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On

Tabes Mesenterica.

by

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S. B

Well Drawn

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The disease of which I am to consider has been variously named by writers; namely, "Febris Hectica Infantum" by Sydenham — "Tabes Scrofulosa" Cullen — "Mesenteric Atrophy" &c.

It consists in an enlargement of the Mesenteric Glands, with wasting and Atrophy of the rest of the body, and this in connection with a marked Strumous Diathesis, and the subjects of it are generally Children from 1 — 10 years of age — It would seem that these glands are particularly liable to take on tuber= =cular degeneration in scrofulous patients of the age mentioned, as the lungs are under similar circum= =stances after puberty — at the same time it is said that the Bronchial Glands are still more liable — for in the "Cyclopædia of Medicine," I observe under the article "Tubercle" that the following is considered the

relative

relative order of frequency of tubercular deposits" in the Glands, lymphatics and lacteals"

" 1. The Bronchial Glands.
" 2. — Mesenteric —
" 3. — Cervical —
" 4. — Submaxillary —
" 5. — Lumbar —
" 6. — Axillary —
" 7. — Inguinal —

" The bronchial and mesenteric are
" far more extensively affected than
" any of the other glands; the bronchial
" in both these respects much more so
" than the mesenteric in Children, the
" mesenteric perhaps more frequently
" than the bronchial in adults." —

The glands of the mesentery may become enlarged as the result of an irritation in the mucous surface of the intestine or elsewhere which is supposed to be reflected on them — in those cases the glands are simply enlarged or congested, and in this

way

way they are often enlarged to the size of a walnut or egg, as in cases of Typhoid Fever and in Dysentery. But those cases I do not wish to dwell upon for they are different from Tabes Mesenterica, both in being Symptomatic and not Idiopathic, and in a Pathological point of view, and are unlikely to be confounded with one another.

Etiology.

The Causes of Tabes may be:-

a. Predisposing.

b. Exciting.

a. The Predisposing Causes of this disease are the Strumous Diathesis, ~~and~~ the period of life during the first and second dentitions; the time especially after weaning, diarrhœa, however produced which prevents the due assimilation of food, the patient being brought up by a bottle and deprived of the heat of the maternal breast, bad food,

want

want of proper clothing - ill-ventilation.

b. The exciting causes may be those articles of food which are of an irri=
=tating nature, which may directly irritate the glands, so that under the influence of some of the predisposing causes mentioned before, the irri=
=tation may end in tubercular deposit taking place in them, or according to the recent researches of Virchow to the cellular tissue corpuscles taking on a tubercular degeneration, in the same manner as inflammation of a lung renders it more liable to take on the tubercular disorganization - But to continue the exciting causes, the in=
=judicious use of drastic purgatives might be mentioned, which may act both by interfering with the Chylification of the digested matters, and by reflex irritation, it may be even from ulceration of the mucous coat of the intestine; and on the other hand, want of due regulation of the bowels by

purgatives

purgatives, judiciously employed.

It has been attempted to divide the course of this disease into precise Stages or periods, but these attempts not only remain as such, but I fear will rather tend to mislead than guide in the management of such cases, which are so often peculiarly constituted, and the diagnosis of which instead of being readily decided often requires the most uninfluenced and serious consideration. The earliest symptoms are irregularity of the bowels, loss of appetite sometimes, but this is often capricious so that the patient may be ravenous for certain articles of diet, the face is pale, and there is an unusual appearance of wearing noticed, and along with this there is a loss of flesh, the skin becoming loose and flabby, and so he gradually passes from bad to worse, until the enlarged glands may be detected by palpation under the emaciated abdominal parieties. The mouth is sore, especially at the

the commissures of the lips, and the general aspect of the countenance is prematurely old and miserable looking- The bowels at this time are exceedingly irregular, at one time being very much relaxed, whilst at another constipated, but they are more frequently relaxed. The stools are generally of a pale color, as if they contained no bile, and this has been explained by supposing that the chyle not being absorbed, was rejected, and so gave rise to the white colour; but this opinion is doubted by Copeland, who, in his Dictionary, under the article "Mesentery" says, "it is however doubt=
" =ful whether or no the food is sufficiently
" digested to form so much chyle as
" to account for this appearance, which
" may be partly owing to a morbid
" secretion from the intestinal glands". And Sir Astley Cooper supposed that the whiteness of the stools depended on calcareous matter.

