiting would appear to consist of an anti peristalsis of the viscera, the diaphragm descending at the same time, the abdominal muscles contracting, the stomach is forced against the vertebral column causing the Cardia to open and the food contents of the organ to be quickly ejected.

The information got by Giannuzzi leads to the view that the centre of vomiting is intimately connected with the centre of Respiration. This is seen in the fact that the muscles which control

or rather cause vomiting are the muscles of Respiration the only difference being that in the act of vomiting these muscles act simultaneously. Prof. McKendrick does not admit that these centres have this connection and Ferris gives no light on the subject.

- I have grouped the causes of vomiting into three ~~very~~ classes :-
- i) Irritants acting on the peripheral nerves of the walls of the Stomach
 as unwholesome food, Ulceration.
 - ii) Poisons or Pressure acting as irritants on the Nerve-centres
 as seen in Fevers, Apoplexy &c.
 - iii) Irritants acting reflexly as
 in Uterine disturbances.

This classification though simple

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has by its being concise the advantage that it can be readily remembered and thus will do much to facilitate a correct diagnosis.

In the first group of causes I have "Irritants acting on the peripheral nerve endings of the Stomach"

The simplest cases under this class are met with in very young children who often vomit up milk in curdled lumps without any apparent effort. That vomiting in the young can be brought about by little effort is seen in these cases. Here the irritant seems to be little more than

too much food overloading the stomach, and the pressure thus caused and the distension of the walls ^{making} causing the organ to seek relief in the ejection of the excess.

But when our cases become more pronounced when after each time of taking the breast or more likely the feeding bottle we have the little ones apparently much pained & then some matter vomited up this leading to maceration especially as is often the case that diarrhoea sets in along with it an explanation further than overloading must be sought. These cases are most often met with where proper timing has not been observed in suckling, where the infant has

been put to the breast to save nursing and the mother has not been sufficiently guarded in her own habits. Simple correction as to regularity in giving nourishment together with fresh air, is, as a rule, all that is required to alter matters for the better.

The cases of children being "brought up on the bottle," however, are more severe in their nature and longer in their course. The utmost scrutiny must be made of the bottle and tubes, and when these, as is generally the case, are smelling sour the cause is very evident. Through want of cleanliness the milk has really become poisoned, and this irritating the stomach

relief is got by vomiting.
 Another irritant in these simple cases is the strength of the milk and the method of its preparation. Two cases will help to exemplify this point.

J. F. aet. 1 year; brought up on the feeding bottle; pains in stomach & bowels; vomiting; diarrhoea; loss of weight; no other ailment at any time but a slight attack of bronchitis.

Ann. aet. 1 1/2 years; born prematurely at 7 months; weakly from birth; reared on the feeding bottle; vomiting persistent; growth very slow; no diarrhoea.

These two cases may be taken as typical of a class met with very often in practice

among the poorer and lower & middle classes. Their evident simplicity must not lead me to delay treatment or the result will in time prove fatal. With proper attention to the points of regularity & cleanliness it is always beneficial to weaken the milk. In children under two months it should never be more than one of milk to three of water. It is also a good plan to have the milk scalded. The addition of a little lime water has a good effect, especially in cases where diarrhoea is also present. To him these fail the milk should be peptonised, but in most cases if the simple plan is thoroughly carried out

it will probably prove sufficient. A grain of Colomel at the beginning where there is reason to suspect much fermentation is beneficial & may be administered at intervals. Sometimes such cases are but the beginning of Labe Mesenterica and when they resist treatment in the basis indicated and if emaciation becomes very marked a fatal result is almost certain to supervene. Sometimes this kind of attack is looked upon as "Bilious" which is generally but an ignorant explanation, an endeavour to give a disease a name without knowing the cause, such 'bilious' attacks of air

