AN ADDRESS

DELIVERED BEFORE

THE CLINICAL SOCIETY OF LONDON,

On Friday, February 15th.

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GENTLEMEN,—You have done me a very great honour in electing me fourth President of the Clinical Society. But when I think of the names of those who have preceded me in this Chair, I cannot help feeling great responsibility in having to follow such men, and such a responsibility I would not willingly have incurred. It is, however, my duty to accept it at your hands; and, with your assistance, I hope to be able, in some measure, to carry on the good work so well begun. By the valuable work already done in the few years of its existence, the Clinical Society has promise of a great future; and, with its association of physicians and surgeons, with its hospital staffs and private practitioners, it ought to rival its far-famed elder sister, the Pathological Society.

In the remarks which I am about to make, it is, however, more particularly to private practitioners that I wish, on the present occasion, to address myself, as I feel convinced that there is good, sound, useful work to be done clinically in private practice; nay more, if rightly viewed and rightly used, the clinical results to be obtained in private practice are, I think, in many respects, of much greater value than those which can generally be obtained in our hospitals. To catch mischief at its very dawn, to follow it in its development, to watch the various evils to which it may ultimately lead—for investigations such as these, sometimes necessarily extending over years, private practice is assuredly our best field. And associated as the private practitioner sometimes is for years with a family, not unfrequently will he have the opportunity of seeing the gradual development clinically of the child into what the parent was, of watching in the offspring the earliest signs of the troubles fully developed with which he was familiar in the parent, and perchance of following them out in the one as he had previously done in the other. Family tendencies such as these, if carefully watched and accurately noted, would be of great value to the Clinical Society; and so, too, would, in a different way, be the accurate record of many a case followed out from beginning to end.

And now, wishing to urge, as far as in me lies, private practitioners to help the Clinical Society in every way by their work, I will briefly bring under your notice gleanings from two or three subjects with which I have frequently had to deal in private practice, and the thorough working out of which would, I think, be of great practical benefit.

To begin with one of the simplest subjects: severe epistaxis spontaneously occurring after the middle period of life. What apparently could be of so little importance clinically? How little thought, commonly, would be bestowed on nose-bleeding under such circumstances, and yet it oftentimes is the little cloud no bigger than a man's hand.

My attention was first called to this subject many years ago by my having to see a gentleman who was suffering from a severe attack of epistaxis, which had suddenly occurred without any apparent cause. The bleeding was, with some trouble, ultimately stopped; and then came the question, as to what had given rise to it. Healthy-looking, and at the mid-period of life, the patient had always been in all things a temperate man; there was no marked disease in any one of his organs, and the only wrong that I could detect was a little thickening of the radial artery at the wrist, the coats of which vessel were somewhat rigid, and could be felt under one's finger when slightly pressed upon. This was all, but it was quite sufficient to lead to the inference that the minuter arteries in different parts were in the same condition as, probably in a more advanced stage of degeneration than, the radial. It was the arteries of the nose which had given way on the present occasion; but it was felt that, with such a condition of the arterial system, other vessels might in their turn burst at some future period. In the course of three or four years, the nose-bleeding recurred from time to time, with more or less violence, the condition of the radial artery remaining much the same. Then the outpour of blood occurred in the brain; it was slight, however, and so from its effects the patient recovered in due time, and went about for some eighteen months, when

extensive bleeding again occurred in the brain, and this ended fatally in a few hours.

I have ventured thus briefly to allude to this case, as it was the first of its kind which I had an opportunity of narrowly watching throughout its whole course. But since then I have several times had to deal with epistaxis occurring under similar circumstances, the radial artery being in all of them more or less thickened, and without marked disease about any one of the viscera. In some of these cases, too, hæmorrhage ultimately occurred in the brain. I have had no opportunity of examining pathologically the condition of the radial artery in the cases to which I have referred; but I think it probable that the thickening of this vessel will be found to be of the nature of the arterial degeneration, which has been so ably brought under our notice by our late President, Sir William Gull, and his coadjutor Dr. Sutton, rather than of the nature of atheroma. However this may be, the point remains that a slight thickening of the radial artery, easily detected with a little care, is a warning as to the condition of the smaller arteries, and as to the possible ulterior evils which may arise from it.

