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In regard to cholecystitis without stones, we can only say that these cases necessarily include patients operated on a number of years ago, and therefore represent the pioneer days of cholecystitis surgery.

In some of these cases the results are brilliant; but in most of them the results are not satisfactory. The 46 to 50 per cent. of cures represents the final cures. There is no evidence that so large a percentage were cured by the operation. Some of the patients now reported as well recovered only a number of months or years after the operation. Very many patients who were apparently cured for the first six months or so (the time that the surgeon ordinarily keeps track of his patients) report a few years afterward that they are no better than before the operation.

Undoubtedly as we know more of the real pathology of cholecystitis we shall be able to improve the results. The type of cholecystitis described by Dr. Mayo as a strawberry gallbladder, and the type spoken of by Mr. Moynihan in which the mucosa is covered by crystalline material, are apparently cured by cholecystectomy.

My studies have convinced me that we must be very careful in the treatment in these cases, even though we are sure that they are real cases of so-called cholecystitis, under our present-day concept of this lesion. Cholecystectomy alone does not give satisfactory results.

Dr. B. B. Davis, Omaha: There is only one point I wish to speak of and that is the point brought out by Dr. Morris with respect to the frequency of chronic pancreatitis in these cases. I fully concur with him in his statement; and I believe that we should recognize and always examine carefully for this condition; and in all instances in which we find there is a good deal of induration of the pancreas—in other words, a chronic pancreatitis—we should drain a much longer time than we do in the ordinary, simple, uncomplicated case.

MERCURIC-CHLORID POISONING

ASSOCIATED WITH SECONDARY HEMORRHAGE FROM VAGINAL DOUCHE GIVEN SEVEN DAYS AFTER DELIVERY

J. MILTON MABBOTT, M.D.
NEW YORK

In the unfortunate case which I desire to report, on Thursday, Feb. 3, 1910, I ordered a mercury bichlorid vaginal douche, two quarts, strength 1 to 4,000. The patient, 34 years of age, delivered on January 27, had completed seven full days of her puerperium. This was her second confinement.

While the nurse was giving the douche, the patient suddenly experienced a sharp pain in the left side of the pelvis, and at the same time there was a hemorrhage so alarming that the nurse, having in mind nothing but danger from loss of blood, quickly prepared and gave a second douche the same as the first, as the best means of controlling the bleeding. The patient in the meantime felt frightened, faint, and chilly, and her pulse was just over 100. The nurse then telephoned to me.

On arriving at the house I examined the patient with a speculum, and finding a laceration of the left side of the cervix from which the bleeding had evidently occurred, I packed against the cervix with dressing forceps two small pledgets of gauze, wrung as dry as possible out of a bichlorid solution of the same strength as the douche. (If the gauze tampons contained a teaspoonful of the solution, this would have been about one-sixtieth grain of bichlorid. They probably contained less.) Up to that time and for twenty-four hours afterward, the accident seemed to be important only as a case of secondary hemorrhage from the lacerated cervix. Within six hours the pulse had fallen to 84. The tampons were removed the following morning, there was no further hemorrhage, and the patient was supposed to be doing well.

On the second day, however, a little sanguinolent mucus was passed from the rectum and mercurial poisoning was recognized. Still it seemed so mild that it was hoped it would pass off without further developments. Castor oil by mouth and high saline enemas, several quarts of continuous flow, were included in the treatment. But after three days, ptyalism developed, and on the fourth day vomiting and diminished secretion of urine with albuminuria and casts. During the fifth day there was almost total suppression of urine. But the volume of urine was quickly restored to almost normal within two or three days afterward, vomiting ceased, temperature remained normal, pulse was slow and of good quality, and our consulting physician, who saw her first on Tuesday, February 8, and daily (or almost daily) thereafter, at all times during the remainder of my attendance expressed the opinion that the patient would recover and that there would be nothing the matter with her kidneys. She would not die, because she had not absorbed enough of the poison to kill her.

