PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 134.]

LONDON, SATURDAY, APRIL 22, 1843.

PRICE SIXPENCE.
[Stamped Edition Sevenpence.]

CLINICAL LECTURES

DELIVERED AT

UNIVERSITY COLLEGE HOSPITAL.

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LECTURE I.

Hemiplegia without coma—Second attack permanent—The first recovered from—Premonitory symptoms of paralysis—Paralysis with or without coma—Importance of this distinction—Symptoms distinguishing hæmorrhage from other diseases of the brain—Effect of age in producing ramollissement and consequent paralysis—Diagnosis in this case—Symptoms of softening—Causes—Treatment—Head symptoms relieved—Paralysis unaffected—Prognosis why unfavorable in this case.

Lydia Wells, aged forty-five, admitted on Tuesday, February 7, a married woman, unemployed, of ordinary conformation, lymphatic temperament, and pale complexion; her habits are temperate, and she has resided in a dry and healthy situation; has had fifteen children, and miscarried in her last four confinements. Neither of her parents are living, but she does not know of what diseases they died, nor is she aware of any hereditary predisposition existing in her family. Considers herself to be generally strong and healthy, and states that, with the exception of hooping-cough, from which she suffered when a child, she does not remember ever having had any other ailment until five years ago, when she became the subject of an attack of paralysis affecting the right arm and leg. Her mouth, she says, was drawn to the right side, but she did not lose her consciousness. She was not bled, but partially recovered under the use of medicines, not regaining the use of her limbs until the following summer, and the right leg has continued weaker than the left ever since.

The paralytic attack came on one morning as she was lighting the fire, when she suddenly fell down from loss of power in the right leg; she did not lose the use of the right arm until the following day. Her husband says that she never lost the power of the arm completely, and that in about a week she recovered from the attack. She does not remember having had any numbness or headache previously, nor was her memory at all affected. She suffered about eight months ago from a severe attack of inflammation of the bowels, which confined her to bed for three weeks, and subsided under the use of medicine and blisters. She has also had several slight attacks of rheumatism.

Present Attack.—For a fortnight previous to the present attack she had suffered considerable pain in the head; according to her husband's account, for a month or more previously, also, had had twitching movements of the toes for two months. The present attack commenced on the Saturday fortnight previous to her admission. About eight o'clock in the evening,

whilst sitting by the fire, she suddenly slipped from her chair, and would have fallen to the ground had not her husband caught her, who states that during the night he observed her left leg to be slightly convulsed. She herself describes both arm and leg to have been thus affected. She complained of coldness in both the arm and leg, and her mouth was drawn upwards, and to the right side when she smiled. She did not know her arm was paralysed until the following morning, when she attempted to raise a cup to her mouth. Her husband dressed her and led her to the fire; whilst sitting there she found she could not put her left foot upon the fender without raising it with her right arm. Never lost her consciousness from the commencement of the attack; does not remember whether she had experienced any numbness in either of her limbs; her speech has not been at all affected, but her memory is so much impaired that she cannot give any satisfactory account of herself. Her left leg has been drawn up within the last week, and the flexion of the knee discovers some degree of rigidity, so that although the leg may be extended, yet not without giving her considerable pain. The forearm is in the same way flexed upon the arm; she has been confined to her bed since the first day of the attack. Her husband says she has occasionally talked irrationally since the fit. Neither local nor general depletion has yet been employed.

Present Symptoms.—The temperature of the surface is natural; the paralysed limbs by the thermometer are about the same temperature as the limbs of the unaffected side; she has an anxious expression of countenance, owing to pain and soreness of the tongue and mouth, from the quantity of mercury she has taken; left cheek flattened and elongated; pupils somewhat but equally dilated; the memory is greatly impaired; does not sleep well; dozes and wakes up in a fright; the knee is rigidly bent; it causes pain to extend it, and the fingers are clenched; sensation of the paralysed limbs unimpaired; complains of pain in the head, especially at the back part; left side of face flattened and elongated; deficient also in expression; mouth drawn to the right side very distinctly when she smiles; strong mercurial fœtor of the breath; bowels have not been opened since last Saturday; specific gravity of the urine 1030, and throws down a large deposit of the phosphates; has always menstruated regularly. Cupping to the back of the neck to eight ounces; house medicine immediately, and to be repeated if necessary.

February 8. No heat of head or headache, the pain having been relieved by the cupping; bowels were opened yesterday, and also this morning; impulse of the heart rather abrupt, not materially increased; in other respects much the same as yesterday.

9. Much the same. Continue remedies.

10. No headache or giddiness; cannot sleep; sees

well; pupils not large; mouth still drawn to the right side; neither the taste nor hearing affected; pulse 108, and small; has forgotten that she had taken her medicine this morning.

Hydriodate of potash, three grains;
Mixture of camphor, an ounce and a half. Three times a-day.

Cupping behind the ears to eight ounces.

13. The left leg was slightly convulsed yesterday evening; complains much of pain in the knee; does not sleep well; no pain or giddiness in the head; pulse 108, and small; feels low spirited at times. Venesection to eight or ten ounces.

