the left; coughs a little; perspires a good deal in the night.

27. Has quite regained her color; has very little cough. Discharged, cured of the anæmia; phthisical symptoms relieved.

CLINICAL REMARKS.

Diagnosis.—This patient on her admission presented all the usual symptoms of anæmia. As the result of taking cold twelve months ago, she had pain in the limbs, slight cough and debility; about the same time and nearly *simultaneously* the face became pale, the catamenia pale and scanty. She complained of great weakness and languor, also headache and giddiness, increased, as is usual in the headache of anæmia, by the erect position. Afterwards there was œdema of the feet, just as occurs in a weak state of the system from any cause. She was troubled likewise with palpitation and dyspnœa. The heart's impulse was rather too strong, and there was a murmur with the first sound heard at the base; but we could not say there was disease of the heart, for the action of the heart was probably increased at the time of the visit, as is frequently the case, and a murmur we know to be common in anæmia.

The urine in this case was pale, and its specific gravity, although not mentioned in the history, was diminished; this is so common in anæmia as to have given rise to the term anæmic urine. Also, as is very common in anæmia, she had had pain at the epigastrium, having all the characters of gastrodynia; there was also tenderness on superficial pressure over the spine in the dorsal and lumbar regions, which has been called *spinal irritation*, and local superficial pain of the abdomen, both generally present in anæmia.

In addition, there were signs of disease in the chest which appeared to indicate incipient phthisis. There was dulness on percussion under both clavicles and above the left one, also in the right supra and infra spinous fossæ. Inspiration was loud and prolonged; expiration was louder than natural, especially in the summit of the right side posteriorly. It is of great importance always to examine the lung behind, as deposition of tubercles more frequently takes place on the back part of the lungs. It is worthy of notice that little or no cough, and no pain in the chest, was complained of.

Causes of the Anæmia.—None obvious, unless the tubercular deposition in the lungs was the cause, for we know that will alter the nutrition of the whole body. It could not be due to loss of appetite nor suppression of the menses, for it did not succeed either of these circumstances, but all occurred at the same time. With regard to the phthisis, no adequate cause could be ascribed. There was no hereditary predisposition, no severe privations of any necessary or ordinary comforts, either of food or clothing, &c., and there did not appear to have existed any inflammation or any previous severe diseases, which are common causes of tubercles in persons so predisposed.

Treatment.—She was treated as all cases are treated in the hospital, by steel. Three grains of the ioduret of iron were ordered to be taken three times a-day; she was allowed full diet, and half a pint of porter daily. The ioduret was gradually increased to eight grains three times a-day. Under this treatment her color returned, strength and appetite improved, and

she was discharged six weeks after admission. This was a longer time than usual for the cure of the anæmia, which was probably owing to the tubercles. I think a month is about the time I have observed as the ordinary duration of a case of anæmia treated in the same manner.

CLINICAL LECTURES

DELIVERED AT THE

METROPOLITAN FREE HOSPITAL.

BY MR. BENNETT LUCAS,

Senior Surgeon to the Institution, and one of the Lecturers on Anatomy and Physiology at the Westminster Hospital School of Medicine.

Lecture VIII.—March 24, 1843.

GENTLEMEN,—Having subdued, by the means I pointed out in my last lecture, the local inflammation of the second stage of gonorrhœa and the irritability of the remote organs which are occasionally affected, your next care should at once be to control the discharge, and gradually to subdue it. When this is accomplished the disease is cured, and the third stage, or that of gleet, prevented.

To accomplish this end a host of remedies have been recommended, either alone or in combination, and each and all of them, at one time or another, have been dignified with the term “specific;” but, like all remedies which have for their object the cure of this disease in all its stages, or rather which are administered with this view, for once they have succeeded they have twenty times failed. That the remedies I am now about to speak of are of the utmost value in the cure of the second, and occasionally in the third stage of gonorrhœa, experience daily proves; the secret, however, lies in the proper time for their administration, and without a due attention to the reduction of the inflammatory symptoms, our expectations will end in disappointment, no matter how we may vary the formulæ in which we administer them, or increase or diminish the quantity we give. It is to these remedies that the “specifics” for urethral discharges, which we see advertised in the daily papers, owe their occasional efficacy in the cure of gonorrhœa; but for one who takes them with benefit fifty suffer.

