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HOSPITAL REPORTS.

Worcester Infirmary.

CASES OF CHOREA SUCCESSFULLY TREATED BY LEECHES AND THE APPLICATION OF COLD.

Under the care of JONAS MALDEN, M.D., Physician to the Infirmary.

[Reported by Erlin Clarke, M.B., House-Surgeon.]

THE following cases of chorea are interesting, chiefly on account of the marked success of a plan of treatment not very frequently adopted, and indeed opposed to the views of many eminent authorities. In general, chorea is a disease yielding to treatment with sufficient ease; but examples occur now and then requiring great assiduity and patience, and so intractable on the usual plan as seriously to endanger life; indeed, more than one case is on record where the powers of life have been exhausted by the uncontrollable muscular efforts.

CASE I. Emma Bladder, aged 12, a fresh coloured healthy looking child, was admitted an in-patient, under the care of Dr. Malden, Feb. 10th, 1855. Her mother states that, about three weeks ago, the girl had been frightened by some militiamen, and that in a few days she observed twitchings of the arm. The peculiar motions of chorea gradually extended, and increased in severity, till, on her admission, every limb was in constant motion, and the features were much distorted by the irregular and spasmodic action of the muscles. Her appetite is good, but she has some difficulty in swallowing food. Pulse and respiration normal.

Sumat pulv. jalapæ co. gr. xv statim.
Mist. ferri co. ʒi itis horis.

Feb. 11th. Bowels freely moved; spasmodic movements more severe.

Sumat zinci sulph. gr. ij; ext. hyos. gr. iij ter die.
Rep. mist. ferri co.

Feb. 12th. She cannot now be kept in bed, unless constantly held or tied down; the movements are so violent. She had no sleep last night. Bowels acting freely.

Feb. 13th. She appears now to be suffering from the constant irritation. Tongue dry and brown. She can take but little nourishment; spasmodic movements still more severe; gets no sleep. Ordered wine and beef-tea.

Feb. 14th. The nates and hips are excoriated from the incessant friction. She passes urine under her, and is rapidly emaciating. She is constantly held in bed, where she tosses about and moans, but says she is in no pain. Twenty minims of Battley's sedative failed to procure sleep last night; and, seeing the urgent necessity for procuring some cessation of the involuntary motions, I administered chloroform after repeating the opiate to-night. This was followed by about half an hour's repose.

Feb. 15th. She is now suffering greatly from four days' and nights' loss of sleep, and the consequent exhaustion. The sedative and tonic plan of treatment having had a fair trial without success, Dr. Malden carefully examined the spine, and in the lower dorsal region discovered a small spot, where percussion gave some pain, and immediately produced increase of the spasmodic action. Here six leeches were applied, followed by bladders of snow (which was lying on the ground at the time). There was at first great difficulty in the application, as it was necessary

forcibly to restrain her movements; but in less than half an hour comparative quiet was produced, followed by more than four hours' tranquil sleep.

Feb. 16th. Convulsive motions less violent; tongue moister, but still brown. She expresses herself relieved; but as there was still some tenderness over the spine, the leeches and snow were repeated: and from this time she steadily improved, and in a few days was put upon the use of iron and the shower-bath, regained flesh and strength, and was discharged cured by the end of the month.

CASE II. Hannah Holloway, aged 12, admitted June 9th, 1855, also under Dr. Malden, with chorea of three weeks' standing. The disease arose without apparent cause, and, though gradually increasing in severity from the first, is not at present worse than the general run of cases. There is no spinal tenderness, nor abnormal cardiac action; and the bowels act regularly. She was at first put upon the usual plan of brisk purgatives, combined with ferruginous tonics and the cold shower-bath; but by the end of the week the convulsive movements were much aggravated, articulation and deglutition were greatly impaired, and it was impossible to keep her in bed. She was placed on mattresses on the floor, where she lay tossing about for four days without sleep, rapidly emaciating, and the countenance marking the great exhaustion of the vital powers. Tongue parched and brown; pulse rapid and weak. Full opiates had failed to produce sleep; and, though the spine was repeatedly examined, no such evidence of tenderness could be found as was so well marked in the last case. On the 19th, however, a spot in the lumbar region of the spine appeared to be slightly more sensitive to percussion than others; and six leeches were applied, followed by ice in bladders. The relief was again most marked; four or five hours' tranquil sleep followed; and the improvement evidently dated from this point. The emaciation was very great, and the strength seemed to have been more diminished than in the former case. The excoriation of the elbows, ankles, and hips, was very severe. She was ordered wine, with beef-tea and eggs; and five minim-doses of Battley's sedative liquor every four hours. She became more tranquil, and the amendment was steady. On the 20th, she was able to use a cold douche to the spine, though she was obliged to be supported while using it, as she was unable to stand alone, from debility. There are no remains of dorsal tenderness. Appetite good; tongue clean and moist; and bowels regular. The carbonate of iron completed the cure early in July.

