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

Lecture X.—December 17, 1842.

GENTLEMEN,—Although sixty-three patients were discharged from the hospital on Tuesday, the 6th inst.—the largest dismissal that I remember in any single week—so many new patients were admitted during the ensuing week, that only a few beds were left vacant for me on Tuesday last; and as many applicants were rejected, I believe, from want of room, as were actually received into the wards.

The number actually admitted by me has been fourteen—six women and eight men. I proceed, according to my custom, to give you a summary account of these.

Mary Ann Reavely, twelve years and a half old, presents a very striking example of severe chorea. She was brought into the admission-room in a state of violent and universal jactitation. Her mother, assisted by two other women, could not hold her; she writhed, and twisted, and threw her limbs about in all directions, and with great force; her hands were bruised by the blows, which she could not be prevented from striking upon the objects near her. I never saw but one other patient in this disease whose contortions were so strong and incessant; that other patient was also a female, in this hospital, older than our present patient, being between sixteen and seventeen. It was with extreme difficulty that she could be kept in bed. Reavely, with all this bodily restlessness, was quite rational and collected; but she spoke with difficulty and many grimaces, yet answered questions pertinently; when asleep, she lies still, her mother states, but even then the tendons of the limbs are observed to start a little.

She had been in this condition of extreme jactitation for a week. She had been sent home from school four or five weeks before, because she could not hold anything in her right hand, which shook much; then her right foot and leg began to move involuntarily. Her mother had noticed, for some time previously, that the girl's handwriting, in the letters she received, was unsteady and altered; and she had been thought, all the summer, unusually fidgety. A fortnight before her admission two teeth had been extracted—two, I believe, of the deciduous teeth, her mouth being much crowded; she had also been purged without any apparent benefit. Menstruation has not yet happened, as may be expected from her youth; but she suffered a good deal of pain in the hypogastrium in the summer. No cause is known for the presence of

the disease. When an infant she was troubled with thread-worms.

As her bowels had not been relieved for three days, I directed five grains of calomel at bed-time, and three drachms of castor oil with three drachms of oil of turpentine next morning; this was followed by four stools, which did not contain any worms. She is much quieter, but still there is considerable jactitation; the left side is much relieved, and less agitated than the right—and perhaps we should expect so much, that the disease should withdraw first from the part last invaded, while to the right side, where it began, it still clings. As she has no pain or fever, I have prescribed tonics—the sulphate of zinc in gradually increased doses, commencing with three grains, to be taken three times a day, and to be increased until the doses shall have reached to as much as she can properly bear. We shall watch the progress and issue of this case.

The boy Field, whom I mentioned before, and who also has chorea, is better. I see two or three other cases of the same malady in the house, patients of my colleagues. It ought to be profitable to you to watch and compare these cases, to mark their points of agreement and points of difference. On account of the propensity which persons affected with this malady have to irritate and aggravate each other's symptoms, we put them, whenever we can, in different wards.

Mary Ann Abercromby, aged seventeen, presents another instance of that fearful complication of articular rheumatism and cardiac disease, which I have so many times had to notice. It rarely happens that an admission-day does not bring us in one or more examples of it. She complains of palpitation, of shortness of breath, and of pain round her waist, also of a sensation of bearing down. The catamenia have been absent since August last; she had then menstruated four times in all.

There is loud, slow, systolic bellows sound heard with the systole of the heart; it is audible over a large space, and nearly as loud at the apex of the heart as at its base; the second sound is loud and clear.

There is a part of the history of her case which does not appear on the present case-book. This girl was here, under my care, in June, 1840, with acute rheumatism; her knee joints were, at that time, distended with liquid; and her heart made then the same unnatural noise as at present; and I see it noted, in the old case-book, that the bellows sound was louder towards the apex of the heart and the left side than at its base and towards the right. This makes it probable that the bruit depends upon disease of the mitral orifice. But we trace her malady still further back. Three or four years before her first admission, and when she could not have been more than eleven or twelve years old, she first had rheu-

matic fever, and from that time she had been subject to palpitation and panting breath, so that she was obliged to stop and pause when going up stairs. Since her dismissal from the hospital in 1840, she has suffered two recurrences of acute rheumatism, the last in August of this year.