There is no doubt that gonorrhœa, like syphilis, is under the control of particular remedies; but these should not, on that account, be administered without discrimination, and under every circumstance. For instance, to give balsam copaiba at a time when chordee, scalding, and the other inflammatory symptoms are present, would be to abuse this valuable remedy, so with cubebs and the turpentine. In like manner, to give mercury at a time that a syphilitic sore, whether primary or secondary, was in an inflamed state, would, to a certainty, aggravate the symptoms, if not produce sloughing and other bad consequences. The same rule holds good in the administration of the usual remedies appropriate to a host of other diseases; and with these facts before us, so constantly enforced in medical writing and *ex cathedra*, it is truly a matter of surprise how sadly it is neglected in the administration of the remedies which we know to be of the utmost value in the treatment of gonorrhœa.

Balsam copaiba is, without doubt, the most effectual medicine we possess in the treatment of the second

stage of gonorrhœa after the inflammatory symptoms have been subdued; when these are present I have invariably found its administration worse than useless. If it be given under such circumstances, as it too often is, it is true it may stop the discharge; the patient will tell you he is well; that he has little, in short, no running, but that a slight uneasiness still remains when he makes water; and upon pressing him closely you will generally ascertain that he is not altogether free from pain, though he will not admit chordee, when the penis suffers erection. In all venereal affections it is astonishing how flippant patients are in the use of professional phraseology when they describe their symptoms; but it often happens in this institution, and I suppose elsewhere, that they sadly misapply terms, confounding scalding with chordee, and so on. Their confidence, also, in their knowledge of the nomenclature of venereal affections is unbounded; and on inquiring the nature of the diseases for which they apply, it is not unusual to hear from them that it is "the discharge," "the venereal," or "the venerable;" occasionally it is described as "what's a-going," as if it were epidemic (laughter); and with the constabulary applicants it constantly happens that it is "their privates are disorderly."

The best way to silence all these speculations as to the nature of the affection under which our patient labors, is to at once investigate the organ, and although no discharge from the urethra, at the time of your examination, may be present, the most satisfactory evidence, notwithstanding, of the existence of gonorrhœa will be afforded. You will sometimes find the lips of the urethra tumefied, and always more reddened than natural; you will constantly find this unnatural redness extending, more or less, over the glans, especially in the mesial line on its dorsum, and if these should be absent, evert the lips of the urethra, which you can in most patients do, and you will find its mucous membrane highly vascular and red. If the prepuce covers the glans, the unnaturally moist condition of both parts, their reddened irritable appearance, the heat even to evaporation from their orifices, and the peculiar conical or pouting appearance of the urethra are, with the account of the previous symptoms, always sufficient to form a correct estimate of the real state of the case.

I have said that these symptoms are conclusive even in the absence of discharge, or rather, I should say, of its not being present; for I need scarcely tell you that, under such circumstances, the characteristic discharge of gonorrhœa cannot be very long absent.

It is very common for patients, a few minutes before they present themselves to us at this institution, to make water, and thus clean the urethra of all discharge; when I have found this to be the case, or when rather I suspected it, for such patients generally tell us they have no running, you may have observed me desire them to wait in the adjoining room until the other patients had been seen, and after a lapse of half an hour or so the discharge was certain to be plentiful enough. The front fold of the shirt in such cases is often sufficient evidence of the disease in the uncleanly patients we are in the habit of seeing here.

I have been led into this digression from the very nature of clinical discourses, which can never be of that connected kind which obtain in a systematic course

of lectures; to return, then, to balsam copaiba as a remedy for the second stage of gonorrhœa.

