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

Lecture III.—October 29, 1842.

GENTLEMEN,—The observations I shall this day address to you will of necessity be brief, and strictly in accordance with my intention in this course of clinical lectures. Two deaths have occurred in this hospital since our last meeting here, and although those cases are not very fruitful of topics for remark, yet, in compliance with the rule I have laid down, I shall advert to them first, and afterwards, if time permit, solicit your attention to one or two other cases on the book.

Of the two cases which have terminated fatally, the first is that of a woman, named Clara Forster, aged sixty-eight. She was admitted into hospital laboring under anasarca of the legs, which extended up to the knees; there was also a swelling and constant coldness of the hands. She had been so affected for a year and a half previous to her admission. On examination, I found her abdomen rather full, her urine scanty, and her bowels confined; she suffered in some degree, also, from short breath, and, in consequence of this difficulty of respiration, she required to have her head supported on a high pillow; there was no palpitation of the heart, and on inquiry I found, as I fully anticipated, that she had never had rheumatic fever; she could lie on her left side only, in consequence of a pain in the right; there were occasional interruptions of the pulse, and she complained of vertigo, especially on stooping; of late the womb came down much, and she suffered very much from piles; the urine was acid, and not coagulated by heat. I should add that she was considerably deformed also, the spine having become much curved forwards. In treatment little could be done, further than to procure alleviation of actual suffering, and to render less burdensome the brief period of existence allotted her. She had reached, as I have mentioned, the age of nearly three score years and ten—a length of life not granted unto all, and which is, as it were, the great foredoomed limit to humanity. Hers, then, may be considered rather a common mode of corporeal decay and dilapidation of the whole frame than as a case of disease. You will continually meet with similar instances of the earthly tenement wearing away.

The case was, as I have already said, one of anasarca and though by no means uncommon in occurrence, nor peculiar in circumstances, it may be well for us to inquire what was its cause. Anasarca is a result dependent in various cases on various causes. To all the causes, or all the ascertained causes, it is not my

purpose, nor is it necessary, now to advert. I shall content myself with a brief allusion to one or two of those diseased conditions of which it is a common result, but of which neither was present in this case. In the first place, anasarca might have proceeded from a particular state of the kidneys—from that peculiar disorganisation of the organ which is known by the appellation of granular kidney, and which is also called Bright's kidney, from the circumstance of its having first been rendered an object of marked attention by Dr. Bright. In this case the anasarca did not depend on any renal disease. In the urine, when heated, we could discover no albumen, neither was there any trace, on testing with nitric acid; and hence I concluded there was no disease of the kidney. Neither did the anasarca in this individual result, as it sometimes does, from any pressure on the inferior cava. Such effects from such a cause are not infrequent in pregnant women, or in persons affected with internal tumors; but no such cause existed here, as was to be inferred from the circumstance that the hands also were involved, on which no such internal pressure on the inferior cava could have so operated. In fact, the case was one of impeded circulation through the heart and the blood-vessels in immediate connexion with it; the transmission of the blood was impeded by some of those changes incidental to her period of life. She had nearly reached the age of seventy, and at that time changes are very common in the system, and seem merely the effects of nature; the impeded blood becomes accumulated, and, being retained in the veins, causes effusion. The state of the pulse corroborated this inference. The deformity spoken of also contributed to the impediment to circulation. A consequence of this impediment, from congestion of the blood, was a shortness of breath and effusion into the bronchi; the vertigo was also to be attributed to the same cause. Two other circumstances presented in this individual instance are very common in such cases; I mean polapsus uteri and hæmorrhoids, or piles. In consequence of the defective circulation, the veins, particularly those in which the ascent of the blood is impeded, become turgid and overloaded; what women often call a bearing downwards of the uterus is often felt, and the term is not inappropriate, for it is really a bearing or falling down of the choked and oppressed veins, which seek to unburden themselves by hæmorrhoids, and those sometimes very much aggravate the patient's sufferings. In the case of this woman I tried expectorants and diuretics with no effect, that is no effect of any duration. She died on the 22nd. As her friends refused permission to have her body examined we have not been able, by actual demonstration, to verify the diagnosis, but of its correctness I can entertain no doubt. I have said such cases are very common; they are the results of thoracic decay, and

a general alteration of the system, particularly of the cardiac organs. Such parts should be relieved by taking some blood from between the shoulders by cupping, and recourse should also be had to expectorants and diuretics.