Having a wide significance, Here
 in those cases there is little or
 no elevation of temperature but
 when the case is going to the bad
 a hectic condition sets in, the
 symptom of vomiting in these cases
 as the ~~to~~ I have referred to ~~or~~
 is the pronounced evidence of
 Dyspepsia. Among older children,
 the practitioner scarcely meets
 a disease more often than dyspepsia,
 the symptoms of which are as a
 rule sufficiently pronounced for
 guidance. One however, is apt
 when the symptom of vomiting
 is very persistent to think that it
 is due to some other cause,
 such as Tubercular meningitis,
 or Intere Fever. Temperature

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in cases of doubt should be a great guide, and even tho it is somewhat elevated, as a rule, it does not persist in the simpler class of cases. But it is not my object to write a treatise on Dyspepsia as a disease, which of itself would form a sufficient subject for a thesis. What we has got to do is to recognise the importance of the symptom, & relegate it to its proper cause.

Poisonous matters taken into the stomach in the way of bad food, unripe fruit, mineral or vegetable poisons are very common causes of vomiting. Here too, one cannot be too careful to avoid error. Evidence

of this I seen in an attack which
 I had myself about two years
 ago. The vomiting was due to
 eating two unripe apples and
 began at 9 o'clock on Sunday
 evening persisting with intervals of
 about an hour until Tuesday
 afternoon. The temperature ran
 up to 103:4. Simple means proved
 futile and, as intense fever was
 rampant at the time, one was
 inclined to the view that it was
 but the beginning of such an attack
 Blistering at the pit of the stomach
 on the advice of a brother Practi-
 tione and the administration of
 Iugluvin settled the irritability &
 the temperature fell to normal
 in two days. I have seen

cases not quite so pronounced, where the temperature went up between two and three degrees, but the point to be noted is that it does not continue so for any length of time.

Among a large body of Dyspeptics there is little doubt that Excessive indulgence in spirituous liquors is an exceedingly common cause. Vomiting in the morning is what the tippler most complains of and as a rule he takes more to settle it which for a time it does. Naturally enough few admit the cause of the vomiting. This symptom is seen sometimes as a precursory symptom of Delirium Tremens.

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But whether it is due to the cerebral irritation, or is wholly gastric is in my opinion somewhat open to doubt. There is no question that the nervous stability has received a shock by the use of alcohol, and this may even go the length of an attack of insanity. Of course the changes which go on in the stomach and liver are very marked when we see them post mortem, which is rare, and from these changes we might be apt to exclude the view that the cerebral cause required our consideration. The evidence of the following case has led me to the opinion that the significance of this point is worthy of attention.

J. L. act 45, publican, not a confirmed
 tippler. came to me on the 29th July 1895.
 complaining of excessive vomiting, sleep.
 lessness & business worry; tongue
 furred; nervous expression and
 apparently somewhat irritable.

Ordered a poultice to the
 stomach, gave a small dose of
 Colomel & Salap followed by
 Bicarbonate and enjoined
 rest in bed & stoppage of alcohol.
 Two days afterwards the vomiting
 becoming worse I was called to
 find that delirium was be-
 ginning. Within the next twenty-
 four hours this symptom became
 more pronounced and as it
 did so the vomiting as one
 might say diminished & in fact
 as delirium increased.

The attack of D. I. was a very bad one, consciousness not returning until fifteen days had elapsed, during which time the stomach retained all that it received in the way of Beef tea, soups &c. which made up the main treatment. The medicines used were also retained and an excellent recovery was made. After almost a year there has been no return of any of the symptoms.

In the foregoing the matter vomited consists of the Ingesta mixed with the products of the glands of the stomach.

When the vomiting is excessive and towards the end of an attack, especially where there has been

constipation leading of Congestion of the Liver and Gall Bladder bile is frequently mixed with the food and mucus ejected.

The odour is sour, and, where fermentation has been going on, this is more marked, whilst the Examination under the microscope shows Sarcinae Ventrinali.

