

ON THE CÆLIAC AFFECTION.

BY

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There is a kind of chronic indigestion which is met with in persons of all ages, yet is especially apt to affect children between one and five years old. Signs of the disease are yielded by the fæces; being loose, not formed, but not watery; more bulky than the food taken would seem to account for; pale in colour, as if devoid of bile; yeasty, frothy, an appearance probably due to fermentation; stinking, stench often very great, the food having undergone putrefaction rather than concoction.

“His *stomack* is the *kitchen*, where the meat
Is often but half sod, for want of heat.”

The pale loose stool looks very much like oatmeal porridge or gruel. The hue is somewhile more yellow, otherwhile more drab. The paleness is commonly supposed to signify lack of bile; but the colour of fæces is a very rough measure of the quantity of bile poured into the duodenum; nay, more, the colour of fæces is a very rough measure of the quantity of bile which they contain. Whitish stools are not always so wanting in bile as they seem to be; in particular, opaque white food, such as milk-curd, undigested, will hide the colour of much bile.

Diarrhœa alba is a name employed in India to denote the cœliac affection; not that it is always a cœliac flux, a diarrhœa strictly speaking. True the dejections are fæcal, more liquid and larger than natural, but they are not always more frequent than natural; it may be that the patient voids daily but one large, loose, whitish stinking stool. Diarrhœa chylosa is another name used formerly, and which seems to mean that the fæces consist of chyle unabsorbed. Aretæus and Aurelian speak of the cœliac diathesis, *ventriculosa passio* (as who should say in English, wambecothe or belly sickness), names which are to be preferred, inasmuch as they connote nothing relative to the

precise seat or nature of the disorder. It is one of a few diseases called by the common people consumption of the bowels, a phrase similar to that of pulmonary consumption; the term consumption referring to the wasting of the whole body, and the qualifying words, bowels or lungs, signifying the parts affected first and foremost.

The cœliac disease is commonest in patients between one and five years old: it often begins during the second year of life. Sometimes from India Englishmen return sick with the cœliac affection: seldom is it met with in adults who have never left our island.

The causes of the disease are obscure. Children who suffer from it are not all weak in constitution. Errors in diet may perhaps be a cause, but what error? Why, out of a family of children all brought up in much the same way, should one alone suffer? This often happens. Nor can we deem the cœliac passion always a consequence of accidental diarrhoea, for costiveness is sometimes a forerunner of the disorder. Nor need we call upon teething and worms to explain this, more than every other disease of childhood.

Naked-eye examination of dead bodies throws no light upon the nature of the cœliac affection: nothing unnatural can be seen in the stomach, intestines, or other digestive organs. Whether atrophy of the glandular crypts of the intestines be ever or always present, I cannot tell.

The onset is usually gradual, so that its time is hard to fix: sometimes the complaint sets in suddenly, like an accidental diarrhoea; but even when this is so, the nature of the disease soon shows itself.

The patient wastes more in the limbs than in the face, which often remains plump until death is nigh. In the limbs, emaciation is at first more apparent to hand than to eye, the flesh feeling soft and flabby. Muscular weakness great: muscular tenderness often present.

Cachexia, a fault of sanguification, betokened by pallor and tendency to dropsy, is a constant symptom: the patients become white and puffy; the loss of colour sometimes such as to resemble the cachectic hue of ague or splenic disease: the spleen sometimes enlarged. Examination of the blood by the microscope shows nothing noteworthy, unless much molecular matter in form of clear distinct particles or aggregated masses; but in this is no peculiarity.

The belly is mostly soft, doughy, and inelastic; sometimes distended and rather tight. Wind may be troublesome and very tœtid. Appetite for food differs in different cases, being good,

or ravenous, or bad. Heat of the body mostly natural; sometimes children are said to be hot at night, and especially so over the belly.

To diarrhœa alba add emaciation and cachexia, and we have a complete picture of the disease. At times the bowel complaint is overlooked: the wasting, weakness, paleness are what is noticed, and are thought to be due to another than the true cause. Ulceration of the intestines may be attended by all the symptoms of celiac affection. In children, chronic ulceration of the intestines is often tubercular, sometimes syphilitic,¹ seldom dysenteric. The diagnosis of ulceration turns upon a diarrhœa purulenta: the microscope discovers pus globules in the fœces. In rare cases the pus is so abundant that the stools consist of hardly anything else. But pus in the stools is not quite pathognomonic of ulceration; an abscess may open into the bowel: even apart from ulceration or abscess, a few pus globules may sometimes be found in the stools: still, for all practical purposes, the presence of pus in fœces may be deemed indicative of ulceration.

The course of the disease is always slow, whatever be its end; whether the patient live or die, he lingers ill for months or years. Death is a common end, and is mostly brought about by some intercurrent disorder; for instance, choleraic diarrhœa. Recovery is complete or incomplete. When recovery tends to be complete, a peculiar weakness of the legs is left long after all other tokens of disease have passed away, a weakness which shows itself in that the child is unable to jump. When recovery is incomplete, the illness drags on for years; the patient getting better on the whole, but being very subject to relapses of his complaint. While the disease is active, children cease to grow; even when it tends slowly to recovery, they are left frail and stunted.

To regulate the food is the main part of treatment. Cows' milk, which is recommended by Aurelian and some modern physicians in the case of the celiac passion of hot climates, is not only not suited for children suffering from that disease, but is the least suited kind of food for them. Nothing more certain than that celiac children cannot digest the hard curd of ruminants' milk. Asses' milk agrees with these patients very well, and they may take two, three, or four pints of it daily. If asses' milk cannot be procured, we must make shift with cows' milk from which most or all of the curd has been removed; we must try whey, or cream mixed with water or scalded whey. The allowance of farinaceous food must be small; highly starchy food, rice, sago, corn-flour are unfit. Malted food is better, also

¹ St. Bartholomew's Hospital Reports, vol. xvi. p. 35.

rusks or bread cut thin and well toasted on both sides. No kind of fruit or vegetables may be given, except a tablespoonful or two of well-boiled mealy potatoes, mashed or rubbed through a sieve. Mutton and beef, raw or very underdone, pounded and rubbed through a wire sieve, should be given at the rate of from four to six tablespoonfuls daily. Even English beef, eaten raw, is now and then a cause of tapeworm, much more so foreign beef. Broths and meat juices are allowed, also lightly boiled eggs and good fresh butter. A child, who was fed upon a quart of the best Dutch mussels daily, throve wonderfully, but relapsed when the season for mussels was over: next season he could not be prevailed upon to take them. This is an experiment which I have not yet been able to repeat. The disease being a failure of digestion, nothing seems more reasonable, at first sight, than to digest the patient's food artificially before it is given; but my experience has shown that peptonised milk and gruel are of little or no use in the treatment of the cæliac affection.

The diet recommended may seem to be scanty, but we must never forget that what the patient takes beyond his power of digestion does harm. The skin must be kept clean and warm: fresh air is necessary, muscular exercise not so. For drugs, carbonate of bismuth and aromatic chalk powder may be prescribed; also a small dose of compound decoction of aloes now and then. But if the patient can be cured at all, it must be by means of diet.