I pass now to another subject, that of blocking, plugging of the veins, thrombosis, or thromballosis, as it has been called in the present day. And I am induced to direct attention to this subject on account, if I may judge from what has fallen under my own notice of late years, of its greatly increasing frequency in private practice. With few exceptions, all the cases which I have seen in private practice have arisen spontaneously, and been in no wise connected with the ordinary causes of the clotting of the blood, such as wounds, bed-sores, fractures, or pressure of any kind. In a very few cases only did the clotting of the blood appear to be connected with an injury—a slight contusion, a sudden strain—of the limb. In some cases, it followed fever, especially typhoid fever, and in one remarkable case, in which both external iliac veins and both axillary veins, in the course of months, became permanently blocked, it followed small-pox. In endeavouring to sift out the causes, the only one I could fairly lay my finger upon in by far the greater number of these cases was a gouty condition, a condition described by Sir James Paget as gouty phlebitis. In none of the cases had there been an attack of gout, but close questioning proved, at any rate, a tendency to gout. Most of them were beyond forty, and, in tracing out the history, one came upon dyspepsia more or less troublesome, frequent deposits of lithates, slight eczematous eruptions from time to time, anomalous pains in various muscles, sharp deep-seated pains in the tongue, existing for two or three days, and then disappearing altogether for awhile, crackling about the cervical spine in slight movements, more or less, sometimes a mere suspicion of knottiness about the smaller joints of the fingers; mere straws, it is true, but a goodly bundle when put together. In some cases, there had been as yet merely two or three of such straws; but in others, these straws had been gradually showing themselves one after another, and year by year. The great difficulty in such an investigation is to get at a clear recognition of such trifles; for, disappearing as they often do for awhile, they are forgotten until recalled to the mind. In some cases, too, this spontaneous blocking of the veins occurred in two members of the same family, showing, at any rate, a family tendency. It is in men that I have seen this blocking of the veins by far most frequently. Some were professional, some business men, somewhat hard-worked; others were men of independent means; they were all temperate as to stimulants, but two or three of them were large eaters. With two exceptions, all these cases of blocked veins occurred in the lower extremities, the exceptions being one, in one of the brachial veins, the other, in both axillary veins.

In the lower extremities, the cases occurred, with few exceptions, in veins apparently in no wise diseased; in the other cases, the veins were more or less varicose, and it was in these that the clotting of the blood appeared to be connected with a strain of the limb. And, with few exceptions, too, it was in the veins of the leg that the mischief first made its appearance; for the most part, it was in a superficial vein, and only very occasionally in a deep-seated one. A peculiar feature in many of the cases was the point at which the mischief started, at the back of the leg, midway between the heel and the ham. But, whatever the starting-point, the mischief for the most part spread from vein to vein; in some being confined altogether to the superficial veins, and in others involving ultimately both superficial and deep vessels. The spreading mischief in most cases took an upward course, that of the blood; but in a few it proceeded in a contrary direction, and starting from the leg, it ended in the foot. In a few cases, the mischief did not spread along the veins continuously, but made its appearance in isolated spots; about the middle of the leg, then in the sole of the foot, and, after awhile, it suddenly appeared in the upper part of the thigh.