Here we have rheumatism occurring at an early age, and, what is almost a constant companion of the joint disease at that early period of life, carditis, and incurable damage to the heart. We can only palliate and protect in such cases. This patient was bled from the arm last week, prior to her admission, and the bleeding immediately relieved headache, which she had been suffering. Rest, the avoidance of stimulating food and drink, protection against the influence of external cold—these are the advantages which the hospital furnishes her; and great are these advantages to the humbler classes. She is aware of these benefits; she has been in St. Bartholomew's and in University College Hospital, and she will most probably pass a great part of her life in such places. I have prescribed some diuretics and put a belladonna plaster on her præcordia—the one for the purpose of relieving the pains in her joints, the latter in the hope of quieting the uneasy beatings of her heart.

On the case of Eliza Bevan I have very little to say. She is aged twenty-two, a married woman, mother of two children, and now five months gone with child. She complains of pain in her limbs, so severe in the lower limbs as to prevent her walking. It is not a case of distress from gravid uterus, but is probably syphilitic. She denies having ever had any sores, and says that her husband had none; but her pains were preceded by a thick pustular eruption on her face, body, and extremities, and her husband had had a similar eruption, and was a patient of Mr. Shaw, whose opinion was that it was of syphilitic origin. Her pains are already departing under the use of the iodide of potassium and the decoction of smilax aspera. As she is so far advanced in pregnancy I shall dismiss her as soon as I can.

Mary Anne Crawford, a girl, aged nineteen, with very pallid face and very faint colored lips, complains of debility, of shortness of breath on ascending, and of palpitation of the heart. These symptoms are the same as those of Mary Anne Abercromby, but the cases are very dissimilar. Crawford complains also of pain in the lower part of the abdomen, and in the loins and chest, all of long duration. Her bowels are costive; she voids pale urine; she does not fancy animal food; the catamenia are reported regular, but the discharge is scanty, green-colored, and attended with pain.

This is a case of *anæmia*—of what used to be called chlorosis. There is a deficiency of red blood, and that feeble and irregular performance of various functions of the body which results from such deficiency.

In general, as you must have discovered from your observations here, we feel but little anxiety about such cases. Under the use of aloetic purgatives, of a nutritious diet, with the shower-bath, and exercise in the open air, and some preparation of steel, such patients generally regain their color and get quite well. As one of my colleagues quaintly describes the process of cure—"We wash them, and air them, and iron them—and they recover." But you ought to be aware

that this *anæmic* condition, though of no serious import in itself, may mask graver disease, as I fear it does in this young woman. The right subclavian region is comparatively dull on percussion; the respiration is louder and more tubular there, and the voice more resonant than in the corresponding space on the other side of the chest. I fear she has some tubercular mischief in progress in her lungs. Be it so or not, whatever remedies the *anæmia* and strengthens her general health, will be likely to obviate or retard the multiplication or enlargement of any tubercles that may exist. The two morbid conditions do not imply any contraindications in the treatment. She is taking already, with advantage, the compound decoction of aloes and Griffith's mixture, in equal parts, three times a day.

Margaret Demsey is a single woman, aged thirty; has been a servant, but long out of place. She complains of tightness of her chest, shortness of breath, and wheezing, especially at night, with some expectoration of phlegm in the morning; she never spat blood; she is very subject to cough and short breath, especially in winter. She has been more ill than usual for the last six weeks, has grown thin, and sweats at night.

Here the symptoms—what are termed the rational symptoms—and the history would lead one at first to fear that phthisis was developing itself; but a more particular examination, made the next day, showed that the malady is of a different kind. She may have tubercles also, but I hope and I think she has not.