More grave than those cases which we might term Dyspeptic Vomiting we come to a class of cases where the attack is preceded by violent Pain, which is only relieved when the food is got rid of. This Pain comes on immediately after food, and generally reaches its acme in less than an hour. It varies in

degree from an uneasiness to a lancinating pain almost unbearable, which is specially aggravated by very cold or warm foods, or indigestible materials. When we come across such cases our diagnosis points to Ulcer of the Stomach. This condition, when simple, is most of ten found among women. I have not yet seen a case in a man, whilst I have noted fully twenty in the female sex. One very often finds that the patients are Anaemic, work in mills or closely confined places, whilst domestic servants are also very prone to this disease.

The attacks of Vomiting in such cases is preceded, as a rule by, a lengthened period

of dyspepsia, irregular catamenia
 marked constipation. Vomiting be-
 coming persistent, & perhaps haemorrhage
 occurring, the patient seeks medical
 aid. In some cases the haemorrhage
 may be great, a pint ^{of blood} may be
 ejected, but generally the
 quantity is much less, a few
 tablespoonfuls being looked
 upon seriously. In others again
 but a few streaks of blood
 may be visible. Where there has
 been oozing, the vomit takes on
 the well known Coffee ground
 appearance due to the fact
 that the blood has become some-
 what digested. Part of the
 blood passes into the bowels
 and undergoes digestion giving
 the stools a tarry appearance

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and making the smell very of-
fensive. In many cases one may
have complaints of pain and
scurry stools before vomiting
sets in, and these ought to
point to a diagnosis of Ulcer.

The following case of a young
lady which was very interesting
from the fact that to all ap-
pearances she was most healthy,
being ready, robust and active,
illustrates my remarks.

Case
A M. set 24 years. was brought to
my house on the 18th Oct. 1894 having
fainted at an evening lecture.
Shortly after having been driven
home between one and two
hours pints of blood was vomited.
She had complained of pain
after food and that her stools

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had caused uneasiness for a few weeks, and that black stools had been passed for seven or eight days. There was a slight outbreak of the haemorrhage two days after. She was confined to bed for five weeks and returned to her duties as a teacher in three months. Here there must have been a rupture of a pretty large vessel and the fainting was probably due to the loss of blood which acting as a Smetie was vomited up in the course of about two hours.

There has been no evidence of any return of the complaint, which is probably due to the fact that the dieting has been most

not carefully regulated, $\bar{u}a$, which I feel certain is, in excess, almost as bad as alcohol, being entirely prohibited.

The treatment of the symptoms in this class of cases is the treatment of the disease. I have no doubt that the best method is that adopted in the case of Mrs Y (See pages 54-55.) This is the plan adopted by the German School. It is not one likely to find favour with the patient, but one should endeavour to set aside scruples, as a quicker recovery will certainly follow. If this can not be done, or in milder cases, then milk and water, in equal parts - in half table-spoonfuls every $\frac{1}{4}$ to $\frac{1}{2}$ hour

should be given for the first three or four days & then gradually increased. Rest to the stomach is the indication. The salts of Bismuth may be given combined with Gum Acacia to assist in allaying vomiting & irritation. Poultices to the epigastrium have a sedative effect. Morphia has been advised, & whilst I have seen it do good, I have also seen it act more like Apomorphine, as it did in M^r J's case.

Closely connected with Simple Gastric Ulcer, so far as symptoms are concerned, is Cancer of the stomach. Altho seen frequently in my medical course I have only seen one

case in which I carried out the treatment since graduating, but to me it proved very interesting.

It was that of a lady aged about 65 years. The vomiting was most excessive and persistent.

The diagnosis was that of Cancer of the Pylorus in which Dr. Knox of the Glasgow Royal Infirmary, who was called into consultation, agreed. She took ill in

the month of July 1892 and notwithstanding the severity of her symptoms she did not die until 29th Jan. '93. She was able

to retain food for an hour or two at first, but towards the end, the period of retention became shorter.

