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

Lecture VII.—November 26, 1842.

GENTLEMEN,—One case of death has occurred since our last assembling here, to which I shall in the first instance direct our attention. The name of the patient was Thomas Varney, a man aged thirty years, or thereabout, and who was admitted on the 30th of August, suffering from dysentery of long standing. The complaints made by persons so affected are uniformly the same, though varying in the degrees of their intensity; and those complaints are, of pain in the abdomen, of tenderness in the epigastrium, of flatus, and of purging, and tenesmus alternately—such were the ailments of this patient. His stools, also, were slimy and contained blood, and they were peculiarly offensive; there was also much pain along the course of the colon. His disease, and the sufferings I have alluded to, were so obstinate under all treatment that could be devised, that I concluded there was chronic organic disease of the bowel, and especially of the rectum and colon. From all the symptoms presented, I considered it and named it chronic dysentery. He had been, he said, ill and thus affected for three months previous to his entering the hospital. His aspect was tolerably good, not appearing worn or emaciated, and he had not much fever. The remedies which we tried were opiates, alternated with aperients, sulphate of copper, mercury, the vegetable astringents, catechu, logwood, and ratanhia. No lasting effect was produced by any of these. On Wednesday last his face, which had hitherto evinced little traces of great suffering, became paler and more anxious. He still made the same complaint of pain and flatus in the abdomen; but his symptoms were evidently becoming worse. Mr. Corfe, on examining him, found his belly very tympanitic, and so extremely tender that he could not endure it to be even gently touched. Henceforth he rapidly sank; he became distressed by hiccup; his pulse became very feeble; and in this weak condition he died.

Here we have a case of what is very common, and what we meet with in hospital and general practice—that is, life terminated by acute inflammation grafted on chronic disease. The consequences of the acute inflammation were in this case very well marked. On post-mortem examination you perceive pus and flakes of lymph on the serous membrane of the bowel, and the coils of the intestines are glued together. From the history of the case I was led to expect that examination should develop to us ulceration and perforation of the bowel as a cause of the peritonitis.

My expectations were fully realised—we found, in fact, scirrhus of the rectum, of which the parts, as now laid before you on the table, present a good specimen. You perceive a discoloured and ulcerated patch, as large as a halfpenny, on the outside of the ileum. The mucous membrane was not the tissue primarily diseased, but probably the submucous, or the muscular tissue. You observe that the superficial appearance of the liver and spleen is dark colored; the lungs and the other viscera present a healthy aspect; but these are insidious symptoms.

We shall now turn to the new patients, and of those eighteen have been admitted during the past week—ten men and eight women. We may classify them thus:—

There are three cases of decided acute rheumatism—those of Louisa Skinner, Ann Kellow, and George Wells. Two of complaints kindred to acute rheumatism—one being lumbago, in the person of the patient George Garratt; the other rheumatic pains, in the person of Thomas Escott. Of the three decided cases, Louisa Skinner's is one in which I have not yet fully satisfied myself whether the heart is engaged; but she has had palpitation. The other two cases, those of Ann Kellow and George Wells, are cases of cardiac complication. As the number of persons lately admitted affected with rheumatic disorder is unusually great, it may be well to touch rapidly on their cases before proceeding to the consideration of any others.

One of the patients named, Ann Kellow, had been in this hospital before. That was about two years ago, when for the first time she was attacked by acute rheumatism, she being then twenty-two years old. In that attack she had palpitation of the heart, to which she had not been subject before, and under which she has suffered from time to time ever since. Here I may observe, that the younger the patient visited by acute rheumatism the greater is the probability and danger of cardiac complication; and the history of this young woman's malady is a very common history as regards persons of her age. The fact of her having had this palpitation consequent on the former attack was quite sufficient to arouse our suspicions that the heart was now involved, and our fears were confirmed by auscultation; for we detected a bellows sound with the systole, heard over a large space, but most audible along the course of the aorta, particularly at the apex, where it inclines to the right side of the left ventricle, showing that the aortic valves are implicated.