15. No buffy coat on the blood from the venesection; no headache or giddiness; complains to-day of greater coldness and numbness in the left leg. Increase the dose of hydriodate of potash to four grains.

17. Somewhat less rigidity of the arm and leg; pulse 112, small, firm, and frequent; urine, specific gravity, 1022, containing a slight excess of lithate of ammonia and urea, and a large excess of the phosphates.

20. Much the same; the mouth still continues sore.

22. No headache; still does not sleep well; wanders in the night; pulse 120; skin rather hot than otherwise. Increase dose of hydriodate of potash to six grains.

23. Discharged at her own request, being somewhat relieved.

CLINICAL REMARKS.

Symptoms and Diagnosis.—According to the history, this was a case of paralysis without coma. It appears that she was first attacked about five years ago; whilst lighting the fire she fell down suddenly, but the seizure was not accompanied by loss of consciousness. She recovered from this attack in a week, regaining the use of her leg very slowly, and it has since remained weak. She was seized with another similar attack about a fortnight before her admission. She was sitting by the fire when the attack came on, and was obliged to be carried to bed by her husband. During the attack the left leg and arm were convulsed. At the time of her admission there was well-marked paralysis of the left side; the mouth was drawn towards the right or healthy side, as is usual in hemiplegia, and the tongue inclined slightly to the left or paralysed side. The temperature of both sides of the body appeared to be the same when covered alike. Her memory was very bad; she forgot that she had taken her medicine one morning, when it was seen to be administered to her by other patients in the same ward. Another circumstance of importance to remark is, that the knee and elbow joints were rigidly contracted. Now, the first point to be considered was the cause of the paralysis. Paralysis arises from various diseases of the brain; and in examining cases of paralysis and disease of the brain, the absence or presence of coma is of great importance in diagnosis, and, for practical purposes, these cases may be divided into two classes, one with, the other without, sudden coma.

In the first class the person *becomes insensible*, perhaps falls down suddenly, and during this state of coma there is found complete loss of power of the paralysed parts, or, as happens in other cases, the paralysis makes its appearance as the coma goes off.

In the second class the patient falls down *without losing his consciousness*, but finds he has lost the use of one side. This will guide us in distinguishing the particular kind of disease of the brain which gives rise to paralysis. *Sudden coma* with paralysis very commonly arises from hæmorrhage into the substance or on the surface of the brain, but still not necessarily so, for it is true that there are exceptions, but this is the most usual consequence of hæmorrhage. The converse of this, however, is much more correct. Absence of sudden coma generally shows that there is no hæmorrhage, although Andral relates one case in which sudden hemiplegia came on without loss of consciousness, and after death a coagulum the size of a filbert was found in the optic thalamus. We can easily conceive that if the effusion whether of blood or serum takes place slowly, the brain may accommodate itself to the changes, and coma therefore not be produced. But hæmorrhage may occur in one kind of case, and the resulting paralysis be unaccompanied by coma. In cases of softening of the brain effusion of blood may take place in the centre of the softened part without the production of coma; the softened part appears to make room for the clot, and thus the paralysis takes place without the production of coma—a fact which I have observed in numerous instances. With this exception, *the absence of sudden coma shows the absence of sudden and considerable hæmorrhage*. But the most usual cause of *paralysis without coma* is inflammation, either unaccompanied by changes or with some of its effects—e. g., effusion of lymph, serum, or pus, or softening of the substance of the brain; it may arise, also, from tumors or other growths, especially when inducing inflammation of the surrounding parts. But the most common cause of this kind of paralysis is softening, the result of inflammation.

Another cause of paralysis without coma, is softening of the substance of the brain from *age*, which appears to arise from defective nutrition owing to the structural changes which the arteries have undergone, and thus a state of the brain is induced resembling gangrene. In this case the cause was most probably inflammation. The age of the patient (forty-five years) was too early for those structural changes in the arteries which give rise to paralysis. Again, the attack was preceded for about a month previous by headache and convulsive twitches of the limb, and there had been a previous attack from which she had recovered, which would not have been likely to have occurred if there had been structural disease to any amount. It may be urged against the supposition that it was inflammatory, that she recovered without venesection; but we know that inflammation of an organ, as of the lungs, will sometimes get well without bleeding or active treatment, and the same is true with respect to the brain. It appears most probable that the case was one of softening, from the convulsive twitches and from the tonic contraction of the limbs. I am not prepared to say that these symptoms may not occur without softening, but all the best authorities on the subject ascribe them to that condition of the brain. The pain in this case was not fixed to one spot; this is worthy of notice, as the pain is generally limited to a circumscribed spot, and I have found in a number of instances pain on one side with paralysis

on the opposite, and on examination after death, structural change in the very spot corresponding to that to which the pain had been referred. The same observation also has been made by Rostan.

In this case, although the impulse of the heart was abrupt, yet it was not increased.

