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COURSE OF CLINICAL LECTURES, DELIVERED AT THE MIDDLESEX HOSPITAL. BY DR. WATSON.

Lecture IV.—November 5, 1842.

GENTLEMEN,—There have been twenty-four patients admitted since our last meeting here, twelve males and twelve females. The new cases presented classify themselves thus :—There are two of anasarca, Edward Saunders and Mary Ryan, both affected with renal dropsy, not, however, presenting any particular feature demanding more than ordinary notice. One of them illustrates very well the remark I made in a former lecture, that in our examination of patients we must not depend on the relation given by themselves, but must mainly rely on our own observation. I allude to the case of Mary Ryan, an Irishwoman, from whose verbal statement nothing whatever could be learned. There are three cases of phthisis—two certain, John Deane and Thomas Pine; the third, that of William Hooker, is one of strongly suspected phthisis, but the diagnosis of which I have not yet fully confirmed. Two cases of simple fever, one the diagnosis of which is quite clear; if the other be not fever, I hardly know, from present appearances, what it is; but it is more than probable that a day or two will enable us to diagnose with perfect accuracy. Those two are Samuel Robins and Mary Anne Geary. Five cases of rheumatism, or affections immediately connected with it—William Balding, John Little, E. Moore, all decided rheumatism; Charlotte Panoch, whose affection is a sequela of rheumatism; and, perhaps, similar is the case of Joseph Burnbrock. One of erysipelas, Michael Sheen, who was before in hospital, and has been now readmitted. One of pneumonia, J. Ball. One of cynanche tonsillar, Mary Wake, a rather interesting case, on which I shall have to make a few observations. One of measles, Henry Smith. One of scarlet fever, Fanny Barr. One of periostitis, Mary Billington, a rather remarkable case of inflammation and thickening of the periosteum. Two of disorders of menstruation, Mary Surnam, whose case is one of emansio mensium, and Caroline Churchill, a case of total absence of menstruation. One very interesting case of abdominal tumor, Mary Hill. One of hysteria, Mary Harding. One which I hardly know how as yet to name; it is a case of frequent vomiting, from a cause not sufficiently ascertained; it is that of Charlotte Elmore; and one of renal irritation, or affection of the kidney.

Taking the twenty-four cases which I have enumerated, with the patients previously in the house, we have certainly a sufficient number to afford us

very interesting and very instructive study. Perhaps the first thing calculated to strike us, on viewing the present state of our wards, is the number of phthisical patients. Among the new patients, those admitted since Tuesday last, we find three phthisical cases; two, at least, are certainly so, and that the third is one, I have very little doubt. I sent out last week two decided cases; I allude to John Batty, aged forty-six, and Eliza Taylor, aged fifty-eight. Of remanets, or patients who had been previously in hospital, and still remain in the house, there are three of phthisis—namely, James Reynolds, aged sixty-two; John Self, aged fifty-six; and, most probably, John Mitchell, aged near sixty. Yet these are cases we are forbidden, by the rules of the hospital, to admit or retain; and they are excluded on this ground, that being incurable and capable of receiving little relief in hospital, they should not be allowed to occupy the places of others, for whom medical attention may effect more in a house where the number of beds, as here, is necessarily limited. If, then, we discover to our full assurance, on examination in the entering room, that a patient is afflicted with confirmed phthisis, we, in compliance with the regulations, reject him. And if, after admission, and upon testing the ailment by all proper means, we discover that the person at first admitted is actually afflicted with this disease, we dismiss him at the earliest suitable opportunity. Notwithstanding all this care, we find our wards constantly full of consumptive patients. On going over the case-book, and comparing with the number of deaths altogether the number of deaths from phthisis or phthisical affections, I find they bear the relation of one to two, or that one out of every three deaths of patients under my care is death from this fearful malady.