In some cases, the mischief had come on insidiously, and with but

little pain; the first thing noticed being a sense of weight about the limb, then its gradual swelling; and, in a few cases, so slight had been the pain, that the patients had gone about, and, when seen for the first time, the femoral vein was found blocked in the groin: in such cases the general symptoms, too, have been but very slightly marked. On the other hand, in some cases, and especially so in three (one lady and two gentlemen), the pain was intense, so much so that the slightest touch caused agony. In these three cases, the only thing noticed at first was intense pain, confined to the mid-part of the back of the leg; and, unless on one's guard, the exact nature of the case would at first certainly have been overlooked. Then, after a few days, came very slight puffiness about the ankles, and so matters went on for some days, after which the pain began to spread along the course of the veins, which gradually became hard, and could, after a while, be felt like cords under one's finger. In two of these cases the mischief was in the superficial veins; in the third, it was in the sural; and from these vessels it spread upwards and downwards, involving most of the veins, but not extending to the femoral, the whole limb becoming ultimately more or less swollen and brawny. In these three cases, from first to last, wherever the disease spread there was the same intense pain, which was accompanied by great feverishness, and in one case by slight wandering at the beginning.

In two cases, after a year or two, there was a recurrence of the disease in the opposite limb. In one of these the attacks differed widely from each other. In the first attack, there was comparatively little pain, but the whole limb was very much swollen, the disease having spread to the main veins; in the second attack, the pain was throughout so intense that attempts at standing all but caused faintness, and that in a gentleman of great courage and all-enduring as to pain. This difference between the two attacks was very pithily put by the patient himself: in the first attack it was, he said, 25 per cent. of pain and 75 of swelling, and in the second attack, it was 75 of pain and 25 of swelling.

All these cases of blocked veins were very tedious ones; and, spreading as the mischief did from vein to vein, many weeks, and in some many months, elapsed before the disease subsided. In three cases, embolism occurred, giving rise in two to pleuro-pneumonia, and in one to plugging of the posterior tibial artery and mortification of the foot. The two first recovered; the last, far advanced in years and broken down in health, ultimately sank.

And when seen in after years, the condition of the limb in these cases of blocked veins has varied very much. In a few the limb recovered its usual appearance, save perhaps a very slight increase in its size, in no ways interfering with the freest action; for I have known one gentleman who, after an attack of this kind which confined him to his couch for months, returned to deer-stalking, with as much zest and activity as before. In other cases the limb remained more or less swollen, and, consequently, with its action more or less interfered with, the circulation being carried on by anastomosing veins, largely increased in size and tortuous. In one case, where both external iliac veins and both axillary veins had become permanently blocked, there was a mass of large tortuous veins spreading over the belly and chest; but so little was the action of the limbs interfered with that the gentleman, an officer in a heavy cavalry regiment, was able to remain in the service and efficiently to discharge his duties.

And, as closely allied to this blocking of the veins, I will now direct your attention to a class of cases, not alluded to, as far as I know, in the most recent works on surgery. I believe that blocking may occur in the corpus cavernosum of the penis in the same way as it does in veins—that is, spontaneously in gouty constitutions, and without strain or injury of any kind. I have been led to this belief by two cases, the first of which was in a gentleman sixty-five years of age, whom I had known for a number of years, during the latter part of which he had in various ways shown a decided tendency to gout, and who consulted me concerning a nodule in the under part of the corpus cavernosum, and about an inch beyond the glans. Of the size of a sixpence, this nodule was hard and perfectly circumscribed; it was without pain, and as there had never been any injury of any kind or sort, it had been accidentally discovered. There were no enlarged glands in the groin. Matters remained much in the same state for a couple of years, when this gentleman met with a severe accident whilst riding in the country, and of this he ultimately died. The exact nature of this case thus remained doubtful until the second case fell under my notice. The gentleman, who was fifty-eight years of age, had also shown in various ways a tendency to gout; and in this case, too, the trouble was accidentally discovered, there never having been strain or injury of any kind. In the corpus cavernosum were four nodules, three on the left side and one on the right side. Varying in size from a pea to that of a French bean, they were perfectly circumscribed, hard to the touch, knot-like, and painless when handled. There were no enlarged glands

in the groins; the patient had never had syphilis, and he was in good health and of his usual weight. I first examined the case two years back, and all that has occurred from that time to this is a marked diminution in the size of the nodules; two of them having disappeared, leaving merely a trace of thickening, and the largest being now not bigger than a pea. The groins remain perfectly free, and the gentleman is in his usual health and of his usual weight: and during these two years the case was left undisturbed by treatment; no medicine of any kind has been taken; nothing was applied locally; the disease was left to its natural course. Such were the two cases, and, from the course which they have pursued, I think it may fairly be inferred that they were cases of spontaneous blocking of a gouty origin, in patches, of the corpus cavernosum.