George Wells is also a youthful patient—indeed, very youthful—his age is only fourteen. He also had a first attack of acute rheumatism two years ago, at the early age of twelve, but had then no chest affection that he remembers or was aware of. Upon his own opinion on this point, however, we must not per-

happens implicitly rely. He now labors under the same disease; the symptoms are the familiar ones, and I need not specify them. He is now much better, having experienced great relief since his admission. The present attack commenced two months ago, when he was seized by articular rheumatism, first in the ancles, then in the knees, and subsequently the chest became implicated. He has had pain in the pericardiac region, with palpitation and short breath, and he can lie on his back only. I have before, and I believe more than once, directed your attention to the fact, the melancholy result of experience, that acute rheumatism very commonly, if not in the majority of cases, superinduces cardiac disease. And here our observations are corroborated; for out of three rheumatic patients, admitted during the week that has just past, two present instances of unequivocal cardiac affection. Speaking of this boy, I should notice to you a statement of his not devoid of interest; he says that he had formerly been subject to sweating of his feet, and that the sweating ceased on the supervention of the rheumatic disorder. Of such a phenomenon we may not perhaps be yet able to give a certain explanation, but I may state to you what I consider a reasonable and probable explanation. I am of opinion that rheumatic disease proceeds from a species of poison in the blood—that the *materia morbi* is something of a poisonous or morbid character present in the circulation of the blood—and that in the efforts of nature to eject this matter, and protect the system, the morbid acid is sometimes evacuated with the urinary discharges, sometimes expelled by the instrumentality of the bowels, and sometimes by means of cutaneous evacuation, by sweating—and that the evacuation or expulsion of this matter, whatever may be the peculiar channel or mode of its removal from the system, being by some cause checked, the morbid matter or acid then exerts, without hindrance, its poisonous influences. I repeat, this is only a hypothesis, but it appears to me a reasonable one.

As a *pendant* to those cases already enumerated, we have that of William Frech, aged thirty-two, who has slight anasarca, and swollen extremities, pitting on pressure. Anasarca is sometimes the accompaniment of disease of the heart, sometimes of disease of the kidneys. The symptoms indicating disease of the heart are palpitation and systolic bruit. In this man's case there is slight systolic bruit, and we find that he had several attacks of acute rheumatism, the first having seized him two years ago, after getting a severe wetting. In the cases to which first I directed your attention, the affection of the joints led us to inquire into the condition of the heart, and we find it diseased. In the second instance, the evidence of cardiac disease existing induces us to go back, and institute an inquiry as to previous rheumatic fever, and we find that he had had several attacks of that disorder, and that the palpitation came on since the first of those attacks.

Of cases analogous to those, the first is that of George Garratt, who is affected with lumbago. He has had severe pains in his joints and in his neck during eight weeks, without any cause that he can assign. Lumbago, being a sort of rheumatic affection of the tendinous fibres of the lumbar muscles, generally yields to cupping, or to counter-irritation—cupping

over the loins, in particular, affording relief. In his case both have been most decidedly tried, and have failed; he has been cupped nine times, he has also been leeches copiously, and blistered—all in vain. His pains are somewhat relieved by rest, just as they are increased by movement. When last I saw him he said he was quite easy; I had directed a turpentine stupe, after which he was lying quite easy, the relief arising, no doubt, from the absence of exertion, from not putting the affected muscles on the stretch. There is no affection of the kidneys—at least, none manifested by the urine. He complains of cold, and consequently increased pain at night, and he feels better when he is warm. Guaicum was administered, and had the effect of causing a burning sensation in his limbs.

Of the eighteen new admissions, I have now mentioned six, and those, you observe, are all more or less of rheumatic character—presenting the large proportion of one-third of all the new cases.