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The vomited matter consisted of food, mucus, bile, and in some instances, towards the end, feculoid matter with a most offensive smell. The appearance of this in the vomit towards the end can only be explained on the presumption that the pylorus had become surrounded with hardened tissue preventing its closure and the excessive pressure of the muscles of the abdomen on the bowels during the act of vomiting led to the regurgitation into the stomach which greatly increased its irritability and added to the severity of the attack. In this case, nuxphria was used

With good effect in assisting to
alleviate vomiting and in inducing
sleep. Nutrient Enemata into
which was always put $\frac{1}{2}$ of
Kropin had much to do with
the prolongation of life. In dealing
with such another case I
would however be more
inclined to rely in feeding
per rectum almost entirely,
thereby saving the patient's
strength by avoiding the strain
of continual Emesis & would
adopt the plan referred to in
pages 54 & 55

Have placed in the
second group of causes
"Poisons or Pressure acting as

Irritants on the nerve Centres",

In this class of cases there is somewhat more difficulty in determining the cause. I have said that the exact Centre of Vomiting has ^{not} yet been made known, but from Clinical obser-
 vation and from the fact that centres for other functions have been localised it may be assumed, that this centre will also be made known. It is probably situated in the medulla & I have remarked complex being intimately con-
 nected with the Respiratory Centre. One is assisted to this conclusion by the fact that

in severe attacks of Bronchitis and Hooping Cough vomiting often occurs. Of course, against this view that it is central irritation of the Respiratory Centre, which brings on an attack, by a reflex action on the Vomiting Centre, may be placed the fact that the stomach itself is irritated in the effort of coughing, which irritation, per se, might be sufficient to cause vomiting. Again with regard to poisons in the blood, there is the view of Herman to contend with. He says that by injection of Tartar Emetic into a vein, vomiting does not take place before Antimony can be found in the stomach, from which he would have it to be

concluded, that the act was due to the direct irritation of the peripheral nerves of the walls of the stomach. But can one not also view the fact that the blood which conveyed the poison to the stomach, will have at the same time conveyed it to the brain, & that the centre is more likely to be readily stimulated than the terminal points of the nerves. It is against the teaching of Physiology if such is not the case. And when, as shall be pointed out, irritation from pressure on the central nervous system causes Inesis, it is quite reasonable to conclude that poisonous irritation will also bring it about. We have no

evidence that urea has been found in the Stomach in cases of uraemic poisoning, in which Vomiting is a prominent and an early symptom. The Vomiting of Fevers where there is a poison in the blood could be argued to a certain extent on the same grounds as Irtlar Emetic. In these, however, there is the rise of temperature to consider, which will bring about a disturbance of the Thermal Centre, and there is also the fact that the Brain and other organs are to a lesser or greater degree congested, leading to pressure. With regard to pressure the case seems clearer. Post mortem Examination & Clinical observation can be placed side

by side and conclusions drawn.

In the case of Basilar Meningitis there is Exudation of fluid, and in life, this fluid pressing on the brain irritates and we may readily assume this causes the vomiting. Even a shaking of the brain may cause it, as seen in swinging or the pitching of the vessel causing seasickness. This, also, is seen, in the child who gets a fall, or the man, who in boxing, gets a blow on the head, both shortly afterwards vomiting on account of slight concussion, altho there is no further evidence of this than the sickness.

In regard to cases where it is due to pressure in young children, one must be very careful. The history

given by parents is, as a rule, of little value. So then it is causeless, often coming on suddenly, and without any relation to the taking of food, although in some cases it is aggravated by it. It is often put down to teething, but this is a pitfall one cannot be too careful about avoiding. That this is the cause in many cases I quite admit, but I fear, fifty per cent. of so called teething cases have another and central cause. I have seen a child brought to a dispensary "because nothing would lie on its stomach" which was practically in the throes of death from Tubercular Meningitis, & which caused its death with twenty four hours. The

accompanying symptoms, the elevated temperature, the pinched face, sunken eyes, dry skin, flying pulse almost uncountable, then clammy sweats & nervous twitching show the cause. A few days later I also saw a similar case with D. strain, for whom I was acting, where both agreed to the diagnosis. The Hydrocephalic Cray in both cases was looked for in vain. What grieved was the rapidity of the disease, its resistance of treatment, and the onset of Convulsions. I have seen a case where the convulsions were more pronounced, in which recovery took place, but which, I fear, from its result, was not tubercular. I give an outline just to show the similarity. On 25th March 1895