I shall conclude with a subject deserving, I think, of the utmost attention in the present day—that of the after-effects of the syphilitic poison in all their multifarious forms. It is, however, to those effects, known as tertiary, to which I would now especially direct your attention, as it is in such cases that there is oftentimes the greatest difficulty in arriving at a correct diagnosis. And here again I am induced all the more readily to say a few words on this subject, on account of the largely increasing frequency, as it seems to me, of cases of tertiary both in private and in hospital practice. As to diagnosis, the difficulty in such cases may arise from various causes by which the practitioner may be thrown off his guard. Frequently the difficulty arises from the form under which the tertiary makes its appearance, and the lapse of time intervening between it and the other constitutional symptoms. Let me mention briefly five such cases, in which there was an interval of fifteen, twenty, twenty-one, twenty-six, and twenty-eight years between the appearance of tertiary and the cessation of all secondary mischief; and in these long intervals there had been good average health, without a trace to indicate a syphilitic taint. The tertiary mischief which suddenly showed itself, without any apparent cause, in these five cases was, in the first, hemiplegia; in the second, paraplegia; in the third, tumours in several muscles and one on the head; in the fourth, extensive ulceration of the tongue; and in the fifth, a hard painless tumour on the forehead. All these cases did well; and in the cases of paralysis there ultimately was complete recovery, and so much so that now, after a lapse of some years, the patients are as if nothing of the kind had ever happened to them.

Tertiary mischief thus showing itself at so long an interval and at a single point, as it did in four of these cases, might easily lead to an error in diagnosis. But all the more readily would such an error be likely to occur should it so happen, as it is now well known does happen, that there is no history whatsoever either of secondary or even of primary syphilis, as instances of which I will briefly mention the two following well marked cases.

Some ten years ago, a friend of mine came up to town to be under a physician for racking pains in various parts, supposed to be of a rheumatic nature. On examination, large quantities of albumen having been discovered in the water, the case was looked upon as one of Bright's disease in an advanced stage. One day, however, by chance a depression was found in the skull, and about this my friend was told to seek my advice. The depression which had thus been accidentally stumbled upon was of the size of the bowl of a dessert-spoon, and, from its depth, it evidently involved the outer table and part of the diploë; but further examination also proved that there were several other depressions, more or less marked, in other parts of the skull; to all this, however, the patient's attention had never been directed, as he had not suffered from pain about his head, or noticed any irregularity in its shape. Then came the question as to syphilis, but the patient had never had anything like secondary troubles, and had even no knowledge of ever having had anything like a sore. He was an unmarried man, tall, well-built, most active, all-enduring as to fatigue, and without a trace of hereditary syphilis. With the racking pains about the joints and the muscles of the back, and especially from this condition of the skull, the case was, however, now looked upon as one of tertiary syphilis, in which the kidney had become involved; a sore in the urethra, or possibly a soft sore, which, having healed rapidly, had passed unnoticed, was thought to have been the source of infection some years ago, whilst this gentleman was at Cambridge. Briefly, principally with iodide of iron, and a residence during two or three winters at the sea-side in a southern climate, the racking pains and the albumen gradually disappeared; and at the present time this gentleman is in good health, and in field-sports exposes himself to all kinds of weather without a thought.