As the disease progresses, the abdomen

becomes

becomes more swollen, and unless the pleximeter is pressed firmly on the enlarged glandular masses, the percussion note is for the most part clear and resonant. There is no great pain produced by ordinary palpation of the abdomen, but if the pressure be exerted firmly, pain is likely to be experienced. If complications occur, however, of the nature of Chronic inflammation of the intestinal mucous membrane, peritonitis or Mesenteritis, then I should suppose the abdomen would be very tender to the touch.

The tympanitic condition of the abdomen has been much spoken of as a symptom of Tabes Mesenterica, and it seems to be a pretty Constant one. The diagnosis of enlarged mesenteric glands by palpation is difficult, and sometimes fecal accumulations in the intestines have been mistaken for them; but if the hardness continues in the same part of the abdomen after the use of Enemata

or

or purgatives, and the Strumous Diathesis with other Symptoms of Tabes Mesenterica exist well marked, then the diagnosis may be said to be established.

I have examined the urine in several cases of Tabes Mesenterica and in every case did it deposit Urate of Ammonia and in one or two cases I have noticed the urine distinctly phosphatic.—

As the patient gradually sinks, the Symptoms of Hectic become more developed, and the Colliquative Sweats are said to occur principally on the fore-head and upper part of the breast—The Skin exhales a peculiar heavy, sickening odour, peculiar to the disease—The Eyes are sunk, with dark integuments round them, and the ocular Conjunctivæ seem to want their usual moisture.

The pulse throughout the Course of the disease is feeble and very frequent. especially in the advanced states of the disease.

Tabes seldom however takes this uncomplicated course

course, but most frequently there are other diseases existing at the same time, which may have even existed before and ushered in the disease of the Mesenteric glands; as Diarrhoea from a Chronic inflammatory State of the Mucous membrane of the intestines - the "Febris Remittens Infantum" - Phthisis pulmon= =alis - Chronic peritonitis - Vermes - And besides these Complications there may be others developed Specially by the disease as it progresses; as per= =foration of the intestine by the Softened & ulcerated gland, with discharge of pus per anum; Compression of the Common bile duct, causing jaundice; or, com= =pression of the pylorie extremity causing Vomiting. Or, the ureters or vena cava may be compreped. Andral -

The prognosis in cases of Tabes is always unfavourable when the disease has fairly developed itself; but a more hopeful prognosis might be entertained, where the cause could be clearly traced, and

of

of such a nature as to admit of removal, as bad air and diet, want of proper attention &c.—

A great many remedies have been pro=posed in this disease, and formerly mercury and its preparations used to be fearlessly persevered in. After this mercury was not used simply as a purge, but in smaller doses with the view of acting on the liver and rendering the stomach less irritable.—

Purgatives of various kinds have been had recourse to, and different Medical men seemed to have their own prescriptions for this purpose which they seemed to prefer over all others — some preferred Rhubarb with tartrates — others Rhubarb with the acetate of Potash — But the general plan of treatment now consists in supporting the strength of the patient, re=gulating the bowels with Hydrarg: c Cretâ and Pulv. Doveri and it may be giving ox-gall, which has been so much lauded. In addition to this the Syr: Iodidi Ferri

or it may be, Iodide of potassium; and especially Cod liver oil, is generally of great service.

With regard to external applications, the abdomen is rubbed by some with Camphorated mercurial ointment, by others with Iodine ointment, diluted, and if there is much pain in the abdomen, warm fomentations applied to the surface are at least grateful to the patient.

The diet must be generous, but the articles of diet will require to be varied to suit the age of the patient — warmth and flannel clothing are beneficial, and warm baths of salt water or sea-bathing has been much believed in by some.