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I was called to see a child
L.S. aged sixteen months who
was vomiting and taking Convul-
sions. It was teething, the tongue
was furred and the temperature
fully $100^{\circ}F$. The onset was sudden
and no reason could be assigned.
I saw the child about 5 o'clock in
the afternoon and advised a
Cantharides Blister to the Nape
of the neck, a warm hip bath
when the Convulsions came on,
ice cloths to the head which
was closely cropped, the bowels
cleared out and Tr. Bella.
dosmae with Pot. Brom to be
given internally. Next day
the child was worse, having
taken over a dozen Convulsions
in the interval and unconscio-
ness was approaching. I deter-
mined

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to bleed the child and had a leech applied to either temple and when the leeches came off the wounds were allowed to free themselves of an ounce of blood each, ice being at the same time kept to the head. The effect was almost magical. Only two convulsions of the slightest kind came on after this was done, one shortly after the leeches came off and the other in about twelve hours. The further progress of the child was equally rapid, attendance being dropped in about a week. I have since seen the child who is developing into a strong healthy boy. What makes this case the more interesting to the

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fact that two children of the same family had died under similar conditions. Here there was probably Congestion of the Brain & Membranes due to letting, as relief of the intracranial pressure was the curing of the disease.

Cases of tumours giving rise to vomiting have been recorded but of these I am unable to write from personal observation. These act in the same way as fluid i.e. by pressure. In Apoplexy Vomiting is often a preliminary symptom. On the 11th June 1895 I was called to a patient - a woman aet 54.

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who had been found uncon-
scious. There had been profuse
vomiting and the irritation of
the stomach was seen in the
hiccup which continued until
within half an hour of her
death which took place
in less than three hours
from the time I was called
and probably she had been
unconscious about half an
hour longer. About half an
hour before death the
haemorrhage, which must have
been caused by the rupture
of a large vessel at the
base, apparently broke
out again as breathing almost.

stopped, but by artificial respiration it improved only to stop as the Cyanosis which was a marked symptom at this time became more pronounced. One most peculiar point was that pulse could be felt at the Radial Artery for five minutes after the cessation of respiration & the heart sounds could be heard a minute or so longer. The explanation here would seem to be that the pressure first affected the centre of the Stomach then respiration and lastly that for the heart.

Where vomiting is due to a poison in the blood we have very good examples

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in the eruptive fevers. In two epidemics of measles I have marked it as a very important symptom at the beginning. It is not, as a rule, very severe, and accompanying symptoms should make diagnosis fairly easy. If these fail, the appearance of the rash soon clears up all doubt as to the cause.

In Scarlet Fever it is also a very early symptom. How many cases there are in which it is the one symptom, even before the Sore Throat. Temperature, and the lapse of one to two days, show the cause. With the appearance of the rash in both cases the Vomiting

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Gradually ceases. With these two exanthemata one does not remain long in doubt, but in Enteric Fever it is much more difficult to come to a conclusion. The vomiting is sometimes very severe, and diarrhoea is not always present, and if present, one may confound it with tubercular disease of the bowels. I have seen cases of severe Vomiting termed "Infantile Remittent Fever," which the practitioners would not admit were Enteric Fever until two others developed similar symptoms and the spots appeared on the first. I have from the latest book in the cases determined to show

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how easily errors can be made.

In Feb. 1895. A. W. T. aet. about 2 yrs. had vomiting and diarrhoea, temperature running up to $102^{\circ} F$. Vomiting persisted for a fortnight. Two other members of the family, fully one and two years older, became affected with symptoms similar to the first, on whom the rash of Enteric fever appeared. Within a few days three other children & the mother became sick.