The second case is that of a foreign gentleman, about thirty-five years of age, who lately fell under my notice. He was a tall, powerfully-built man, but with a sunken, anxious aspect, and looked ill; and of late he had been losing both strength and weight. In the middle part

of the inner side of the left thigh was a large, hardish, ill-defined tumour, not painful, irregular in shape, and lobulated on its surface, which was deeply imbedded in the muscles, but not connected with the bone. It had been first noticed some months previously as a small, hard, deeply-seated lump, which for awhile had remained pretty stationary; but of late it had been growing rapidly. Several enlarged glands existed in the groin. There had been no accident or injury of any kind. Divers opinions had been given as to the nature of this tumour, and a hint had been thrown out as to its perhaps being malignant. On further examination, the right groin also proved to be full of enlarged glands, amygdaloid glands as they are called now-a-days; and then came the question as to syphilis, but of this, either as primary or as secondary, there was no history whatever, and the patient had no traces of hereditary syphilis about him. Nevertheless, with these amygdaloid glands in the groins, it was thought advisable to treat the case as one of tertiary; and when I last saw the patient the tumour had all but disappeared, there being merely a slight trace of thickening at the part where it had existed; and the patient himself was now a strong and healthy looking man.

As surgeons, it is in such a case as this that it especially behoves us to be on our guard. When several tumours of this kind exist in various parts, attention may, by their multiplicity, be directed to the cause of their existence; but with one tumour only an error in diagnosis may very easily occur. A short time ago, at a consultation at which I was present, concerning the removal of a tumour from the back, a question arose as to its perchance being of a syphilitic nature; amygdaloid glands were found in the groins, and a distinct history of syphilis of a few years standing was obtained; the case was treated as one of tertiary, and in due time the tumour disappeared. But patients have, in such cases, sometimes undergone formidable operations. In one case, a large portion of the scapula was removed; and in another, in which the whole tongue had been cut out for cancer, there were good reasons for believing that the disease was of a syphilitic nature.

As far back as the year 1845, Mr. Tatum put into my hands a paper on "Tumours of Muscles cured by Iodide of Potassium"; and, as in two of the cases, at any rate, there were distinct evidences of constitutional syphilis, I advised him to send the paper to the Royal Medical and Chirurgical Society, where it was read; but it was not thought fit for publication in the *Transactions*. In the present day, Mr. Tatum's paper would naturally have found a place in the records of the Clinical Society; and here I think lies especially the value of such a Society, dealing as it does with short practical papers, which may apparently be unimportant at the time, but which in after years become of value.

UTERINE CANCER.—At a meeting of the Berlin Obstetrical Society on November 26th, Herr Ponfick showed two specimens of cancer of the female reproductive organs. In one, the ovaries were converted into hard nodulated masses, and there were cancerous deposits in the neighbourhood of the uterus, especially near the bladder and rectum, and cancerous induration of the mesenteric glands. The uterus was not enlarged. In the second case, the whole body of the uterus was enlarged and infiltrated with cancer; its vaginal portion was destroyed; and the vagina, which was enormously wide, contained cancerous nodules. The parts near the uterus were free; but cancerous degeneration was found in the glands in the abdomen, chest, and neck, and in the thyroid body. The body of the second lumbar vertebra and the left pleura were also affected. Herr Ponfick referred to the affection of the cervical glands as of rare occurrence in uterine cancer.—*Berliner Klin. Wochensh.* February 3rd, 1873.

EFFECTS OF QUININE UPON THE UTERUS.—Dr. F. K. Bailey of Knoxville, Tennessee (*Philadelphia Medical and Surgical Reporter*, November 9th, 1872), gives the result of his experience in a malarious district. "It was very common to find a pregnant woman suffering from uterine pain during a fit of ague, and abortion or premature labour often occurred in cases where timely antiperiodic treatment could not be carried out. In all such cases it was my practice, as well as that of others, to administer quinine promptly and freely. There was no other way to carry a patient over such a period of danger, except to suspend the periodical tendency. Again, the question is often asked, Is quinine admissible or ever indicated during labour, to regulate the expulsive efforts of the uterus? In answer to this, I can say that, in very many instances during labour occurring in the summer or autumnal months, I have given quinine with the most happy effects. It was often the case that a natural labour at term was ushered in by a chill; and the depressing effects of malaria would render the pains feeble and without expulsive power. At this juncture, a full dose of quinine would equalise the circulation and render contractions more forcible."