It is well worthy also of your consideration to examine the different ages of those patients. In a former lecture I alluded to an error prevalent among non-medical, and especially among uneducated persons, that phthisis was confined to the earlier periods of life, and that if an individual attained to a certain age, he was then safe from its assaults and its ruinous effects. The experience of every day sadly refutes this error, and shows you that no age or condition is security against this insidious and merciless foe. Though, unhappily, it has been found, and probably will continue to be incurable, we should not the less, on that account, so direct our studies and energies as best to apply the means at our disposal for affording temporary relief, and, if possible, protracting to the furthest the result, which, however long delayed, must be inevitable. When you, Gentlemen, come to practise for yourselves, a vast number of phthisical cases will certainly present themselves, and make serious demands on your knowledge and skill. Though in almost every case your highest hope, and the re-

sult of your most judicious exertions, will be but a delay of the final surrender—a putting off of the certain consequence—you ought at least to be well prepared to alleviate the sufferings of your patient, and to adopt the best mode of treatment for his particular species of the disease. You will remember that its prominent and most distressing symptoms differ much in different persons—that it is not a mere lung ailment, but a constitutional complaint, the distress of which falls most frequently on the lungs, but not always of necessity so—that it falls now on one organ, now on another. As regards a disease so insidious, so frequent, so fatal, and in its prominent symptoms so various, I can deem no apology necessary for soliciting your anxious attention to the leading and characteristic features of every case that may present itself; nor shall I consider any opportunity to be neglected which affords occasion for dwelling on the distinctive symptoms of each variety, and the particular treatment which those symptoms indicate as the best to be adopted.

I shall now direct a few observations to the several cases of this disorder which at present are, or most recently have been, under my treatment; and, as in other cases, I shall observe the order I have laid down, first referring to those which have been withdrawn from my care, either by a fatal termination, or by removal from the house, whether under favorable or unfavorable circumstances; then to the remanets, those cases which had been in the house at the time of our last meeting, and still continue with us, and lastly, to the cases newly admitted. I have mentioned, that during the past week I sent out two patients laboring under confirmed phthisis, both persons rather of advanced years—John Batty and Eliza Taylor. In the case of Batty, the leading symptoms were hoarseness and occasional dyspnoea, with wheezing respiration, and tenderness of the larynx; the other symptoms were a wasting of the body, repeated sweats, frequent and feeble pulse, also dulness on percussion, and feebleness of the respiratory sound beneath the clavicles. All these symptoms clearly bespeak phthisis. A part of the history of this man's case was, that he had had syphilis once or twice. The previous occurrence of syphilis had led some one, whose aid he had sought, to salivate him; and it was a natural belief that the laryngeal organs were involved in the syphilitic affection. I say, it was a natural mistake to salivate, with the view of relieving the tenderness of the larynx. The salivation did no good as regarded that symptom (and thus, as in this instance, the effect of a remedy becomes diagnostic), but probably it did harm to his general health. Yet it was a natural mistake, and only shows how very careful we should be in exploring every possible symptom that may inform us of the true character and cause of disease. I found in this case much relief afforded to the respiratory organs by the inhalation of the vapor of creasote, and I think it well worth while to mention this, as it may in other instances be found serviceable in permanent inflammation of the larynx. The mode in which I had it used was by having the creasote suspended in mucilage at a high temperature.

The other case, now removed from the hospital, was, as I have said, that of Elizabeth Taylor, another patient rather advanced in life, she being fifty years,

or thereabout. In her case there were no symptoms particularly prominent, but those which manifested themselves were amply diagnostic. She had a cough, attended with expectoration of globular sputa, indicating former hæmoptysis. She had wasted away fast—had perspirations, diarrhoea, and frequent pulse. It scarcely wanted any proof by auscultation to establish the diagnosis; that, however, came, and fully confirmed the conclusion previously arrived at. There was gurgling and pectoriloquy in the right subclavicular space.

Of the cases now in the house:—James Reynolds is aged sixty-two. His most prominent and distressing symptom is hæmoptysis. This does not necessarily imply that the disease is phthisis, for it is sometimes a vicarious effort, as in cases of suspended catamenia. But in his case other symptoms came to our information. He had not wasted much, and had no perspirations. But on ausculting, you find hollow respiration, and large crepitation or gurgling in the left subclavicular space. Thinking to check the expectoration of blood, I administered the usually prescribed remedy—gallic acid. It was attended with very little effect. I do not know that you can take the failure of this remedy in his case as any proof of its inefficacy for the purpose to which it is applied, for a much more powerful preventive of this discharge of blood—acetate of lead—was also tried, and with equally little effect.

