Gentlemen, when your patient can afford it, is no considerable adjuvant to all our remedial agents.

SUCCESSFUL CASE OF TRANSFUSION OF BLOOD.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—A desire having been expressed by a correspondent, in the last Number of your Journal, that the particulars of a case mentioned at the Medical Association for Bath and Bristol, in which transfusion of blood was practised, should be published, I think it right to comply with that wish, and shall do it in as few words as possible.

The patient alluded to is a mercantile man, who had been in the habit of travelling in pursuit of his commercial business. He had been a strong, active man, and had lived as persons of his vocation generally do, but more temperately than many. When I saw him first, on the 11th of January, 1834, he had been upwards of two years an invalid, and had been under the care of Mr. Henry Clark, one of the surgeons of the Bristol Infirmary—a medical practitioner of great skill in this city. For some short time he had also been visited by Dr. Riley, and by these gentlemen I was called to see the patient. His early complaints had been of dyspeptic symptoms. These were followed by emaciation and loss of strength. His actual state was that of extreme inanition; his pulse was feeble, jerking, very compressible, the calibre of the artery apparently not filled; he had palpitation of the heart, increased by the slightest exertion, while any effort brought on an approach to syncope. No disease was discoverable by the sounds of the heart or respiratory organs, though some suspicion was entertained of slight dilatation.

The state of the urine alone threw some light on the nature of the disease. It had long deposited a very copious sediment, of a whitish color, slightly tinged with purple, which was redissolved by dilution, with the addition of an alkali. It appeared to consist of lithates, with some chyle; and it was thought probable by the medical gentleman who had previously attended the patient, and by myself at our first meeting, that an exhausted and exsanguineous state, brought on by a long continued draining of the system, constituted the principal disease, or at least that which first required attention. Under these circumstances, it was determined to try a restorative and repletive plan. A nourishing diet was ordered, with malt liquor and some other stimulants. His stomach would receive but little, and at length rejected food. His exhaustion increased to that degree that immediate fatal syncope was threatened. We determined, the patient being obviously *in extremis*, to try the effect of transfusion, and as patients under cholera had borne the injection of large quantities of fluid, there seemed to be no danger in injecting a considerable quantity of blood. Sixteen ounces were taken from the veins of a hale young man, a servant of the patient, and were injected most skilfully by Mr. Clark. The patient was immediately revived and roused. On the following day he appeared much stronger, but complained of some sense of fullness

about his head, and a few drops of blood escaped several times from his nostrils. This subsided; his appetite became good, and he ate plentiful meals of meat, and drank porter, &c. He gradually recovered his strength. The urine improved under the use of alkalies with lime-water, and these were nearly all the remedies used except a few bottles of an effervescing solution of citrate of iron. After two or three months he left his chamber, and then his house, and I understand he is now travelling on commercial business.

I think it may be inferred from the facts of this case that many lives may be saved by injecting good blood into the veins of exhausted patients, and, perhaps, this measure may become hereafter as important a remedial measure as the detraction of blood has been since the time of Hippocrates.

I am, Gentlemen,

Your obedient servant,

J. C. PRICHARD, M.D., F.R.S., M.R.I.A.,

Corresponding Member of the Institute of France, and of the Royal Academy of Medicine, &c.

Bristol, July 18, 1843.

A CASE OF GOUT,

IN WHICH

THE WATER-CURE WAS FOLLOWED BY DISEASED HEART, DROPSY, AND DEATH.

By CHARLES HASTINGS, M.D., F. G. S.

There exists no doubt in my mind that one great cause of the spurious celebrity of the Silesian peasant, Priessnitz, is that he has cunningly succeeded in turning the love of the marvellous, which is known to be a principle inherent in the human breast, to his own selfish ends. Every unprejudiced account which we receive from Graefenburgh confirms this opinion, by showing that there is little faith to be placed in the reputed cures there performed.

The cures said to be effected by the hydropathists are as wonderful as those of Prince Hohenlohe, and somewhat of the same faith which distinguished his disciples animates the hydro-maniacs.

Dr. Pfeufer, directing physician of the Universal Hospital at Bamberg, thus describes the scene of operation of this princely priest, and the rush of the infatuated sufferers from disease to his presence:—"Let us (he says) then imagine thousands and thousands of human beings under such circumstances, to each of whom every day brings new sufferings, new despondence, and who have but one wish remaining—release by death from their nameless pangs. Electrified by the news that at Bamberg and Würzburg there is help and salvation for them through the grace of God, a new life glows within them, and already they feel the term of their misery. With the same longing as that of the leper for the pool of Bethesda, they hurry to the place where all grief vanishes, and where the stream of health and deliverance flows. In ever increasing expectation, and with breasts full of hope, wholly occupied in anticipating the enjoyment of re-established health, dead to every other thought, they approach the scene of healing grace. At every step are announced to them the great wonders that take place there every minute. Scarcely arrived at the place of deliverance, they throw themselves at the foot of the altar, confess their sins, and, reconciled