First, the catamenia are reported regular; next, her pulse is no more than 72; both these are presumptions (no more than presumptions) that her case is not one of consumption; but further, we find by auscultation no evidence of tubercles; the chest is everywhere uncommonly resonant, and the respiration is everywhere very feeble and indistinct. Notwithstanding her wasting you see no prominence of her collar-bones; all those are physical signs of *pulmonary emphysema*. You know what that condition is. The air-cells of portions of the lungs, sometimes of large portions, are permanently dilated; several, perhaps, are ruptured, and break into one large cell or cavity; the lung does not collapse thoroughly on expiration; the air stagnates in the diseased parts; the play of the thorax is limited; the patient has less than the requisite quantity of lung to breathe with; her breathing is always short and imperfect, and whenever a slight catarrh befalls her, her embarrassment is sensibly increased; the air at rest in the spongy tissue yields no sound to the listening ear, but the chest gives out even an exaggerated resonance when struck by the fingers.

This state of lung leads to an obliteration of many of its blood-vessels, and that again to dilatation of the right chambers of the heart, and that again to dropsy. The process may be slow, but such is always the tendency. Medicine can do little for such cases; we cannot restore the broken tissue to its natural state. The patients are in the condition of broken-winded horses; warmth benefits, or rather, cold injures them; they are always better in summer; a warm climate suits them. This *emphysema pulmonum* is one of the conditions upon which spasmodic asthma is very apt to engraft itself.

This patient, being at rest, and in a warm room, is already much more comfortable. She is taking the *haustus scillæ compositus* of our hospital pharmacopœia.

Mary Wright, aged about forty, gives but a rambling and confused account of herself. She complains of pain in her head on its left side and back part—pain which comes and goes several times a day, and is attended with throbbing and giddiness. But she adds, that all her life she has been subject to these symptoms in a less degree; I fear, however, that some chronic mischief is at work in her brain. Five or six weeks ago she seems to have had something like a fit, or a strong threatening of one; she had then more than usual pain and vertigo, could scarcely stand, and her articulation was embarrassed. She was cupped at that time with advantage, and the cupping has been since repeated. There is some comparative debility of the left limbs; the bowels are irregular, sometimes costive, sometimes lax; the catamenia have recurred uncertainly and irregularly during the last twelve months, and from her period of life we may expect that they are about to cease.

I have prescribed a mixture of gentian and senna, to be taken twice a day, with milk diet. The future treatment must be guided by the progress of the case.

These are the six women who have been newly admitted. I shall now turn to the men, on whose cases I shall have but few observations to make at present.

Charles Browning, aged nineteen, is a shoemaker. He complains of pains in his limbs, on the right side chiefly, and which are worse at night, preventing sleep; he has a distressed countenance; his tongue is of an intense red at its tip and edges, and is sprinkled irregularly with a white fur; he has had no shivering nor sore throat, but has been very feverish. He has been ill a week, and attributed his illness to having put a wet carpet over himself in bed, for increase of warmth, two nights before he felt attacked. Yesterday we found him with pain and tenderness of the left elbow and shoulder joints, but complaining grievously of his right hip, which is painful and tender, and a grating sound is perceptible to one's hand applied over the joints whenever he attempts to move the limb, which he keeps flexed upon the pelvis; his pulse is frequent. He has been cupped on that hip, and is taking colchicum. This is an acute case, and it will be worth your while to watch it. Whether there be idiopathic inflammation of the joint going on, or the specific inflammation of rheumatism, a day or two will determine. I should tell you that he has had no blow or fall; and Mr. Tuson is of opinion that the grating sensation which can be felt in the hip is owing to a dry state of the synovial membrane.

Robert Burridge is a young man, aged about twenty-one, a draper from Ripley in Surrey. He has entered the house with an anxious aspect, tremulous limbs, lips, and tongue. His illness, he says, has been of a month's duration, and began with headache and shivering, and has been attended with delirium. It would seem a case of continued fever, and that conjecture is strengthened by his statement, that fever has been prevalent at Ripley. His bowels are open; his stools are reported loose; he has been distressed with nausea and retching.