Prevention may be more hopefully undertaken than the cure of this disease, and when we look around us and see so many Children passing thro' Serious diseases under the most unfavourable circumstances, being deprived to the very extreme of any intelligent plan

of

of treatment, with barely the necessaries of life, we cannot wonder at the number of tubercular diseases which every day present themselves to our notice. I need not say that Hospitals, Convalescent-Homes, and a more extended intercourse with the Sick Children of the poor of our Country, are the means by which this end is to be attained.—

I would now wish to treat of the pathology of Tabes Mesenterica and of some other Enlargements or Tumours in the Mesentery, which although they may be rare in their occurrence yet have so much the appearance of Tabes in their course and terminations as hardly to be distinguished from it. I had intended to consider, at some length, the various forms of tubercle, and especially of Hereditary Phthisis, as not being altogether foreign to my subject, but as I have had an opportunity of witnessing a case which

was

was believed to be Tabes Mesenterica till the day of the Childs death, and which turned out on dissection of the body after death to be a "Soft Sarcoma or Cancroid Growth" – Bennett – I will perhaps be permitted to detail the case somewhat. A girl, 6 years of age, died May 1st 1860. She was always a weakly child, but passed through measles and hooping=
=cough in the ordinary manner, and kept in ordinary good health until two months before her death, when she lost her ap=
=petite, felt languid & inclined to lay down a good deal; very shortly after this her parents noticed that her dresses, petticoats &c would not meet around the waist, and that her belly was every week becoming larger, so they took her to the Royal Dispensary, where she obtained an ointment that was rubbed over the abdomen night & morning, but the belly still con=
=tinued to become larger. This girl was brought under my notice first on the 9th of April – The abdomen was distended

from

from the ensiform cartilage to the pubis, a large hard mass could be felt extending from the pubis to about an inch above the umbilicus – At the sides and above this mass, the percussion was tympanitic. She was much emaciated in the ex=tremeties, hair of a light brown colour, her eyes blue, teeth irregular & decayed; face, pale; and general aspect of the face much older like, from the pinched look of the features, tongue coated with a yellow fur, had Diarrhoea, smell of the breath and perspiration sickening – The superficial veins of the abdomen were engorged with blood, and when much pressure was made over the abdomen she complained of pain – She obtained Cod liver oil and powders containing the acetate of Lead and Dovers-powder to stop the diarrhoea – Some few days after this she got Syp: Ferri Iodidi, and a dilated Iodine ointment to be rubbed over the abdomen – Hectic symptoms set in every evening and she perspired very

very frequently — The pulse always kept frequent though very feeble. The abdomen become still more distended, and she had great difficulty of breathing.— The bowels were very irregular, some days being extremely relaxed, whilst at other times she required to have them relieved by medicine — She became gradually worse and passed a quantity of matter with stool a few days before she died. I made the post mortem exam: next day:

Body much emaciated, on opening into the abdomen there were marks of peritoneal inflammation, with exudation of lymph, and adhesions between the parietal peritoneum and surface of a large mass, which extended from above the umbilicus nearly to the pubis, and which, when cut into was found to be hollow and to Com= =municate with intestine in two places, and a quantity of grumous pus mixed appar= =ently with feculent matter escaped when the tumour was cut into — This tumor involved the great omentum,

and

and a part of the small intestine (lower part of ileum) seemed to pass through it. Near where the intestine joined the tumour it presented the appearances of inflammatory congestion – the thickness of the walls of this hollow tumour varied at different places but greatest above, where it was about 2½ inches – The walls on section were hard and had the appearance of scirrhus – The peritoneal covering of the Liver was coated with lymph, but that organ itself was quite healthy – The lower margins of the lungs were emphysematous, and Dr. Senner's theory probably explains this, by the diaphragm being pressed up against the central parts of the lungs, not only sending the air in them along the trachoa, but to the circumference and margins of the lungs, especially when the Abdominal muscles co-operated as in Coughing, Sneezing &c. –