and united with God, hasten to the chosen priest. All the streets they find filled; with great trouble and anxious palpitation they reach their desired residence. Some one carries on his back an old woman into the house; she has been, says report, from her childhood crooked, and unable to stand or walk. A few minutes pass away, the door of the Prince's dwelling opens, and the same woman walks without support out of the house, thanking and praising the Lord God. Every one presses around her; each one will with his own eyes, and from herself, learn what has happened to her. Man lives for the present time; of the past nobody has time to think; no one, therefore, concerns himself about the former situation of the person cured. Often, also, he who is not lucky enough to see or speak with her, still asserts, in order to please the crowd, and to appear of some consequence, that, with his own eyes and ears, he has convinced himself. For who is not gratified in being the bearer of wonderful news? And now, in an incredibly short time, the new miracle spreads through town and country; each narrator vies with the other. If the cured person limped at first, he is soon dead lame, and soon after sees him struggling with death; and the story becomes more interesting, and the narrator more consequential in proportion, as he is more skilful in tale-telling.*

It is not impossible that the system here described may take place in a greater or less degree in the hydropathic establishments in these kingdoms. Patients who have scarcely any real illness may be puffed off as having been released from grievous suffering; and if, perchance, any persons are just temporarily bettered by the aid of hope, imagination, and pure air, these cases may be magnified into important cures, and the future history of the invalid may be wholly lost sight of. Such, at least as far as I have had an opportunity of judging, has been the system pursued by the Malvern water-doctor. He has given to the world, though the medium of the press, as I am credibly informed, several important cures wrought at this salubrious village by the efficacy of the system of Priessnitz. One of these cures has happened to fall under my immediate observation, and, as I am desirous that *the truth, the whole truth, and nothing but the truth*, should be published concerning hydropathy, I will narrate the history of it.

Mr. Probert, aged sixty-five, called upon me on the 11th of February, 1843. He told me that he had been for several years subject to attacks of gout, but in the intervals had been in tolerable health. He further stated, that he was attacked severely with gout the beginning of January, 1842, and remained ill with it for several months; but that in the month of July he was slowly recovering, and was enabled to get about a little. Some time in that month the water-doctor, who had lately arrived at Malvern, called upon him, and said that he could cure him in a fortnight, and, if he did not succeed, he would forfeit one hundred pounds. The poor fellow was delighted with the prospect of restoration to health, which had been denied to him for so many years, and, after a little consideration, consented to submit to the treatment. He was accordingly put under the feather bed

and blankets for an hour or two, and when the perspiration came on he jumped into a cold shallow bath, and remained in it five minutes, and then walked about and drank water. This he did every day for six weeks. After this the gout left him, and he has not had it since; but his breath, which had been indifferent for several months previously, has ever since been much worse, and within the last two months has been so bad that he can scarcely move about. Within the last week his legs have swollen, and he is not able to lie down at night.

The action of the heart is much diffused, and the impulse is great, with a *bruit*.

I directed him to have a dozen leeches applied to the region of the heart, and afterwards a blister to the same part. He had also to take a pill of calomel, digitalis, and squill, three times a-day.

On the 20th of March I again saw him, and the dropsical symptoms had disappeared, and he was rather better. As, however, the disease did not materially decline, he was, early in April, received into the Worcester Infirmary, and was then affected with general anasarca, urgent dyspnoea, and tumultuous action of the heart.

He obtained some relief from active doses of elaterium, but did not on the whole derive much benefit, and, as it was evident that the mischief which had been produced in the chest could not be removed by medicines, he was discharged from the infirmary.

After this he fell under the care of Mr. Addison, of Malvern, where he died in the month of June. Mr. Addison thus writes, in transmitting to me the report of the post-mortem examination:—

"I visited Probert several times before his death, and found him suffering greatly from general dropsy. His extremities were much swollen, and his respiration very difficult; he could not lie down, and during the last two or three days of his illness he was attacked with violent spasmodic paroxysms in the muscles of the arms, legs, and face, during which he cried out loudly from the acuteness of the pain. I do not remember to have ever witnessed so much suffering from spasms of this kind in cases of a similar description. I examined the body after death.

"The cellular membrane was everywhere distended with a yellow serous fluid.

"The lungs were crepitant, and the sections which I made swam in water, still the tissue was at all points loaded with a serous fluid.

"The liver was not enlarged, but it was very pale and indurated. There was no great quantity of fluid in the abdomen, and the rest of the viscera in this region appeared healthy.

"The heart was nearly double the normal standard for persons of Probert's size, and the walls were in some degree hypertrophied. I examined this organ minutely, but I could not discover any ossific deposit in any portion of its structures, but there were several patches of coagulable lymph, or fibrinous exudation, on the surface. The pericardium contained more than a pint and a half of serum.

"June 28, 1843."

"William Addison.

REMARKS.