We shall now glance at the other twelve. There is one case of colica pictorum, or painters' colic, in the person of John Mullins. On this complaint, the consequence of the accumulation of the poison of lead in the system, I have on a former occasion spoken at some length. Mullins has pain in the abdomen, which is relieved by pressure, as with the hand; his pulse is slow, only reaching 52, probably he has been depressed by suffering. He is by trade a painter, and has been so four years, and in his avocation was exposed for that period to the imbibing of the poison of lead, and to its gradual accumulation. A week before this last admission he had come in with a similiar attack, and was then a patient of Dr. Hawkins. He was on that occasion relieved by freely emptying the bowels, and left the hospital much better. He had not resumed his work during the interval, therefore it is clear that the former poison had not been completely expelled. He returned with much pain in his legs, but there was no affection of the arms. On the case to which I have alluded as having been the subject of observation in a former lecture, I had at first some doubts as to its true character; but in this there is no room for doubt, the distinctive blue line marks the lower edges of his gums, showing the presence of the sulphuret of lead. He has been much relieved, and has had lumpy evacuations, induced by enemata while in the warm bath. This effective mode of relief, recommended and practised by my colleague, Dr. Wilson, I have successfully tried with him—that is, placing the patient in a warm bath, and injecting a portion of the same water while he remains in the bath.

There is one case of uterine disease, Sarah Chambers; one of obstinate headache, Sarah Wilks; and on this subject I shall have some observations to make on another day; one of anæmia, Elizabeth Round; one case, that of John Taplin, some obscure thoracic affection—when I say obscure, I only mean that it is obscure at first investigation, and that I have not yet satisfied myself of its nature; one, that of Henry Field, a well-marked case of chorea, or that very curious disease known by the familiar name of St. Vitus's dance; one of partial paralysis, James Kerseymere, one leg only being affected; one, John Windsor, of severe continued fever.

There is one case, that of Hester Green, which is peculiarly worth your watching. She suffers violent pain in her throat, and pain in the epigastrium and the right hypochondrium, which affects her at intervals; she has also nausea and vomiting, but no febrile symptoms. It is a case of gastrodynia, perhaps depending on gall stones, operating so as to cause rejection of food at times, but not obstructing the passages altogether. Dr. Heberden is of opinion that no patient has suffered from this malady who has not been jaundiced. No jaundice has made its appearance in this woman as yet. I shall relate to you a case, which did not occur in hospital, but in the course of my private practice, and which may afford some ground for contemplation and comparison. An elderly, indeed a rather old lady, had an attack of jaundice, accompanied by considerable pain. The attack yielded to treatment, the pain and jaundice passed away—the pain, however, recurring now and then. Five years after that she was seized with obstinate constipation, which resisted and overcame every attempt made for its removal. She retained no portion of the food which should have passed by the ordinary canal, for the fecal contents of her bowels were ejected from the mouth, or, as she expressed, the contents were coming the wrong way. One day Dr. Arnott having accompanied me to visit her, and consult with me, he examined her abdomen, as well as myself, but probably, as it appeared subsequently, he used greater pressure of his hand while examining than I had done. We had retired to another room for consultation, and before we left the house a servant ran in to inform us that the lady's bowels had acted. We were somewhat surprised at the suddenness of the change, and of course we examined the matter evacuated. We found it was precisely the same sort of stuff which she had been in the habit of rejecting by vomiting. Next day I also examined the evacuations, and found the calculus I now show you. It is rather a large one, and was, no doubt, the cause of the obstruction, having fallen across the valve of the colon, and so caused the fecal vomiting. This calculus had probably been displaced by the pressure used by Dr. Arnott, and had then easily been rejected by the ordinary passage. As regards Hester Green, I do not know as yet whether her case be similar, or whether it be dyspepsia. It is, however, one very well worthy of your anxious notice.