The other patient, who died since last we met here, presented a case of disease very common in this country, and, indeed, from all we can ascertain, too common in all countries—phthisis. I allude to John Abel, an old man, who had been a jockey. He had been my patient in February last, and then said he was sixty-two years old; he was certainly sixty, and probably more. In February he complained of pains and stiffness in his limbs, and was affected with rheumatism, to which, as he said, he had been a martyr for seven or eight years. Four years before he had been Dr. Hawkins' patient. At the time of his former admission to the hospital in February, I carefully ausculted his chest, which, on his last reception, I did not feel it necessary to do. He had then chest symptoms; he could not lie down with any pleasure, as he not inexpressively termed it; he had a cough, with a difficult expectoration of thick mucus; the respiration was found feeble in both lungs, with here and there creaking and crepitation. He left the hospital on the 22nd of March, being then in his usual state of health. Between that period and his return to hospital I frequently saw him in the streets. He was readmitted on the 20th of September with rheumatism, as before. But the pulmonary affection had become more developed; his respiration had become more feeble; his cough was now very troublesome; he told us, at night, he had wasted away very fast during the interval, as was perceptible at a glance; he had now a frequent pulse and diarrhoea. In short, the symptoms were all those generally attendant on phthisis. We succeeded in relieving his pains, and in making him more comfortable. But he gradually pined away; his pulse growing daily more and more feeble, his features sharpening, and his strength so reduced that he was unable to get out of bed. On this occasion I did not annoy him with much auscultation; it would have been painful to him, and was unnecessary. He died in about a month after his admission—that is, on the 22nd of October.

On the post-mortem examination, the lungs were found to be stuffed with tubercles, and here and there were hollowed out into small vomicae. The number of crude tubercles was very great; the cavities were not very large, but they were many in number; the pleurae were very much thickened with adhesion on both sides, particularly on the right, and this adhesion seemed of long standing; the lower part of the left lung is described as having been in the first stage of pneumonia. It was altogether a case in which the ordinary phenomena have been clearly apparent. The tubercles were numerous and advanced in the upper portion of the lungs; this is very important as to the verification of the diagnosis, wherever that is doubtful. The inflammation of the pleura has given origin to the name by which this peculiar species of disease is called, pleurisy, and the adhesion is a consequence of the tubercles; it may be considered a conservative attempt made by those organs to prevent the vomicae breaking into them. The surface of the lung was irregular, and pneumonia apparent in the

left portion, which was probably the immediate cause of death. I shall have other and better opportunities than the present of speaking of the varieties of this dreadful and destructive disease, and of the modes of treatment to be adopted. For the present I shall only direct your attention to the age of the patient, as a circumstance worthy observation, because one of the many instances in refutation of a common error. This man was between sixty and seventy years old; certainly beyond sixty. The error to which I allude, which I cannot of course suppose to be entertained by any professional man of the present day, but which is undoubtedly very prevalent with the public, and more especially among the uneducated classes, is the belief that if a person reach beyond a certain time of life, he is then safe from any fatal consequence of this disease—that if he attain to twenty-five or thirty years of age the disposition to phthisis is outlived. The melancholy truth is contrary to this fond supposition; the treacherous disease appears and proves fatal at different stages of existence—in maturity and in old age as well as in youth. And this fact you have learned, or you will learn from your observations in this hospital, in which, although we are anxious and careful to exclude cases of consumption, in obedience to the rules and ordinances of the institution, the cases are many and frequent of phthisis in all and every period of life.

I shall now turn to one or two cases which have been more successfully treated, on which my observations must be few. One of those, which may be in some degree interesting, is the case of a younger patient than either of the last. William Smeed, aged twenty-three years, a traveller, or, as until lately persons so employed were called, a bagman, out of employment—a person probably of intemperate habits, for that class of persons are or were generally so addicted. He was admitted on the 11th of October. The conjunctivæ were yellow; the skin of his face and his chest was of a bright lemon color; he said it had been of this bright yellow hue for nine days. Some time before he had had a suppurating gland in the groin—a bubo, which was followed by this attack. After the healing of the bubo he had been attacked with nausea and vomiting; soon after the yellowness appeared, and ever since he had nausea, and felt himself unwell. He had no pain anywhere; no tenderness in the side or in the hepatic region. A piece of white paper appeared to him white, and I found that his eyes were not vascular. This I mention, because in very many instances of jaundice I have found considerable vascularity of the eyes, and a false perception of color—white objects appearing to the patient of a yellowish tinge. His urine was dark colored, and the alvine evacuations pale and clay-like. I administered on his entrance five grains of calomel, and next morning a mixture of castor oil and oil of turpentine. This set the excretory organs free, and the patient showed signs of recovering. On the 14th I put him on five grains of blue pill, to be taken morning and night, with three drachms of Epsom salts three times a day. By the 18th his gums had become slightly tender, but the day before that, the report states, the yellowness of the skin had plainly become less intense. For the last week the yellowness has completely disappeared; the stools and urine are now

quite natural, and the patient, I trust, nearly restored to permanent health.