The cure of gout by the water system is not novel. It has been repeatedly tried at different epochs of

* Ed. Med. and Surg. Journ., Vol. XXV, p. 275.

medical science, but has never, for any length of time, been enabled to maintain its credit as a *safe* mode of treatment. Within our own time, Dr. Kinglake attempted to bring this treatment forward as eminently successful. Serious and even fatal results were found occasionally to follow its adoption, and his plan never received the sanction of the profession. Gout is a disease of so migratory a nature, and yet so essentially constitutional, that you can never say, when it disappears in one part of the system, whether it may not show itself in some other organ. It is well known that, in some broken down constitutions, gout is never altogether absent from the system; and experience has taught us that in such cases the functions of the vital organs are better performed whilst the gouty action is showing itself in the extremities, and there is nothing in such a state of system which a prudent physician so much dreads as the sudden and entire disappearance of gout from the extremities. Probert's was just such a case. He had been an ailing man for years, and had been occasionally subject to attacks of gout in the limbs, which he considered were always followed by an improved state of general health. What does the water-doctor do in such a case? He comes and proffers his assistance, and actually forces his nostrum on the poor, unhappy sufferer! The gout, in consequence, disappears from the joints, and from that time forward his breath becomes affected. The gouty action is driven from the extremities, but it fixes on the tissue of the heart and pericardium, from whence it cannot afterwards be dislodged, and death at length releases him from suffering.

Dr. James Johnson, in writing on this subject, justly observes, "There are certain classes of maladies—for instance, gout, rheumatism, rheumatic gout, tic douloureux, &c.—which, though thoroughly constitutional, and whose *causes* have been years accumulating, are yet of a migratory nature, suddenly shifting their seat from a vital to an unimportant organ, and *vice versa*, from a foot or a wrist to the stomach or heart. Now, it is an undoubted fact, that when a translation or metastasis of a chronic or sub-acute affection, as of gout or rheumatism, suddenly takes place from the exterior of the body, whether spontaneously or from the force of medicine, the malady takes up its seat in some internal organ; but as the internal organs—as the heart, liver, brain, &c.—are not naturally sensitive of pain, the metastasis is very often taken for a cure, and the malady preys for a long time on a vital part, without suspicion, until it reaches a certain height, when the disease reveals itself unequivocally, by pain and suffering, but is now totally beyond the power of art! Nature will not be cozened by the ingenuity of man. For a long time she counteracts the deleterious effects of morbid causes, whether applied by ourselves, or unavoidably occurring, and guards vital organs by throwing the onus on external parts, as is familiarly exemplified by gout. But when we thwart these salutary efforts of Dame Nature, by violently repelling the pain, inflammation, stiffness, or swelling from the hands and feet, by cold applications, heroic doses of colchicum, &c., then we lay the foundation, directly or remotely, for serious or even fatal maladies of some of the internal viscera! In this drama HYDROPATHY is now playing

an important part, and we are now almost in the daily habit of seeing the precious fruits of the 'water-cure' in the shapes of furuncles, carbuncles, dropsy, and hypertrophy of the heart," &c.

Further comment on the case of Probert seems unnecessary; but I may point out to the reader that this victim of the rash and absurd water-system had been known at Malvern as a gouty subject for several years, and there appeared, on the arrival of the water-doctor, no reason why he might not have continued in the same condition for as many more, if it had not, unfortunately for him, so turned out that the disciples of the Silesian peasant determined on making him one of their victims; but, instead of prolonging his days to upwards of one hundred years, which their system promised, they forced him to shuffle off his mortal coil in a few months, and made the grave his resting-place.

Worcester, July 22, 1843.

CASE OF HEMATOCELE OF THE SPERMATIC CORD.

By T. P. TEALE, Esq.,
Surgeon to the Leeds Infirmary.

On the 17th of March, 1843, my attendance was requested in consultation with Dr. Bampfylde, of the 32nd Regt., and Mr. Sharpe, of Leeds, on the case of Captain W —, who, fourteen days before, had been thrown with great violence against the splashboard of his gig, in consequence of his horse falling. The great force of the concussion was expended upon the lower part of the abdomen and groin on the right side. On his arrival at home these parts appeared to have been severely contused, and were much discolored and swollen. After a few days, when the general tumefaction had somewhat abated, it was ascertained that a firm cylindrical swelling occupied the inguinal canal, and projected to a considerable extent below the external ring. A suspicion existed that the swelling might be an omental hernia:

When I first saw the patient, fourteen days after the accident, the lower part of the abdomen and the right thigh and scrotum exhibited extensive livid discolorations, but were free from swelling, except at the inguinal canal and upper part of the scrotum, where a tumor was observed occupying the whole length of the canal, and forming a projection below it of the size of a hen's egg. The tumor was very firm and elastic, insensible to pressure, and its surface was smooth and well defined. The scrotum below the tumor was loose and flaccid, and the right testicle, healthy and pendulous, was situated about an inch below the lowest portion of the tumor, and perfectly distinct from it. The abdomen was free from pain on pressure. The functions of the alimentary canal had been naturally performed without any interruption since the time of the accident, and there had not been the slightest fever or any other general indisposition—the only inconvenience experienced being a sense of weight in the part and stiffness in walking.

As the tumor had evidently been caused by a contusion of the inguinal region, I considered its hernial character extremely doubtful; for although a blow