John Self is aged fifty-six. His symptoms are shortness of breath, a cough, attended with expectoration, but not of blood, and the most distressing symptom, diarrhoea. This is so severe that the man is himself confident that, if his stomach and bowels could once be set right, he would be quite well. By ausculting, you find tubular breathing distinctly, in and out, in both subclavicular spaces; there is a slight gurgling in the left space; the voice is very resonant in the right. No doubt can be entertained that the case is one of consumption.

John Mitchell is nearly sixty years old. He is affected with pneumonia; we find imperfect breathing in the upper part of the other lung, and in the lower part of the same lung what is termed puerile respiration, which is a pretty certain indication of the disease.

Of the new admissions, the first is John Dean, a man much younger than any of those before mentioned; he is twenty-six years old, and his symptoms are definite; he is very thin and pale, and speaks of having had a severe cough for about six weeks before his admission; his pulse is feeble and reaching to 100; much expectoration attends the cough. His other symptoms are—wasting; great debility, daily increasing; shortness of breathing; he has had perspirations before entering the hospital, and his bowels are confined. On auscultation I found his breathing tubular, and especially so on expiration, distinctly heard in both suprascapular fossæ. I remark particularly that you detect the altered respiratory sound on expiration; for you ought not, under ordinary circumstances, to hear the expiration—the departure of the air from the lung—at all as distinctly as the entrance of it; while in this man you heard the expiratory murmur quite as distinctly as the inspiratory in the left suprascapular fossa. I have found in ausculting that, when you fail

to detect any symptom of tubular breathing in the usual region, beneath the clavicles, you succeed in detecting it by applying the instrument just below the scapula; in this case I found it in the lower part of the left scapular region, and on the man's coughing there was a sound heard, for which I can find no more expressive name than a *squash*.

Thomas Pine is another patient not far advanced in years; he is twenty-six years old, and has been a railroad labourer. He has a hard, noisy, and violent cough, coming on in paroxysms of some considerable duration; this cough is accompanied by expectoration of much mucus in puriform masses, and was once, he states, attended by expectoration of blood for a period of seven or eight weeks. The other symptoms in his case are—rapid wasting; a frequent pulse, reaching to 108; and much night sweating, which he was not used to. He had been an intemperate man, and, of course, from his employment, has been much exposed to the inclemencies and vicissitudes of the weather. Auscultation, almost unnecessary in this case, sets its seal upon the character of the disease. In the left sub-clavicular space I found a slight gurgling; respiration is imperfect, and percussion dull in the upper part of both lungs.

The other man to whom I have alluded as strongly suspected of laboring under the same malady, is Wm. Hooker, aged fifty. He suffers from a cough and pain in the chest, as also from hæmoptysis; his pulse is quiet, and as yet I have not ascertained any disorder of the respiratory organs discoverable by the ear, but the diagnosis in his case is as yet incomplete.

From the succinct catalogue of cases which I have now run over, as well as from those to which, on former occasions, I have had to direct your attention, you see, Gentlemen, what a great variety exists in the symptoms of this too fatal and too common disease, and you also observe a corresponding variety in the distress and suffering to which its victims are subjected. Some, with little or no suffering, fade away—gliding, as it were, insensibly out of existence; some are harassed by cough, others by sweats, many by two or more of those distressing accompaniments; and most are afflicted by cruelly harassing diarrhæa, the inflammation of the mucous membrane of the intestines causing constant demands for evacuation, and rendering necessary frequent rising from the bed, when doing so is extremely wearisome and painful. Some are visited by another most distressing symptom, bed-sores, of which I have seen very many most painful instances, in which the bones were completely denuded, and from the number and position of the sores rest was almost impossible, and existence became a torture.