Five children were removed to hospital where one died. The mother was seven months pregnant & miscarried. For a week her temperature ran between $104.5^{\circ} F$ and $105.5^{\circ} F$. The other children made good recoveries and the mother did well until the sixteenth day when the rash appeared.

more distinctly than before, and the temperature ran up to 105° F. At the end of fully a week it began to fall and an excellent recovery was made. The difficulty in these cases was that no Enteric was known for miles around. The infection had been brought from Blauy in 20. 30 miles distant, where a friend, whose clothes had been sent to my patients, had died about six months previously. I am convinced that the opinion of Bristowe is correct that the "Infantile Remittents" are really Enteric and should always be treated as such, whether diarrhoea be present or not.

I think a strong point is made out for poison acting on the nerve centres in the cases

of uremia. I have seen several cases of this and have found that vomiting was as a rule a prominent and early symptom. One case, which I shall note immediately, I was called to because, as the mother put it, the girl "had an attack of vomiting the bile". Here, it would appear that the irritation of the poison first leads to mesis, and then congestion of the brain coming on convulsions rapidly follow.

Am M aet 16 yr, mill worker had an attack of vomiting on
 saw her in the afternoon, & noticed some puffiness of the eyelids, which aroused suspicion. Enquiry showed that the amount of urine

passed had diminished, altho not
 complained of. Had some sent me
 for examination, when it almost got
 like the white of an egg on boiling.
 Anaprisms to the back and a
 diuretic were used. At 3 AM
 I was again called and found
 her in convulsions, Blistering
 the nape of the neck, cutting
 the hair & ice cloths did little
 or no good. After twelve hours
 of this during which time she
 passed from one convulsions
 into another, two leeches were
 applied one to each temple
 and the bites were permitted
 to bleed very freely. The bowels
 were moved by injection & the
 ice bag applied to the head
 The bleeding had an excellent

effect, the convulsions disappeared and the patient was conscious next day. The line of after treatment was keeping up free diet, milk diet. She recovered in a month & since then she has done very well having developed well and her periods, which were not previously noticed having now begun.

Lastly we come to the third group which I have placed as "Irritants acting reflexly"

These reflexes may be caused by almost any organ in the body and show how intimately one viscus is connected with another. When we have in

practice to do with such a vomiting - that cannot be explained by either of the foregoing groups of causes, by a process of exclusion, we fall back on the cause being due to reflex action. Amongst females there is not an organ which causes this more frequently than the uterus and its appendages.

Other common causes are limous gall stones, and, as a class sub-class, might be taken psychical conditions as one sees in cases due to a noxious smell, a loathsome sight or remembrance of a foul deed. The cause which

next to pregnancy or uterine disease I have seen act most commonly is Stoppage of the bowels.

In regard to pregnancy we look upon sickness in a slight degree as quite a natural thing to expect, indeed it is an important factor in coming to a conclusion in such a case, & therefore we do not feel inclined to treat it unless it becomes so serious that the health of the mother suffers and the life of both parent & child are in danger. Among Women a sick pregnancy is generally looked on as likely to have a favourable issue. When however this

sickness becomes such - that nothing will lie on the stomach, the aspect of affairs is serious enough. In very ~~and~~ stubborn cases we may try drugs, among which Bismuth, Oxalate of Cerium, Ioduric, are most popular and also the fly blister, but I am certain that these will from experience prove of very little avail, if rest in bed, and the strictest attention to simple dieting, and that in the smallest quantities, is not thoroughly attended to. I have seen a case which resisted even this carried out in the strictest sense.