The patient had a distressing stomatitis and was averse to taking food. In the middle of the second week after the accident she obstinately refused food, even all kinds of liquid nourishment. But she drank water freely, and we were assured that this difficulty would pass off before her strength would be seriously impaired. A brother of the patient, who is an eminent physiologist, concurred in this opinion. Three weeks from the date of confinement, and two weeks after the absorption of the poison, the patient was turned over to the family physician, by whom she had been referred to me. All her organs with the exception of the stomach were believed to be functionating in a satisfactory manner, and her recovery was supposedly assured. This prognosis was confidently expressed by all the physicians in attendance. Laboratory reports on the urine were equally reassuring. Unfortunately, however, a few days later she took a change for the worse and died of intercurrent bronchopneumonia and edema of the lungs on February 24, just three weeks from the date of poisoning, and four weeks after delivery.

I had recently seen a case of secondary hemorrhage after late repair of the cervix, the hemorrhage occurring spontaneously when no treatment was in progress, presumably from the separation of a small slough or the cutting out of a suture. Hirst refers to cases of this kind sometimes due to the dislodgment of a clot several days after delivery. In the present instance, however, it is more natural to assume that the douche in some manner caused the hemorrhage.

It is assumed that several elements contributed to the fatal result. The general health of the patient was not robust. Her strength was certainly impaired by the hemorrhage, which occurred during the giving of the first douche. And, although (in the light of later events), one might possibly have interpreted the pain and symptoms of shock at that time as being associated with the absorption of the mercury, they were originally, and probably correctly, ascribed to relaceration of the cervix and the loss of blood. Such a clinical picture may accompany almost any internal injury. The young men on my house staff at the New York Infant Asylum were strongly of the opinion that the poison was chiefly absorbed from the second douche, a certain amount of which would be rapidly taken up to restore the volume of blood depleted by the hemorrhage. (Curiously enough, the nurse afterward denied that the second douche, or the fluid used for the tampons, contained anything but hot sterile water.) There was no reason to believe that fluid was retained in the uterus or vagina or any pocket or cavity to be absorbed later. It was assumed by the consulting physician that there was an idiosyncrasy to mercury. The final result may have been determined by the patient's obstinate resistance to treatment and refusal to take nourishment. This obstinacy may have been entirely foreign to her natural disposition. The same intractability is particularly noted in the case of bichlorid poisoning from tablets inserted in the vagina, reported by Dr. B. Lankford.[1]

1. Lankford, B.: The Journal A. M. A., April 9, 1910, p. 1203.

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Bichlorid vaginal douches are still very commonly employed by physicians and midwives, and accidents are exceedingly rare. A vaginal douche at the end of labor, 1 to 4,000 bichlorid, is recommended in the last edition of King's "Manual of Obstetrics" in the conduct of normal labor. Davis gives identical advice. Such douches, whatever harm they may have done, have doubtless accomplished a world of good in preventing sepsis where examinations have been made, and where infection may have been present and unsuspected.

Infection is still, undoubtedly, the greatest danger which threatens the obstetrical case. Statistics published in the Monthly Bulletin of the New York State Department of Health indicate that the deaths of fifty-two women were ascribed to puerperal septicemia in the state of New York alone in the month of March, 1911.

Williams frowns on the routine use of the vaginal douche as predisposing to morbidity and fever, and sounds warning against the danger of fatal bichlorid poisoning from even a single intra-uterine douche. Simple saline solutions and safer antiseptics are now being presented which may prove efficacious and harmless. Jewett, Edgar, and others recognize the need of great caution. My own practice was outlined in a paper published in the *New York Medical Journal* in 1905, under the title "Asepsis and Antisepsis in Midwifery." I had discontinued the use of the vaginal douche entirely, before, during, or after labor, except when urgently required, or as stated in my paper, during the second week after delivery, to promote involution and on account of the grateful sense of cleanliness afforded to the patient. In the more recent years, even this treatment had been omitted in most of my cases, as being unnecessary rather than harmful, being used only among the so-called better class of cases, in which a trained nurse was present to give it properly, exercising care to be sure that no fluid were retained. At the time of this case reported, I was attending a patient in her fourth confinement, all of which had been under my care, and for whom no douche had ever been ordered.