The next day, the day after his admission, it was found that his urine was neutral; his pulse 108, and small; his lips were dry; his teeth brown with sordes; his bowels confined. Yesterday the tremor and sickness continued. He is taking a draught in a state of effervescence, with some dilute hydrocyanic acid, and I have ordered him a good allowance of beef-tea. This is an example of low fever. Considering the stage it has reached, and the freedom he now shows from any serious affection of the brain, I trust he will recover. The nausea and vomiting are his worst symptoms; his present condition is such as to require cautious support. I think it probable that it will become proper to give him wine.

Henry Parry, the patient who speaks in whispers, is full of scrofula, but he is laboring also under an attack of acute inflammation. On Thursday week he began to have pain in the left side, near the edge of the ribs, and increased shortness of breath. These symptoms may have denoted a variety of things. But he had had cough and expectoration for at least twelve months, and, more than once, slight hæmoptysis; he had wasted, too, during the same period, and suffered nocturnal perspirations. The night before his admission he was bled from the arm, with relief to the pain, but a deep inspiration still gave him much pain. The next day, upon examining him in bed, I found dulness on percussion, resonance of the voice, a creaking noise during respiration, with some gurgling—all in the left subclavian region. There is, unquestionably, a tuberculous cavity at the upper part of the left lung; he has, besides, scrofulous disease of the jaw, which Mr. Arnott has examined, and reported to be susceptible of no local means of cure.

On the 14th I thought I could detect a slight to-and-fro sound; but on the 16th this, if it really existed before, had disappeared. There remained, however, a distinct grating noise, which accompanied the movements of respiration, and he is himself aware of a grating sensation below the scapula. The grating sound, I have no doubt, is produced by the rubbing of the opposite sides of the pleura, antecedent to adhesion. Pleurisy, you know, is a very common epiphenomenon in tubercular phthisis. We almost always find after death by that disease, without perhaps one exception in a hundred cases, that the lungs are adherent to the ribs. Probably in all cases a friction sound exists while these adhesions are about to form, but it soon ceases from the agglutination of the opposed surfaces, and unless auscultation is practised at the very time, this sound is not detected; it occurs, no doubt, much oftener than it is noticed, as a sign of this dry pleurisy.

Robert Derry is the next; he is forty-seven years old; a sawyer by trade. In this man we have many well-known symptoms of disease of the heart—shortness of breath, and cough, to which he has for some years been subject in winter; inability to lie down flat, so that he is accustomed to sleep as he sits, leaning his head on a table; œdema of the lower extremities; a livid color of the face and lips. These are symptoms which pathologists of a former but no distant day set down as infallible signs of *water on the chest*, by which they meant effusion into the cavities of the pleuræ or pericardium. There is no effusion into the pleura here; for percussion gives a clear

sound down to the very bottom of the cavity posteriorly, and respiration can be heard, mixed, indeed, with coarse crepitation to the same depth; the lungs are, like the legs, anasarous; I do not think there is much, if any, liquid in the pericardium; wheezing and snoring respiration is audible throughout the chest; there is no albumen in this man's urine; it is not a case of renal dropsy; his lungs are probably emphysematous. Diseases of the lungs and of the heart mutually influence each other; whether the lungs were in this case primarily affected, or the heart, the present symptoms and the ascertained history of the patient do not enable us to determine. Venesection to the amount of ten ounces was performed on the evening of his admission; the blood did not exhibit any mark of inflammation. The case is a very unpromising one however. I am giving him diuretics.