Mr. J. took ill on the 25th March 1894.
Inquiry showed a long suffering

from dyspepsia, there also being great pain after food & some black stools had been seen. The great severity of the vomiting, even when nothing was in the stomach, led me to suggest that she was pregnant, a view which was hardly accepted, as her only child was fully six years of age. By confining to bed and sedative drugs such as Bromine salts & Cocaine, together with only milk and water, she somewhat improved, but at the end of a fortnight she again got worse. In the meantime blood was seen in the vomit. Matters getting worse I had a consultation with Dr Graham, who

15th April

quite agreed with me in sup-
 posing that she was pregnant.
 I proposed rectal feeding, but
 he felt inclined to continue
 on the lines I was going viz
 giving milk and lukewarm
 water in tablespoonfuls. Another
 Consultation with Dr Graham and
 Fraser on the 30th May. It was
 then found that the uterus was
 somewhat enlarged and the
 pregnancy was thus apparently
 verified. Rectal feeding was
 determined upon, & I determined
 to adopt the lines laid down
 by Sward. The bowel was
 thoroughly washed out and
 allowed to rest for half an
 hour. The nutrient Enemata

first used was that recommended by this eminent physician made in the following manner:

"two or three eggs are beaten was a tablespoonful of cold water. As much of the very best flour as will go on the point of a knife is boiled with a 20% solution of grape sugar and a wine glassful of red wine added. The egg is then slowly ~~boiled~~ poured in while the mixture is stirred, care being taken that the mixture is not hot enough to curdle the egg. The whole quantity will barely amount to ℥viii. To this I added ℥v of ℞ opii to allay the irritability of the bowels. The great point to be observed that this amount should not

be forced into the bowel but
 made to run slowly in the
 time taken should be about
 a quarter of an hour. From my
 observation in this case I am
 convinced that it is quite un-
 necessary to peptomise the food.
 Later on I used Beef tea and
 Mackerel Soup, to which was added
 a tablespoonful of brandy. Then
 enemata were given night &
 morning, the one being retained
 until washed out before giving
 the next. Not even a drop of
 water was allowed into the
 stomach for three weeks
 and then small quantities
 of milk were given by the
 mouth, nutrient enemata
 being wholly dispensed with two

weeks later. Proof of the success of this method was seen in the vomiting quickly ceasing and the patient growing more fat in appearance & regaining her strength. In the month of November (6th) I delivered her of a daughter the pregnancy having taken an ordinary course from the date of leaving

I am inclined therefore to much recommend this method of treatment in obstinate cases of vomiting from pregnancy, and, as it would give the stomach perfect rest in cases of Ulcer, I feel certain that the best possible results will be got by adopting it. It also proves the fact that Pepsinising is not needful in such treatment

which has also the advantage of being less expensive, & more readily carried out, factors whose value can scarcely be over-rated in a middle class practice.

Next to pregnancy there is perhaps no more common cause of reflex vomiting than that caused by bowel mischief, leading to occlusion of the alimentary canal, as is seen in the case of twists of the Gut, Hernia or pressure of abdominal tumours. And it is particularly in this class of cases that one is apt to make a false

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step in diagnosis, which may cause the death of the patient. I have seen case where another Medical gentleman diagnosed a "Bilious Attack" which when I saw the woman, clearly showed a mistake as the Vomiting was most persistent, evidently causeless, beyond a slight abdominal pain, but the expression of the face, quite drawn and anxious looking, a point never seen in simple Vomiting & one always to be noted, the feculoid nature of the vomited matter, showed that it was due to stoppage of the bowel, probably a band or twist bringing about the obstruction

collapse was setting in when I saw her and death took place within twelve hours.

Another case somewhat of a similar nature altho in a youth presented much likeness to the foregoing one, & I am pleased to state had a more favourable issue. I was called to see this youth. A. C. aet 15 years who was engaged in "drawing" in a coal pit, on the 10th Oct. 1892. He was suffering great pain and was vomiting very profusely. He said he had not hurt himself, altho he might have twisted himself. From the individual, & family history I was inclined to favour the cause as being Peritonitis, especially from the intensity of

the pain. Sinapisms were applied,⁶¹
and Opium given in very free
doses. These somewhat assisted,
Next morning I was called early,
and noted the great change. On
examining the vomit I found
it feculoid, and at once in-
formed the parent that there
was stoppage of the bowels, and
advised removal to hospital for
operation. Having asked my
Superior - Dr. Waddel - to come to my
assistance enemata were tried
without avail. After much
persuasion he was allowed to
go to the Edinburgh Royal
Infirmary where he was operated
on within an hour of ad-
mittance by Dr. Thomson, assistant
to Professor Amandale, who found
the lead was suffering from