LECTURES

ON THE

PATHOLOGY, DIAGNOSIS, AND TREATMENT OF BRIGHT'S DISEASE.

By GEORGE JOHNSON, M.D., F.R.S.,

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LECTURE III.—CHRONIC BRIGHT'S DISEASE (*concluded*).

Local and General Symptoms of Contracted Granular Kidney: Frequent Micturition; Pain in the Back.—Dyspepsia as a Cause and a Consequence of Renal Disease.—Dropsy.—Hypertrophy of the Heart.—Inflammation of Serous Membranes.—Hæmorrhage from various Surfaces.—Cerebral Hæmorrhage.—Impairment of Vision.—Cerebral Symptoms the Result of Uremia.—Theory of Uremia.—Nervous Dyspnoea.—Disease of the Liver.—Diagnosis.—Prognosis.

The Local and General Symptoms of Contracted Granular Kidney.—There are few diseases equally serious, whose progress is so insidious as that of the disease which we are now considering; yet there are few maladies whose presence is indicated by more unequivocal signs, if only they be diligently and intelligently sought for.

One of the earliest symptoms, in the majority of cases, is *increased frequency of micturition*, and especially during the night. The more frequent call to empty the bladder may be a result of a more copious secretion of urine and consequent distension of the bladder, or it may be due to irritation of the bladder by some abnormal quality of the secretion. This symptom is sometimes absent, and it may result from other causes than renal disease. When present, it serves to direct attention to the urinary organs; and it is a symptom which should never be neglected.

Pain in the back is not a frequent or an important symptom. In many cases, it is entirely absent; and often it is not spoken of until the patient's attention has been directed to the subject. When present, it is more frequently muscular than renal—an aching pain in fatigued and feeble lumbar muscles, and often complained of by debilitated patients who have no renal disease. In numerous instances, a patient in the advanced stage of incurable degeneration of the kidney has said, "I cannot understand how my kidneys can be diseased, since I have never had pain in them."

Dyspepsia is frequently associated with this form of disease, sometimes as a cause, sometimes as a consequence. You may often learn that a patient of strictly temperate habits has for months or years suffered from pain or uneasiness after food, flatulent distension of stomach and bowels, occasional nausea and vomiting, habitual looseness or irregularity of bowels, constipation and diarrhoea alternately. With this, there is often turbidity of the urine, which is high coloured, excessively acid, and deposits urates abundantly. After a time, the urine, which had been scanty, becomes more copious, of pale colour, of low specific gravity, and is found to contain albumen and granular casts. In such a case, probably renal degeneration is a consequence of the long continued elimination of products of faulty digestion through the kidneys. I have seen this sequence of events so frequently, that I have no doubt as to their causative relationship. Dyspeptic symptoms such as I have described, and consequent renal degeneration, are in some cases excited or greatly aggravated by habitual excess of alcohol—less frequently, perhaps, by excessive smoking of tobacco.

In other cases, dyspepsia is a *consequence* of advanced renal degeneration. Urea and other urinary products are vicariously excreted by the mucous membrane of the stomach and bowels, in consequence of the defective action of disorganised kidneys. The gastric secretions are deranged; the digestive functions are disordered; and nausea, vomiting, and diarrhoea, are amongst the results of this secondary renal dyspepsia.

The chronic degeneration of the kidney which we are now considering is often preceded and accompanied by such symptoms as the following: a gradual loss of energy, with emaciation to a variable extent; unusual fatigue after exertion, with a tendency to rheumatic pains and cramp in the feeble and fatigued muscles; defective perspiration, with a dry and harsh state of the skin; a peculiar pallid or sallow complexion; and a watery condition of the conjunctiva, or of the connective tissue beneath it. Pallor is not a constant symptom; there is sometimes a florid complexion even in the advanced stages of this form of degeneration. The tongue is sometimes dry; at other times, moist