This medicine, at the period of the disease I have advised you to administer it, may be given either in its pure form or with some of the compound tincture of lavender or cinnamon to disguise its taste, or an excellent way of administering it is in the form of emulsion. In this institution we constantly give it with spirits of turpentine or liquor of potash. It has of late been the fashion to give balsam copaiba, enclosed in capsules, on the same principles that it is given combined with spirits of lavender—that is, to disguise its taste. Now, if the mere taste of this medicine was what most incommoded patients who are so unfortunate as to require to take it, all these pains to disguise it would be of value; but as far as my experience goes, it is when the medicine has been in the stomach some time that patients complain most. They first suffer from nausea; this continues a short time, and then eructations follow, each of which is strongly impregnated with the peculiar sickening odor of the medicine, producing the most disagreeable sensations, even occasionally to vomiting; nay, sometimes after a patient has taken the medicine in the usual doses for a few days, his breath is so strongly affected by it that he is afraid of being "found out." For these reasons, then, I care little, when I order balsam copaiba, how the patient gets it down, provided he does so, and that he can retain it on his stomach. The dose of this medicine is from twenty to sixty minims three or four times in the twenty-four hours. I now never give a larger dose than sixty minims.

I have given it in very large doses indeed on the recommendation of others, but the only effect produced was to determine to the bowels, even to painful tenesmus. We had a patient here some months ago who had taken half-ounce doses of this medicine every four hours. He had purchased it wholesale from a druggist, and took it for three days in this quantity. The first doses violently purged him, and the subsequent ones produced tenesmus and serious irritability of the bladder. He had constant desire to make water, pains down the inside of his thighs, and severe scalding.

A good form to give this medicine in is the following:—

Balsam copaiba, an ounce;
Powdered gum acacia, ten drachms. Mix them well together, and add—
Weak cinnamon water, eight ounces;
Sweet spirits of nitre, three drachms,

so as to form an emulsion of this mixture; a dessert-spoonful or two may be given three times a-day, or four times, according to circumstances. If you should see any necessity for the administration of opium, of solution of potash, of cubebs, or any other medicine, these may be added to the emulsion. You will find in your works on *materia medica* several other formulæ in which to give copaiba, but I have always found the medicine to act better when given alone, or in combination with equal parts of turpentine or solution of potash. Balsam copaiba sometimes produces an eruption over the skin, preceded in general by nausea, and always accompanied with more or less fever. This affection does not depend upon any particular dose of the medicine, such as you might suppose would

occur if it was very large; on the contrary, I have observed it more frequently follow small doses. It almost invariably takes place in the young subject who has taken copaiba for the first time. It has been confounded with measles before now. I was in attendance a few years ago upon a young gentleman, for gonorrhœa, or rather he was in attendance upon me, for he used to call at my house. It was his first gonorrhœa, and he was using copaiba in the customary doses. After he had taken the medicine three or four days he was attacked in the evening with headache and nausea, and the next morning he awoke covered with the eruption. The ordinary medical attendant of the family was immediately sent for, who, to the great delight of his patient, pronounced the disease to be measles; the mother of the young gentleman said he already had had that disease, but upon her being assured that such did not exempt a patient from a second attack, and that when such occurred it was always very mild, the case was considered by all parties to be secondary measles, and treated accordingly. The quietude he observed, as well as the medicines he took, were all favorable to the cure of his gonorrhœa, and when he left his room the discharge and the other symptoms had disappeared; but when he had taken his usual exercise and diet, the gonorrhœa again made its appearance, and was accompanied in a few days with testitis, for which I attended him.

There is an affection of the soles of the feet, of the knees, and sometimes even of the hips, resembling rheumatism, and which occasionally accompanies gonorrhœa. I mention this fact here on account of its being supposed by some authorities that this is induced by balsam copaiba. I shall in some future lecture refer to this disease again, and shall allude to some cases of it which you had opportunities of witnessing. All I shall now say on the subject is, that we have had two patients here within the last six weeks who presented well marked symptoms of this affection, and who had never taken a drop of copaiba, or indeed any medicine but purgatives.