Richard Hartley, aged forty-two, is a house-painter; he is the third house-painter I have admitted within the last month. The two former came in, you will recollect, with colica pictonum. This man presents you with another common effect of the poison of lead, which I alluded to when noticing those cases. He has "dropped wrists"—lead palsy; great debility, and imperfect paralysis of the extensor or muscles of the hands and fingers; the wrists have been more or less weak for the last four or five years; this is a curious consequence of the slow introduction of lead into the system. His occupation as a painter indicates that cause, and as a confirmation of its being the cause, we have the slight edging of blue on his gums; these sufficiently stamp the palsy as depending on the introduction of the poison of lead. With this local paralysis there is also mixed up a degree of rheumatism, and this must be the first object of our treatment. It is a matter of regret that workmen who are exposed to this source of disease, whereby so many are permanently crippled, do not adopt Liebig's hint of drinking habitually what he calls "sulphuric lemonade." I see in this day's "Lancet," that this preventive has been tried in a large white lead manufactory at Birmingham, with remarkable success. The poisonous *carbonate* of lead is converted into an insoluble, and therefore harmless, sulphate.

James Mac Gouran is aged forty-four, and entered with head symptoms. A fortnight since he had a "fit," which, by the description given of it, appears to have been epileptic. He has had several similar attacks since, and is still stupid, confused, and somewhat incoherent, in consequence of the last. He complains of headache and giddiness, and has been intemperate. There is an episode in his history, which may, or may not, connect itself with his present state. Twenty years ago he was kicked on the forehead by a horse, and then had a succession of similar fits for several days; since that time till the present he had none; he is quite unconscious during the paroxysms, struggles a good deal, and on recovering remembers nothing of what has been passing. These, you know, are characteristics of epilepsy. He had been freely bled before admission; his pulse intermits occasionally. On the whole, I am inclined to think, that though the period of that injury is very distant, and any external symptoms of its effects were so long suspended, there has been all that time some mischief

going on—some slow and insidious alteration in the skull.

On the two remaining men I have no remarks at present to offer. Daniel Hayes appears to be laboring under a very slight feverish cold. He suffers very little pain, has a quiet pulse, and urine natural; his skin also is cool, and I hope in the course of a week to dismiss him quite well. John Fruin is troubled with palpitation, but I can detect no organic disease of the heart. He also was subject to "strong fits," between the ages of seventeen and twenty; he is now thirty-two. Such is a very cursory account of our new patients. Next Saturday, Gentlemen, will be the day before Christmas-day; I cannot expect to see many of you here at that time. These lectures will, therefore, for the present at any rate, be suspended.

STRANGULATED FEMORAL HERNIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Should the following case be deemed sufficiently interesting to your readers, it is at your service for insertion in the Provincial Medical Journal.

I am, Gentlemen,

Your obedient servant,

JOHN FRANKERD, Surgeon.

Langport, Somerset,

Dec. 21, 1842.

On September 1, I was called on by a poor woman, who stated that a neighbour of hers had been very ill for five or six days, continually vomiting a very fetid matter, and that her bowels had been confined for a similar period. I, of course, called on her soon after, and found my patient to be a single woman, by name Ann Abbott, aged sixty-three, accustomed to laborious work in her house and garden; she has been the subject of hernia three or four years, which she has hitherto reduced herself, and never wore a truss. Examination proved her to be laboring under strangulated femoral hernia of the right side, which had existed six days, the contents of the sac having protruded whilst lifting a heavy weight of potatoes; I understood that she had almost immediately after been seized with vomiting, and had continued so incessantly ever since; the smallest quantity of liquid taken was rejected, accompanied by stercoraceous matter. The tumor was now exquisitely tender; the slightest touch seemed too much to be borne, the whole abdomen was tense and painful; the pulse very small, weak, and frequent, with general fever and restlessness. Under such circumstances the case appeared almost hopeless, and an operation to offer little chance of success. Finding I could not have recourse to the taxis, from the extreme pain, I placed her in a warm bath, where she was kept nearly an hour, until syncope partly occurred, when I attempted the reduction, but the great pain obliged me to desist, and my efforts failed in reducing the tumor. Glysters were administered, but returned unaltered; and opium was rejected. Desiring a cold application should be applied to the tumor, I left to obtain some assistance to perform the operation, if on consultation it was deemed desirable. On my way home, I was summoned to a pressing case of midwifery, which kept