REMARKS. In both these cases, the tonic plan of treatment failed to arrest the progress of the disease; and in both also the local tenderness of the spine indicated corresponding local depletion, which was followed by sleep and consequent cessation of the previously uncontrollable movements; thus affording time for the repair of tissue whose waste was previously going on so rapidly that the cases were assuming a very serious aspect.

Worcester, October 22nd, 1855.

Royal Free Hospital.

CASE OF ULCER OF THE STOMACH.

By WILLIAM BRINTON, M.D., Physician to the Royal Free Hospital.

FROM a large number of cases of ulcer of the stomach which have lately come under my care in the Royal Free Hospital, I have selected the following instance, as afford-

ing a good illustration of some important points connected with the diagnosis and treatment of this disease.

CASE. B. R., aged 54, during the greater part of his life in affluent circumstances, and a free liver, had suffered nine years before from a severe gastric affection. A careful cross-examination elicited that this affection was chiefly characterised by great pain and tenderness in the epigastrium, increased by eating; by a sensation of "sinking in the stomach", felt chiefly in the morning; and by occasional vomiting, now and then of a black colour.

For this malady he consulted several medical friends. By them he was frequently cupped on the epigastrium, prohibited all alcoholic drink, and placed on extremely lowering diet and medicines. He firmly believed that he was almost killed by this plan of treatment, when he at length consulted Dr. Roots. That gentleman immediately reversed this procedure; and ordered him quinine and iron, with mutton chops, and three glasses of wine daily. Under this system, he rapidly recovered, and remained quite free from all gastric uneasiness during about eight years.

Unfortunately, however, his circumstances, for a long period getting worse, at length involved him in a chancery suit; and it is to the mental anxiety thus brought about that he attributes a return of his symptoms, about nine months before coming to the hospital. From this period they never left him, until his admission, on the 22nd of May, 1855.

At this time, he presented, at first sight, the aspect of a healthy, though spare man, of 50 years of age: his colour was rather ruddy; and the only peculiarity noticeable in his face was its anxious expression. But, on a closer scrutiny of this expression, it exhibited the characteristic worn and haggard look which I have found to be frequently associated with the chronic gastric ulcer of middle-aged persons. His pulse was good, and about 70 per minute; his tongue furred, especially posteriorly; his bowels acted regularly; his appetite was very bad. The pain of which he complained was referred to two situations, the epigastrium and the spine. In the former, there was one very tender spot, of about the size of a half-crown, just below the free termination of the ensiform cartilage; and around this a less intense and constant pain, that often extended towards both hypochondriac regions. The dorsal pain was a fixed gnawing, which was most intense about one inch to the right of the spine, on the level of the twelfth rib. Both were relieved by lying down. His usual posture in bed—on the right side—was the same which it has been for the last twenty-five years. The pain became worse immediately after eating, especially after hot food; but was not so much increased by a meal as during the attack nine years before. But he had constant vomiting, and was unable to retain any food whatever.

The first efforts of treatment were directed to the vomiting, which was evidently the most urgent and dangerous symptom present. He was ordered the trisnitrate of bismuth, in ten-grain doses, thrice daily; and for sole food, milk and arrow-root, boiled together so as to form a thin semifluid pulp, and then allowed to cool. Of this pulp he was enjoined never to take more than a single tablespoonful at a time, but to repeat it as frequently as the stomach would permit.

June 5th. He had strictly pursued the above plan; and the food thus taken had been generally retained. The epigastric pain had somewhat diminished in intensity, and has at the same time become more diffuse. The dorsal pain had quite disappeared. He was recommended to vary the above diet by substituting for the arrow-root, sago, tapioca, and especially ground rice.

June 10th. The vomiting was now almost limited to the early morning, and to one or two occasions in the day, when he had allowed himself to go too long without his food. Ordered citrate of iron, five grains, thrice daily, in an ounce of water; and to vary his food still further, by mixing small quantities of biscuit powder with the arrow-root or sago, before boiling it with the milk.

June 16th. The vomiting had quite ceased; and the epi-

gastric pain had almost disappeared, being limited to an occasional "twitch", often followed by a slight eructation, after which it soon subsided altogether.

June 20th. He was tempted to take a large cup of cocoa, which immediately brought on a violent relapse. The pain became intense; and, after extreme nausea, he vomited a small quantity of the cocoa. As he still had some of the bismuth powders by him, he recommenced taking them; and with apparent relief.