Varied as are the symptoms, and the modes, and degrees, of distress and suffering, equally varied are the periods of duration. In some instances the disease speedily accomplishes its work; its assault is violent, and its progress rapid, and thus patients are said most expressively to have galloping consumption; of such I have known some cut off, within nine months, from the first development of external symptoms. In other instances the patients last very long, the progress of the disease is extended over a long series of years, during which the decay is gradual, but the symptoms are either continuous, or not infrequently interrupted by intervals of apparent good, or improved health.

Dr. Latham, in his little book upon subjects of clinical medicine, treats of phthisis, and describes very well those two varieties in the chronic form; to his observations I commend your attention. You will assuredly find in your future practice, if you have any patients at all, that you will have many phthisical patients; you should, therefore, be fully prepared for those varieties of the disease—prepared at once to discriminate between them, and to adopt in each variety the treatment fitted for it.

There are two questions which you are sure to be asked, when called in to phthisical patients, questions that will be anxiously asked by their relatives and friends, and answers to which you will be expected, and indeed you must immediately give. Over those two questions you should have previously thought much, and you should feel yourself able to give answers with readiness and proper confidence; the first regards the diet; the second the place of abode. In respect to the diet, there may be two opposite faults—you may direct the patient to be over-fed, or, on the contrary, you may direct under-feeding. Now to the question regarding the diet you must not always give one and the same answer; that regimen which would be proper and requisite for one patient would be extremely improper and highly injurious for another. In one case the system must be nourished, the attenuated frame upheld by generous living; in another case, where the disposition to inflammation is marked, anything exciting must be carefully avoided. I may condense the observations on this point, which I shall have repeated opportunities to impress on you, into these general hints:—In chronic cases of this disease your patient must be sustained, cheered, warmed—he must be thoroughly well nourished; in acute cases, on the contrary, a low diet must be adopted, as anything of an exciting or of a rich nature has a tendency to involve the yet healthy part of the lung.

As regards the place of abode, I have long been of opinion that, in very many instances, too much has been expected from residence abroad—too much importance has been attached to sending patients to other climates. If you find from accurate search and examination that the lung has become tubercular, that it has been so seized on by disease as to forbid the hope of arresting the progress of the malady, much less effecting the release of the captive organ, it will be worse than useless—it will be cruel—to send the patient away from home, where, and where only, those attentions of most avail in alleviating anguish, and soothing the pillow of sickness, can be found in full perfection, where only pleasing and kindly associations lend their aid to render comfortable the sufferer's progress to the grave. If, on the other hand, the disease be only threatening—if there have broken forth no decisive proofs of its victory over the constitution—or if, being yet inceptive, a hope may be fairly entertained that a milder climate may assist in retarding the march of decay—then you may properly recommend a warmer sky and a less trying air.

Before turning to any other portion of this subject, I would again impress on your attention the necessity of discriminating the several varieties of this disease; in particular, you will remember that its chronic forms are twofold. In one, the patient will seem at times to have recovered—the distressing symptoms will

have disappeared, and remain, as it were, in abeyance, for a considerable time; the patient himself, feeling his great pain or suffering relieved, will think himself recovered. This probably occurs when, by excessive effort, the tubercular matter has been almost all ejected, and during the interval required for its regrowth, or reproduction, the general health appears improved. But you must not be deceived by those appearances—the suffering is less, may it may have ceased, but beneath the fatal causes are at work. Again, the period of suffering returns—again, again, and again the interval of seeming health returns, to be followed of a certainty by periods of great peril and distress. In the other chronic form there is a continual state of impaired health—not perhaps attended with much actual suffering—but however slow and silent the progress of the malady, it is sure; the tubercles increase in number and in size year after year, until finally the system breaks down beneath the uninterrupted pressure of disease.