Cubeb pepper is a remedy which has been greatly extolled for the cure of gonorrhœa, but the experience I have had in it does not warrant me in recommending it in preference to balsam copaiba. The late Sir Astley Cooper was in the habit of giving it in combination with camphor mixture and copaiba, and this is probably as effectual a method of exhibiting it as any other. If given alone it is best to prescribe it in the proportion of two or three drachms every third or fourth hour, and if it does not check the disease in a few days it is useless to persevere with it.

The time to give this remedy is either at the commencement of gonorrhœa, even should there be slight scalding, or after the inflammatory symptoms of this disease have been subdued. In gleet it is a remedy of much value, and I shall again speak of it when this stage of gonorrhœa is being spoken of.

There are another class of remedies which are of too much value in the treatment of the second stage of gonorrhœa to be passed over lightly; these are injections. Although injections are of most use in the first and third stages of the disease, yet in the second we may have recourse to them with advantage. When the inflammatory symptoms have all but disappeared—

when they intermit—as, for instance, when a patient has had slight scalding yesterday and is free from it altogether to-day, and when the internal remedies I have spoken of are not attended in their exhibition with happy results, although the discharge be still plentiful, with its characteristic color and consistence, the use of these remedies you may have recourse to.

In such cases your injections should be of the mildest kind, such as two grains of sulphate of zinc, acetate of zinc, or acetate of lead, to one ounce of distilled water. An injection containing three grains of alum to the ounce of water I have found to be the best of all. If the use of any of these injections should produce irritation, pain, or uneasiness, especially of distant parts, you should at once lay them aside; for in this stage of the disease the symptoms are often aggravated by the slightest cause, and, what is worse, they become much less controllable than when they first appeared. I have repeatedly used an injection of acetate of morphia when the inflammatory symptoms of gonorrhœa intermitted, and with the best effect. Notwithstanding the most judicious and careful administration of the remedies I have pointed out to you for the treatment of the second stage of gonorrhœa, it often happens that our efforts to cure it will be unavailing, and that it will insensibly glide into the third stage, concerning which I shall speak fully at our next meeting. Before we part, there is one circumstance to which I am desirous particularly to direct your attention, and which is seldom thought of by practitioners in the treatment of gonorrhœa. I allude to the diathesis of the patient. If, for instance, your patient be decidedly scrofulous, the combination of iodine, of the preparations of iron, and so on, with the gonorrhœal remedies, you will find highly advantageous; or if he be gouty, add some preparation of colchicum, the colchicum wine for instance, with balsam copaiba. When rheumatic symptoms accompany the disease you will find your best remedy in spirits of turpentine.

A REMARKABLE CASE OF CEREBRAL DISEASE.

Coma, paralysis, stertor, convulsion, and death—Cerebral congestion—Apoplexy—Obstruction of all the cerebral venous trunks by polypoid concretions.

Rebecca Fitzpatrick, aged sixteen, a moderately healthy and stoutly built girl, was admitted into the Westminster Hospital under the care of Dr. Hamilton Roe, presenting at the period of her admission the general symptoms of simple continued fever; she had a hot skin, a slightly furred tongue, and a rather quick pulse. No change in these symptoms were observed until the fourth day after admission, when she rather suddenly became insensible, respiration remaining calm and natural, and the pulse that of the previous day; the pupils were quite obedient to light, and there was no convulsion, but the nurse stated she had several times "jerked" the right arm. She could not be roused nor made to swallow nourishment. The action of the heart quite natural, the abdomen soft, and there was no enlargement about the region of the bladder; a catheter was, however, passed, and six ounces of urine evacuated, which on examination was found to contain a large quantity of lithate of ammonia, but was not at all albuminous. Cupping to