Jaundice is in itself a very curious condition, from whatever cause it may originate, and its causes are many and various. In this disease it is uniformly found that the yellow color which should naturally appear in the alvine excrement is absent, but shows itself in the urine and in the skin. In fact, either the coloring matter of the bile, after having been secreted in the ordinary way, is taken up again into the blood, or it fails to be separated from the blood, where it accumulates. The matter so accumulated is partly expelled by way of the kidneys, part finds its way to the surface of the body, and imparts to the skin the curious unnatural hue indicative of jaundice. Mere delay of the bile in the gall-bladder is not sufficient to cause jaundice, as I showed you when noticing another case on a former day, where the gall-bladder was full to the very lips of the orifice, and yet no jaundice had ensued. When the unsecreted bile, or rather the coloring matter of the bile, becomes thus accumulated in the blood, it has, besides imparting to the skin that peculiar tinge, other and poisonous effects. It is almost always attended by great lowness of spirits, or hypochondriasis. When sudden and intense in its attack, as it sometimes is when caused by unwonted excitement, by passion or mental emotion, its effect on the brain and the nervous system is apt to be fatal. Mr. Northcote relates a case where the appearance of jaundice was instantaneous and intense in the person of a servant girl, who was charged by her mistress with being pregnant—alarm and shame with the suddenness of the discovery having powerfully operated on her. When thus sudden in its assault it frequently produces coma and death. It is less injurious and less formidable when it comes on gradually, except in cases in which it originates from some organic cause. But jaundice is itself not a disease, but only a symptom of disease; and we must inquire what is the cause of the symptom—what is the disease of which it is a result. In this case to which I have been adverting, it probably proceeded from congestion of the liver. The man was probably intemperate and imprudent in his youth, and the congestion may have proceeded from the effects of remedies necessarily used to banish other disease. When proceeding from this cause, we relieve the patient by draining the liver, by relieving the congestion; for which purpose we find neutral salts effective; they act on the intestines, on the liver and duodenum, and cause watery stools. Blue pill also relieves the bile.

Sometimes jaundice proceeds from pressure on the gall-ducts, and a blocking of them up, as I have seen in the case of a patient so affected in consequence of pressure on the head of the pancreas; sometimes perhaps it proceeds from spasms; and sometimes from deep-seated and structural alteration of the liver itself. The hues of jaundice are various, though all partaking of yellowness to some degree; and this variety may be considered as the consequence of the variety of causes. In the case of the patient Smeed, the color was a bright yellow, perhaps best designated lemon color. Sometimes the color is more ruddy, more like an orange, as in febrile jaundice, where the floridness of the fever imparts a degree of ruddiness, and the mixture of this redness with the yellowness of

the coloring matter of the bile gives the orange hue. Sometimes the color is green, and green jaundice is always a bad omen, for it either proceeds from the circulation of blood vitiated by bad and radically unhealthy bile, or it is the yellowness of jaundice combined with the livid blueness of thoracic disease.

To one other case I shall briefly advert. Having to attend a committee of the hospital, I must limit my observations to a case not requiring lengthened remark. Such is that of George Wilkinson, aged fifty, a sawyer. This man has genuine gout. It is a disease very rare among the lower classes, and seldom finds its way to an hospital, unless in the persons of butlers and other servants of wealthy families, who live luxuriously. However rare in the class to which this man belongs, there can be no doubt that his disease is gout. It began, he tells me, seven years ago—that is, when he was about the age of forty-three, when it affected his great toe with swelling, slight redness, and pain, which was most severe at night. It was for many years confined to his feet, each of which it visited alternately, until two years ago, when the joints of the upper extremities became involved. The disposition to gout is frequently derived from the parents, or progenitors, but none, that he knew of, of his family had ever been so affected. He is not of that class that are in the way of acquiring the disease, as butlers and others having access to luxurious living; he is a sawyer, a member of a trade which does not afford very indolent living. He had gone through many hardships, and had served with the army on the peninsula. He does not appear to have been intemperate, and says if he exceeded at all, it was in porter, of which, when at full work, he was in the habit of drinking about four pints daily. That quantity is not, I believe, to be considered excessive in persons of his class, when hard at work. Porter has been found, when drunk immoderately, to have a tendency to produce gout. The persons employed on the river in the heavy work of removing ballast, and who are called, I believe, ballasters, drink very large quantities of porter, and among them great numbers are affected with gout. The medical officers of the Dreadnought hospital ship state that a very large proportion of their patients are those ballasters so diseased. Gout is apparently a consequence of some poison in the blood, and from its being carried about in the circulation, we may account for the pains shifting hither and thither. It is often inherited, often acquired. It generally occurs with unnatural urine. Colchicum is found a generally successful remedy; it effects the cure by neutralising or expelling the poison from the blood. There is one point particularly worthy attention, as regards the treatment. This patient has found the greatest relief from the iodide of potassium; and his case affords the second instance that has fallen under my notice within the last month, of the certain and acknowledged good effects of that remedy. A gentleman, who has been frequently and severely visited with gout, lately assured me that he had found the iodide of potassium most efficacious. Two cases of beneficial results from its exhibition are certainly not sufficient to establish it as a remedy, but they render it worthy of particular attention. I must now, Gentlemen, close my remarks. On next Saturday I hope to be able to bring under consideration some cases of more importance.