7 He was dismissed from the Royal on
the 29th Jan. 1895.

Volvulus also simple & what was
 taken to be Tubercular Peri-
 tonitis. Altho on the point of
 death when removed, and he
 had 30 miles by rail, he made
 a good recovery & before I
 left the district he had returned
 to work. I have since beginning
 this ~~was~~ thesis made enquiry
 and found that he is pre-
 sently enjoying good health.
 Here the patient would cer-
 tainly have died within
 the next twelve hours, and
 in such a case the only
 hope of successful treatment
 lies in operation.

When one comes across
 a case of febrile vomiting

it is well to remember the words of the late Sir George Macleod to whom I was privileged to hear lecturing on the subject of Intestinal Obstruction, who was most emphatic when he said "Examine the Rings for Hernia". This came especially to my assistance in a case I had at Port Glasgow when acting for Dr. McBoyd. A woman, who had been delivered of a child ten days previous, had a sudden fit of vomiting, which I thought was due to uterine mischief. There being pain across the lower part of the abdomen I ordered a Sinapism, & gave Bismuth & opium internally. In Palpating

The abdomen under cover of a
 sheet I had casually examined
 the rings. The symptoms got worse
 & I was called in the early morning,
 when the vomiting had the char-
 acteristic smell, when I diag-
 nosed obstruction without being
 more definite. Going home for
 medicine &c. I remembered my
 casual examination, & on re-
 turning, turned down the
 clothes to find a very small
 Litre's Hernia. This being
 reduced, after a little diffi-
 culty, matters gradually im-
 proved under the usual
 line of treatment. To prevent
 recurrence of the hernia I
 placed a pad on the groin
 and fixed with a very
 firm spica. The irritation

of the stomach did not abate for five days as was seen in the hiccupping which took place. I am certain that I shall not fall into the same mistake again & am of the opinion the one of the learners more by such a slip than by many a successful case.

It has not been my fortune to see tumours causing reflex vomiting but these I am of the opinion will be less likely to cause error than such cases as have been mentioned as they will be more readily felt when one palpates the abdomen.

With regard to the

Psychical causes little need be said. Loathsome sights, dreadful tales are not ~~the~~ the things that come ones way often and are only likely to cause temporary effects. A medical friend of mine, who is superintendent of a large Asylum, has told me that some leucacies have the power of bringing on vomiting, & this is more often the case with those who are fed by ~~antipsy~~ the stomach tube.

This is a difficult point to solve, especially when we meet it in persons who one would not be likely to think of such an out the way proceeding. Perhaps the lowered tone of

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The stomach, as he says, is always found in these cases, and the general decline of the cerebral centres may assist in giving an explanation.

In conclusion I would say that in this symptom there is nothing too trifling to be overlooked. Its periodicity & duration, may be such as to cause even in the slightest cases much discomfort and annoyance to our patients and if not treated successfully may be the means of creating a feeling of distrust in the patient towards the medical attendant which may not be readily overcome.

The lines of treatment I have indicated in the cases I have enumerated, I would however forcibly point out the success which attends the treatment of bleeding in cases due to head mischief. I am somewhat convinced from my experience that bleeding is perhaps just a little too much out of date and it would be well if it were tried a little more frequently.

Observation would teach that from whatever cause vomiting may proceed it is the case that the very act itself makes the stomach more irritable & this fact points to the importance of diminishing the quantity

of ingesta be it food or medi-
cine, and thus giving it ^{almost} perfect
rest, it may the sooner return to
its natural function.

J. Jenkins Robb