A review of obstetric teaching, as found in the latest editions of leading American text-books, and such as I have since made, would not have influenced my practice, apart from this unfortunate case. The case here reported, however, teaches that a combination of conditions is possible, under which poisoning may occur from a vaginal douche given a whole week after labor. This must certainly be a warning against the use of douches at any time, except when very definitely indicated. I can only regret that my previous knowledge and experience had permitted me to use them within the limitations here stated, without any misgivings as to the vaginal douche at a period so remote from delivery.

19 Fifth Avenue.

Weak Protoplasm.—C. B. Davenport (*Popular Science Monthly*) says that a heavy incidence of disease in any county does not always mean unfavorable environment. He has plotted the imbeciles received by an institution in a small state. The ratio of incidence of this condition to the entire population is high in some counties (chiefly rural) and low in others, due to the presence or absence of foci of the defect. Similarly the varying rate of deaf-mutism is determined by the density of defective germ plasm. So, also, despite its fine climate, the rising generation in California is characterized by diseases of the mucous membranes, because a generation ago much weak protoplasm was attracted to this state as a sanatorium. Blood, he says, is as important a factor in determining the occurrence of disease as climate.

GOITER AMONG THE INSANE

A STUDY BASED ON AN EXAMINATION OF 4,184 PATIENTS *

AXEL WERELIUS, M.D., AND C. G. RYDIN, M.D.
CHICAGO

INTRODUCTION

The conception of a disfunctionating thyroid being a causative factor in insanity is based on the highly interesting theory of internal secretion and that of auto-intoxication. As early as 1730, Haller mentions that Ruysch advanced the supposition that the "blood-vessel glands" manufactured some substance that was thrown into the blood-stream. The term "internal secretion" is said to have been used first by Claude Bernard.

No particular interest was manifested in this supposed glandular internal secretive process until Brown-Séquard,[1] in 1899, began experiments on himself with testicular extract. He finally concluded that all tissues gave an internal secretion, characteristic of its source. This idea, has, however, been discredited by the subsequent work of others, and it is now fairly well established that this process is in the main, characteristic of glandular organs, and not only of the ductless ones, but of the typical glands as well, as, for example, the pancreas, and probably also the kidney, liver, etc.

The important rôle played by perverted secretion of these special glands in psychoses has been specially emphasized by numerous authors. The condition created by such changed secretion, or a hyper- or hypo-elimination of the aforesaid organs, would then be in the nature of an intoxication, or rather auto-intoxication.

The prominence of intoxication in relation to disease was first brought to attention by Bouchard[2] in 1830, who gave a series of lectures on the subject. Rigo later emphasized its importance in mental disease. In 1884, Senator[3] spoke of a self-infection, originating from the digestive apparatus, as specially affecting the nervous system.

The notion of the internal secretion of the thyroid being an etiologic factor in insanity was conceived by noting the occurrence of mental phenomena in myxedema and Graves' disease. Thus it was assumed that mental change might be occasioned by a hypersecretion, a hyposecretion or a perverted secretion of this organ.

HYPERTHYROIDISM VERSUS PSYCHOSES

Antedating Basedow's description in 1840 of the symptom-complex that now bears his name, were the reports of a few earlier authors, who, it seems, described the condition and also mentioned that it may be associated with mental phenomena (Parry, 1825; Bruck, 1835). No doubt even the laity, observing the wildly staring eyes in typical cases of hyperthyroidism, considered the condition as one of deficient mentality.

As early as 1862 Bruck, and in 1866 Geiger, recorded cases of Graves' disease associated with symptoms of insanity. Graves, himself, noted the frequency of severe hysteria in this condition.

Trousseau early considered mental manifestations as cardinal symptoms of Graves' disease. In opposition to Trousseau, Raymond and Sérieux concluded that Basedow's disease had no etiologic significance in mental conditions.

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* Read at the meeting of the Chicago Medical Society, March 22, 1911.

1. Brown-Séquard, C.: Repr. from Arch. de physiol. norm. et path., 1889, Series 5, ii, 190.
2. Bouchard: Translated Lectures on Auto-Intoxication, F. A. Davis & Co., 1906.
3. Senator: Ztschr. f. klin. Med., 1884, p. 325.

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