June 26th. Ever since the last relapse, he had been troubled with a return of the pain in the back, accompanied by slight hiccup and occasional eructation; and he noticed that deep pressure in the epigastrium increased this pain. Of course he was strictly forbidden to make any such experiments on himself in future.

June 28th. Again broke his rules of diet by eating a tolerably copious meal of fish, which was followed by a relapse precisely like the preceding. It subsided, however, much more rapidly, and in four days quite disappeared.

July 7th. His appearance to-day was very worn and depressed. A rigid inquiry elicited from a relative who came with him the fact that, in his anxiety to fulfil some business engagements, he had for the last three days been walking ten or twelve miles a day, and allowing eight or nine hours to elapse without taking any food. Every such walk brought on the dorsal pain and nausea, often vomiting; and, on eating, he also experienced a similar access of the dorsal pain and nausea, which, after waiting a few minutes, sometimes diminished so as to allow of his going on with his meal. But there was still no pain referred to the epigastrium. Ordered a small blister to the painful part of the spine; to continue the bismuth as before; and to take beef-tea, in addition to the other articles of food, at frequent intervals.

July 12th. The pain was completely removed by the blister; and he seemed to be going on very favourably in all other respects.

On the 25th of July he became worse again—a change which was probably due to mental anxiety and overwork, heightening the effect of his having neglected to take food with sufficient regularity.

On the 30th, the vomiting returned, with even more frequency than on his first admission; the bowels became constipated; and rapid exhaustion set in.

Under these circumstances, every effort was made to arrest the vomiting, and to support his failing strength. The bowels were at once relieved by castor oil; and the sickness then checked by effervescing draughts containing hydrocyanic acid. Brandy and water and beef-tea were administered at frequent intervals, in addition to small quantities of his usual milk food; and the pain was much alleviated by the administration of small lumps of ice. But though the rapid improvement of these symptoms at first permitted some hopes of his rallying, he soon began to sink; and finally died, exhausted, on the 8th of August.

The necropsy showed that the ulcer occupied the posterior surface of the pyloric extremity of the stomach, and the adjacent portion of the duodenum; being shared about equally between the two. Its shape was oval; its extent was about sixteen square inches of surface; and its edges were somewhat raised and thickened. But there was no adhesion of the stomach to any of the adjacent parts.

REMARKS. In considering the details of this interesting case, we are first struck by the history of the attack nine years before. Of this, one can only say, that though it was possibly the result of mere hæmorrhagic erosion, yet the symptoms, as well as the great liability of the gastric ulcer to recur even years after complete cicatrization, unite to render it much more probably an attack of the same disease which ultimately destroyed the patient.

Such a supposition is by no means contradicted by the ill success of the antiphlogistic treatment first adopted for it. In point of fact, far from being always curable by this plan, the gastric ulcer is just as little susceptible of a routine treatment as any other malady; every symptom requiring to be carefully studied, with a view to the selec-

tion of those minutiae of food and medicine, on which the issue of most ailments more or less directly depend. And I have been glad to mention the name of Dr. Roots in its natural connexion with the above narrative, for the sake of sustaining this proposition by the support of his great experience and authority as a practical physician.

As regards the diagnosis of the case when first seen by me, the symptoms would scarcely allow any one conversant with gastric disease to doubt that there was an ulcer of the stomach. From its being apparently the recurrence of a previous lesion, this ulcer might be regarded as not improbably a large one;—a suspicion that was confirmed by its symptoms. From its long duration, it might be conjectured to be on some other surface of the stomach than its anterior wall. And the situation of the dorsal pain suggested, as a mere conjecture, that it was seated in the pyloric extremity of the organ; a guess that the sex of the patient rather confirmed than otherwise. But there was nothing else in the character of the pain to support such a view: while the habitual decubitus of the patient (on his right side) rather militated against it. Hence I remained in doubt on all these points, even up to the death of the patient.

In respect to the symptoms of the case, it is important to notice how remarkably the symptoms of even large structural lesions of this kind are liable to be influenced by mental emotion. It seems not by any means impossible that the views of the patient (a most intelligent man) as to the cause of the last attack of the disease were correct. While the variation of the pain and other symptoms, which mental excitement and depression often produced in the course of his malady, were scarcely less marked than those produced by bodily fatigue or important errors of diet.*

Lastly, since the treatment of gastric ulcer cannot possibly be discussed within the limits of this hasty sketch, I shall confine myself to pointing out some of the principles which this particular case seems best to illustrate.