Causes.—These were not obvious in this case, and it is the same in the majority of instances; no adequate moral or other cause can be ascribed. It appeared that there was great predisposition to the disease; and that the cause, whatever it might have been, had been long in operation, was evident from the previous attack.

Treatment.—As the disease appeared to be inflammatory the treatment adopted was antiphlogistic. On her admission she was cupped, and the bowels opened by house physic; in a day or two the cupping was repeated. Had not her mouth been already made sore, I should have given her mercury; under these circumstances the iodide of potassium was prescribed, which has a similar effect to mercury in these cases. She was bled to ten ounces and blistered.

By the use of these means the headache was removed, but the paralysis remained the same; she had no more power over the limbs when she went out on the 23rd of February than on her admission. It is worthy of notice, that there was in this case a large excess of the phosphates in the urine, and this corroborates what has been stated to occur generally in diseases of the brain.

Prognosis.—In her case this was unfavorable; she had been a month without improvement in the slightest degree; and if the disease admitted of recovery, some improvement would certainly have taken place. The presumption, therefore, is that there is some structural change too great to be repaired; and if a portion of brain be softened to a mere pulp, as far as I know it never regains its functions.

Anæmia—Incipient phthisis—History and symptoms—Diagnosis of the case—State of the urine in anæmia—Spinal irritation—Physical signs of incipient phthisis—Necessity of examining the chest posteriorly—Causes—Treatment—Cure of anæmia by ioduret of iron—Ordinary duration of this disease.

Mary Kellison, aged thirty, admitted on Tuesday, January 17, 1843, a servant, unmarried, of rather delicate conformation, dark complexion, and choleric temperament; she has been accustomed to an active mode of life, has never been deprived of any necessities, and always lived in open, dry, and healthy situations. Her mother is living, and healthy; her father died at an advanced age; she does not know of what disease; her brothers and sisters are healthy.

History of Attack.—She states that she was always strong and healthy until within about twelve months, at which time she suffered from a severe cold, attended by pain in the limbs, slight cough, and general weakness; the catamenia became scanty, and of a pale color; the face became pale also about the same time; the cough passed off in about a week, as did also the pain in the limbs; this was succeeded by swelling of the limbs, and occasionally of the abdomen, the paleness of the face continuing. The catamenia have ceased entirely for the last five months. About a fortnight ago the swelling of the legs in-

creased so much that she was obliged to give up her occupation, which she had not previously done. Subsequently the pains in the limbs came on, also in the lower part of the chest, extending backwards to the lumbar region. Appetite has been usually bad; states that paleness of the face and loss of appetite came on about the same time. Since leaving her situation she had somewhat improved.

Present State.—Skin cool but dry; face and whole surface very pale and sallow; no swelling of the hands, nor very evidently of the feet, but œdema over the lower part of both tibiæ; she feels very weak and languid; there is some emaciation; sleeps badly; suffers frequently from giddiness and headache; spirits good; no spinal tenderness; no globus hystericus, or difficulty of swallowing; no cough; some difficulty of breathing; pulse 90, and soft; heart's impulse rather too strong; sounds not quite healthy, but no distinct murmur; suffers from palpitations and dyspnoea on making much exertion; venous murmur in the neck; tongue pale and fissured; bowels quite regular; appetite good; slight fulness of abdomen; pain on superficial pressure over the whole surface, somewhat increased on deep pressure; urine voided frequently, copious, and pale, rendered somewhat pinkish by the action of heat and nitric acid; not otherwise affected.

Iodide of iron, three grains;

Infusion of orange, an ounce. Three times a-day.

Extra full diet, and half a pint of porter daily. States that the pain which she felt in the lower part of the chest about a fortnight ago was often much aggravated after taking food, also that vomiting sometimes followed; these symptoms have now quite disappeared.

January 20. Some tenderness of the spine in the lower part of the dorsal and upper part of the lumbar regions. Heart's impulse is stronger than natural, and there is a murmur with the first sound, heard loudest at the base; pulse small, soft, and jerking; headache increased by the erect position. Dulness on percussion under both clavicles and above the left, also in the right supra and infra spinous fossæ. Inspiration loud and rough under both clavicles, expiration is louder than natural, and is very loud in the right supra and infra spinous fossæ.

30. Color of face somewhat improved; some pain in the region of the epigastrium; bowels regular; appetite good; respiration louder under the right clavicle than the left. Increase the quantity of iodide of iron to six grains.

February 1. Slight hoarseness to-day as well as cough; if any difference, has gained a little in color; dulness in the left subclavicular region more distinct upon the clavicle, though not very great dulness on the right side superiorly; expiration louder on the right shoulder behind; very slight muco-crepitant ronchus under the left clavicle; expiration louder than natural under left clavicle; inspiration too loud and too rough on both sides.

3. A little more color to day.

6. Color still more improved, appetite good. Increase the dose of iodide of iron to eight grains.

10. Too much dulness on both clavicles, especially the left; more marked behind.

24. Left side under clavicle still dull on percussion; inspiration loud on the right side, expiration loud on

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