The next case is that of Jane Stoker; she will soon be well, and, therefore, I may as well now say the little that I have to observe on her. It is a case of cutaneous disease, known as erythema nodosum, which produces purple blotches and eminences, the causes of which it is difficult to account for. It is rather peculiar to her case that these blotches affect the calves as well as the front of the legs; sometimes, but very rarely, the arms are similarly affected. In nine cases out of ten we find this ailment attacking women; the reason of this is, at least as yet, unexplained. The redness, or purple colour, in those nodes fades away, especially towards the edges, and if you never saw a case of the kind before, you might be led to infer that an abscess had formed beneath. I have said that our patient is much better, and her relief she ascribes (reasoning in a mode usual to persons in her sphere, and indeed not unusual in persons even of superior

education and position, *post hoc propter hoc*) to the use of the warm bath. But I attribute her relief to rest, to her having remained in a horizontal position and in quiet, and also to the use of the sulphate of quinine, which I have found a sure remedy. Some time ago a servant of my own became similarly affected, and required to be treated antiphlogistically; she had a quick pulse, and the purple prominences. I administered quinine, and the ailment quickly disappeared; since which time I have had the greatest confidence in this medicine, and have in numerous instances used it with success; I can, therefore, recommend it to you for use in similar cases most confidently.

Mary Hinds is affected by severe nervous pains of the knee; it is an important point in the diagnosis that the patient is hysterical, and on this account the pain is called hysterical. The suddenness of the painful attacks, and of the alternations from health to illness, is a mark of the hysterical character of the malady. She tells us that at times she cannot, from the excessive pain in her knee, put her foot to the ground for a whole week together, when suddenly, next day, she finds the pain gone, and that she is able to walk as well as anybody. Similar phenomena sometimes attend dysphagia. I remember a case mentioned by Dr. Bright, which is a remarkable one of dysphagia, where, previous to the attempt to introduce the instrument into the œsophagus, there was no symptom of hysteria, but on the passage of the instrument, violent hysteria occurred, and the patient was subsequently hysterical. Aphonia and amaurosis show like freaks. In this instance Mr. Arnott examined the knee, and there was found no organic disease. She says that she sometimes shakes, but she has no regular fits. The catamenia are scanty, and have been attended with pain, besides occurring too late—that is, being postponed beyond the regular period. Her spirits are variable, her bowels slow to act, and she does not much like meat for food. The warm bath has cured her before. Her knee at present has a bright patch, with an irregular well-defined edge.

One patient more will make up the eighteen. Robert McIntosh labors under pleurisy with effusion. The phenomena attending such cases vary; he has had the ordinary symptoms, and presents in a well marked degree the physical signs of the disease. He has pain about the right nipple, extending to the hypochondriac region and to the shoulder, and indicating extensive inflammation of the pleura. On my first examination I found tubular breathing at the lower extremity of the right lung; at my next visit I found, instead of the lower extremity being dull, universal dulness and bronchial breathing and broncophony. These are striking symptoms, and show that the lung has been long compressed and useless. On the other side there was loud respiration—what is termed puerile respiration, because such breathing is proper to children. Notwithstanding that the effusion of serous liquid abolishes the office of the lung, it is seldom dangerous to life, if it be not complicated; for generally the fluid is taken up again where there are no tubercles in the lung. To remove the serum, recourse is frequently had to tapping, and sometimes it is necessary; but I would advise you, unless you find it absolutely necessary, to abstain from it as a hazardous operation. I know that my opinion is not concurrent

with that of all medical practitioners, and that some for whose judgment I have the highest respect recommend the practice; but there are also many others, whose judgment is equally to be respected, who coincide with me. Two or three months ago I was asked to come and see a gentleman whose chest was full of liquid. A brother physician, who attended the gentleman, and a very intelligent skilful physician too, thought that the liquid should be let out, that the operation should be performed. I differed in opinion, I would not sanction the operation; I am opposed to it, unless in cases of undoubted urgent necessity, where there is no other chance, and in that there may be a chance, of saving life. In tapping, a puncture made through the pleura will produce inflammation, and it is not easy to avoid such a consequence. It is now a question, whether this patient's case is one of uncomplicated pleurisy with effusion. In great probability it is not. A month ago he had shivering and fever, and was hoarse for a fortnight; he had also some expectoration, and pain and tenderness low down on his left side, in the lower part of the ischium. I have given him tartar emetic, calomel, and opium; if the case goes on favorably I shall blister him when the inflammation disappears.