On a more careful examination of the tumour after its removal, the mucous

membrane

membrane of the intestine could be traced through it, from where the intestine passed into it, to where it passed out again, and formed a bed as it were for the current of in=
=testinal matters to pass over – there was a distinct mass behind this tumour of about the size of an orange and when cut into was particularly soft – like the puff-ball fungus of the fields –

A slice taken from the cut surface of the larger tumour, contained a juice, but this juice as well as the soft texture of the smaller mass had a peculiar microscopic structure, different, both from Cancer and from tubercle, the following is a rude sketch of the view I had at the time, intending to show fusiform cells, and other cells, some of which contain nu=
=clei, besides molecules & granules & here & there a caudate cell.

This

This tumour was deemed a "soft Sarcoma or Cancroid Growth" by Prof. Bennett. I observe Valsalva, Morgagni & others have noticed similar tumours long ago, and it would appear not very unfrequently, as if tumours of the Mesentery were generally of a soft consistence – let me just mention one or two of Valsalva's cases as reported by Morgagni in his 39th Letter on "the diseases of the Belly" ———

"George Marchesi, a nobleman of Forli, who laboured under a large internal tumour of the belly," he says, died, and "The belly being opened, in its centre a large bulk of tumour appeared, which so compressed the viscera every-where, that if they were not forced quite out of their natural situation, they were, at least, very much contracted, and, in many places, of a livid hue; although in other respects, as far as could be per-ceived by the eye, sound. This tumour hung from the mesentery; being covered on its whole anterior surface, with the

omentum

" omentum, which was extenuated, and in
" many places lacerated. The omentum
" being seperated, and taken away from
" thence, the figure of the tumour came
" somewhat better into view" — after des=
=cribing the exact relations of the tumour
he says, "But even in other parts on the
" outside of the tumour, the whole mesentery
" was turgid with the same kind of substance,
" where of the tumour consisted; and with
" this tumour another tumour was also
" joined, of the same nature with that in
" the left testicle. That is to say, the
" nature of both those tumours was, in
" great measure, similar to that of Cancerous
" tumours; and, in particular, of some
" which are observed in the breasts. The
" bodies where of they consisted, most of
" them, approached to a glandular sub=
=stance, and resembled puff-balls in
" their figure, or as they are called in
" our language 'tartussi'. They were of
" a different magnitude; some of them
" were whitish like fat, but others
red

" red like flesh; and many were even
" blackish, as if from concreted blood."
Another case he speaks of where the
patient is a woman of 60 years of age and
has a tumour in the umbilical region, he
says, "upon opening the belly after death, a
" great bulk of tumour appeared. This
" tumour had its basis in the Centre of the
" mesentery, and was connected with the
" adipose membrane of the right Kidney; but
" adhered to the termination of the intestinum
" colon, in such a manner that they could not
" be divided without laceration. The substance
" of the tumour was in some places firm, but
" in others soft, so as to resemble a
" steatomatous matter."
Morgagni also mentions that he found
a mass like "juiceless suet" in con=
=sistence in the abdomen of a hen chicken,
and this reminds me of my making a
number of dissections of the bodies of
Turkey-Chickens that died, and in
every case I found a large mass in the
abdomen, exactly of the Consistence

mentioned

mentioned by Morgagni, and which at the time I supposed were hypertrophies of the pancreas and the cause of death in those Chickens, but probably my anat=
=omical knowledge at that time was not to be depended on, so unless I was more sure about it than I feel at present, I could not say more than that I found large masses in the abdomens of Turkey-Chickens resembling fat, when the Chickens died, every other way exceedingly thin —
The cases I have quoted, however, are not exactly similar to the one I myself noticed, as occurring in adult subjects and not likely to be confounded with Tabes Mesenterica, consequently perhaps a burden to this paper; but they agree in their Consistence & Situation —
The value I would attach to the case which came under my own notice, is to increase the importance of the "History", in cases of Tabes, for I never heard of a case of Tabes which developed itself so enormously in two months —

= The End =