I would now throw out a few hints as to the mode of treatment adapted to the relief of the several prominent symptoms, that you may be able to alleviate suffering, which you are powerless utterly to remove—that you may render less uncomfortable the life you cannot save. A very large number, indeed the majority of phthisical patients, suffer from cough. For this you may procure relief by hydrocyanic acid; and should you find it obstinate, you will probably find it yield at length to opium. Some patients are very much distressed and weakened by hectic fever and frequent perspirations, which are generally most distressing at night. To relieve those recourse is had to acids, such as sulphuric acid. According to circumstances the acids must be guarded or qualified by the use of opium. Diluted sulphuric acid I have found serviceable; but sometimes we cannot administer it in that form, in consequence of the state of the bowels. In the case of the patient, Self, whose name I have before mentioned, I had to administer a preparation with paragoric. Kino has been found very effective in some instances. Lead is recommended by many, though I have not been much in the habit of using it. Sponging with vinegar and water is also useful. For the relief of diarrhoea the remedies are kino, ratanhia, and logwood—when all those failed in the case of Self, I at last tried opium, and found it effective; the form of its exhibition was opiate enemata. The relief of the bed-sores is probably more difficult. Plasters you will find the most effective. Many use spirituous lotions, and certainly if you discover symptoms of their approach in time—if you see the skin becoming red and inflammatory—you may prevent the breaking forth of the sores by a lotion of brandy. But when you find the sores existing, the flesh ulcerated and sloughed, you must use plasters, and in all cases, when procurable, you must place your patient on Arnott's bed. With these few suggestions I must close this day's remarks on phthisis.

With regard to the other cases to which I would refer in this running commentary, I will now take one or two that are likely soon to be over. I have named Mary Billington, as a patient afflicted with periostitis. She entered the hospital with pains in her different limbs and joints, and at first I thought she was laboring under rheumatism; but a little farther examina-

tion showed me it was not a case of simple rheumatism. The pains were of ten months' duration; there was no swelling of the joints; no morbid fever nor sweating; she never had had rheumatic fever; the pains, she said, were always worse when she was warm, and particularly severe at night. That is sometimes the case in rheumatism. But I found the left tibia towards the centre of its shaft swollen, painful, and tender; the left ulna was painful, and there was considerable tenderness on the left of the sternum. I concluded the case was periostitis, and it seemed syphilitic; but the woman affirmed that she never had suffered from the venereal disease. I have found in this case, as in every similar one, the iodide of potassium most efficacious, on being applied to the nodes. I have never seen it fail to cure those symptoms, and it appears to be as positive a specific against them as bark is in ague, or sulphur in itch. You will watch this case, and observe its progress carefully. I have seen the woman but once since the treatment I refer to, but even then the good effect of the application was manifest—the node was evidently less. I need not tell you that the iodide of potassium, like mercury, often produces an affection of the eyes and nose, and particularly of the Schneiderian membrane, and that it even excites catarrh. I have found these effects from its use in private practice. But you have seen so many times the same results here, that it is unnecessary to dwell upon them. In the cases to which I have applied it, it has sometimes caused pain in the frontal sinuses, but which did not show any sign of descending to the bronchi, and consequently I have not been in any way alarmed.

The last case to which I can this day advert is that of Mary Wake, whose malady is cynanche tonsillaris, which had run its course in a great measure. When she entered the hospital she had been laboring for a fortnight with a swelling of the left tonsil, soreness of the throat, especially on the left side, difficult deglutition, and diffused swelling of the parotid. This morning I find she was seized with difficulty of breathing, and she is now lying in the ward breathing with great difficulty. There probably is some abscess which causes this new symptom. I have directed an emetic to be given her. It is a case of some peril, and well worth your closely watching. Besides the symptoms I have already mentioned, she has great pain in one side of her head, for which I have caused muriate of ammoniac to be used. It is well worth knowing that muriate of ammonia is most serviceable in this form of hemicrania. Of the remedial properties of sal ammonia very little is known, at least very little was so until lately; its efficacy and the mode of administering it were first made known to me by an old apothecary of this city, who had, in innumerable cases, found it a sovereign cure. It should be administered in doses of half a drachm, or a scruple, and you will find that where persons complain of pain in the jaw and the whole side of the head, the pain freely yields to this dose of muriate of ammonia. I may add that in Germany this medicine is used in many cases where we use mercury, and for the same purposes, as in hepatic affections, and that it produces the required results without any of the inconveniences attending the use of mercury. The other cases I must postpone until next Saturday.