CEREBRAL AFFECTION SIMULATING APOPLEXY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The publication of the following case may, perhaps, in some degree serve to illustrate the difficulty which sometimes attends any attempt to arrive at an accurate diagnosis in cerebral affections. It may be here remarked, that owing to the loss of consciousness and voluntary motion, some might have concluded the case to have been one of apoplexy; neither myself, however, nor coadjutors were of this opinion, from the circumstance of coma not having shown itself, a symptom which, I believe, in the large proportion of cases of sanguineous extravasation, may be looked upon as a distinguishing feature.

Reuben Johnson, aged twenty-three, of robust habit, and addicted to spirit drinking, was brought to the Lowestoft Infirmary, on Monday the 9th of November last, in the following state:—Was unconscious, speechless, and there was loss of volition; he had been employed on board a fishing vessel, and whilst in the performance of his duties he fell down in a state of insensibility, and remained in that condition for thirty hours before he could be landed. In addition to his other symptoms there was inability to swallow, with incontinence of urine and fæces; the pupil of the right eye was dilated at the same time that the left was contracted; pulse frequent; the scalp and cutaneous surface moderately hot. Upon inquiry into the history of his health, it appeared that previous to his attack on board of the boat he had been subject to fits.

He was bled to the amount of thirty ounces; two drops of croton oil were placed on his tongue, and a terebinthinate enema administered. The bowels were freely evacuated by these means, without, however, being followed by any mitigation of symptoms. The

purgative system was continued on the two following days, together with the application of cold affusion to the head. On the Thursday the bleeding was repeated, and blisters applied to the calves of the legs. On Friday he discovered signs of returning intelligence; swallowed some bland nutriment, and was enabled to articulate. In the evening he became frightfully convulsed, which continued all night, when he again fell into a state of insensibility, and died on the following morning.

Autopsy, Ten Hours after Death.

The whole substance of the brain presented a perfectly healthy appearance. Upon removing the cerebellum about an ounce of serum was found at the base of the skull, and on further inspection, the posterior clinoid process on the left side of the sphenoid bone was discovered standing out perpendicularly, elongated, and sharp as a pin's point. This appeared to be the only appreciable cause of the cerebral irritation.

I remain, Gentlemen,

Your obedient servant,

W. C. WORTHINGTON,

Senior Surgeon to the Lowestoft Infirmary.

Lowestoft, Dec. 1, 1842.

TARTAR EMETIC IN DISEASE OF THE JOINTS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Upon recently taking up the "Bulletin de l'Acad. Royale de Medicine," I met with a report on the use of tartar emetic by M. Gimelle, in the cure of dropsy of synovial membranes, and have since had a favorable opportunity of testing the merits of M. Gimelle's plan. Should you think the following case possesses any interest, I shall be obliged by your giving it a place in your Journal.

I am, Gentlemen,

Your obedient servant,

JAS. G. SLATER, Surgeon.

Geo. F., aged seventeen years, was following his occupation of miner when a large coal fell upon the knee, which compelled him to be carried home, and in two days I was requested to visit him. I found him laboring under considerable excitement, with a full, quick pulse, a loaded tongue, and confined bowels; the knee was much swelled, with great tenderness on pressure, and total inability to bear the least motion of the limb. I ordered twenty leeches, and hot fomentations to be used, and afterwards a poultice, and to have calomel, two grains, with six grains of comp. extr. of colocynth. On visiting him next morning, I found that the bowels had been freely moved; the skin was cooler, and the constitutional irritation much relieved; but the knee was more swollen, tense, and quite immovable; for ten days I had recourse to the usual remedies without any apparent diminution in the size of the joint, or any increased power of motion. At this time I recollected what M. Gimelle had stated of tartar emetic. I prepared a six ounce mixture, containing six grains of the salt, and desired it might be taken in twenty-four hours, which was done; the quantity was increased by