Our object is twofold; to support the patient's strength, and to avoid or allay the local irritation caused by the ulcer. And the extent to which we can fulfil the first of these indications is frequently determined by the degree in which the symptoms do not claim our attention to the last. That is, on the one hand, there are cases in which we may with advantage imitate the plan successfully pursued during this patient's first attack:—cases in which there is little vomiting, and but moderate pain; and in which the milder ferruginous tonics,† and a good, or even generous diet may be given with the greatest benefit. While, on the other hand, even where a dangerous vomiting threatens starvation, and obliges us to confine ourselves to minute quantities of the simplest food, it should be our care, as the irritability of the stomach diminishes, not only to see that the frequency of these meals shall, as far as possible, compensate for their small bulk, but that the patient's dietary should be varied and extended from day to day as much as prudence will allow us. And hot food should be carefully avoided.

It is to the physiology of digestion that we must look for our best guide in fulfilling the first of these two indications. The lesion involves an organ which, as it has for its office the solution (or rather the digestion) of the various protein compounds, is roused to a hurtful activity by their introduction into its cavity. Nevertheless, as these compounds are indispensable to the organism, we can never forego their use; much less in that state of exhaustion which the disease or age of the patient often implies. All that we can do is, to take care that their quality shall (as in the case of the milk diet above mentioned) favour their digestion, and shall involve no mechanical irritation of the ulcerated surface of the organ; that their quantity shall be limited to the probable need of the system,

and shall be such as allows them to leave the stomach soon after being received into it; and, finally, that we should return to the diet of health by slow and safe gradations in both their quantity and quality. For this purpose, I generally vary the milk food by gradually passing from the almost pure starch of arrow-root, to sago or tapioca, before venturing to the moderately proteinous ground rice; by going from this to biscuit powder, or bread-jelly; and by proceeding thence to beef-tea and boiled fish, before commencing meat. But to specify the circumstances which guide our selection of each article of food, or warrant our progress onward, would make me exceed my present limits. Much, indeed, often depends on the idiosyncrasy of the patient.

Lastly, as regards the drugs most useful in checking vomiting, and allaying irritability, I have found nothing which (as a general remedy for the mixture of these symptoms, present in most cases) equals the trisnitrate of bismuth. This, where the vomiting is not very severe, may often be advantageously combined with opium or the compound kino powder. In very severe cases of vomiting, the above mixture of the ordinary effervescing draught, with prussic acid, is often of great benefit; as is also ice. When these fail, it is better not to attempt any other drugs. Blisters rarely fail to relieve excessive pain; except where there is adhesion of the stomach to the wall of the belly, in which case they sometimes increase it. And I need scarcely add that, as a rule, blood-letting is quite inadmissible.

20, Brook Street, Grosvenor Square, October 1855.

St. Marylebone General Dispensary.

SCATTERED ULCERS OF THE SKIN OF THE INFERIOR EXTREMITY.

By T. W. NUNN, Esq., Surgeon to the Dispensary.

W. T., aged 39 years, light porter, admitted Feb. 17th, 1855, with inflamed circular ulcers, about the size of a shilling, on both legs; some situated above the knee-joint. He had suffered from the same disease several years previously. His face bore marks of cicatrices about the nose and chin, most probably of sores similar in nature. No very definite account to be obtained from the patient himself. The sores have all the appearance of rupial ulcers; they do not, however, commence by a vesicle, but by an indurated red lump in the skin of less size than the sore itself. This suppurates and discharges by a small aperture, which afterwards goes on ulcerating until the whole cavity of the cutaneous abscess is exposed, and until a more or less circular inflamed sore, as above described, is left. The patient's mode of life is irregular; his habits dirty. He most positively denies having ever suffered from syphilis; but says that his father had been the subject of that disease, especially in its secondary form. Ordered a third of a grain of the proto-iodide of mercury, with the same quantity of opium, and two grains of quinine, in a pill three times a day; and a wash composed of two drachms of Burnett's solution of chloride of zinc in twenty ounces of water, to be kept constantly applied under oil-silk. These medicines were repeated on the 22nd and 27th of the month, improvement taking place.

The improvement not being of that decided character that was expected from the treatment, on the 1st of March, in addition to the pill, half a drachm of nitric spirit of ether in decoction of bark was given, and continued on the 6th, 15th, and 27th of the month, but still the progress was not satisfactory. On April 12th, the pill was ordered to be discontinued, and one drachm of the liquor of bichloride of mercury (*i.e.*, 1-16th of a grain) added to the dose of the mixture, two drachms of cod-liver oil being given twice a day. This appeared to tell much more on the disease, and was continued until May 5th, when the patient was discharged cured. He remained well until Sep-

* A similar influence of the mind upon the body is well exemplified in the case of a patient now under my care for a large tumour (I think, an hepatic cyst) in the belly. Experience has taught him forcibly to check a current of desponding thought, in order to avoid the severe attack of pain which it almost invariably produces.

† I confess, I should scarcely like to prescribe quinine in most of these cases.