PROVINCIAL MEDICAL & SURGICAL JOURNAL.

PRACTICAL OBSERVATIONS ON SOME OF THE MORE IMPORTANT POINTS CON- NECTED WITH PHYSICAL DIAGNOSIS.

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(Continued from page 164.)

DIAGNOSIS APPLIED TO DISEASE.

PERICARDITIS.

As in pleurisy, the consideration of the physical diagnosis of pericarditis is facilitated by a division into periods, or stages, according to the pathological characters, from which the distinctive phenomena derive their origin.

1st STAGE.—EFFUSION OF LYMPH.

Inspection.—Impulse of the heart visibly increased and jerking.

Application of the hand.—Heart's action impulsive and abrupt, accompanied frequently by a vibratory tremor; pain excited both by pressure between the intercostal spaces, and also by forcing the diaphragm upwards towards the pericardium.

Auscultation.—In the earliest stage of the inflammation, prior to the effusion of lymph, the movements of the heart are quick, jerking and tumultuous; its rhythm often becoming irregular and intermittent; a feeble and dry rustling sound, not necessarily permanent, is at this period occasionally audible. As the disease advances, and lymph becomes poured out, a friction sound, more frequently double, is heard accompanying both sounds of the heart; of greatest intensity during the systole of the organ, with its maximum generally over the apex.

Percussion.—Slightly increased dulness from congestion of the heart, and effusion of lymph.

2nd STAGE.—EFFUSION OF FLUID.

Inspection.—In extreme cases, præcordial region rendered somewhat prominent by the circumscribed filling up of the intercostal spaces; movements of the heart invisible.

Application of the hand.—No vibratory thrill; impulse feeble and indistinct.

Auscultation.—Sounds of the heart, weak, deeply seated, and undulating; friction sounds diminished or extinct; re-appearing occasionally, if the patient be directed to incline the body forwards; influenced also, in some measure, by lateral position.

Percussion.—If the amount of fluid be considerable, the extent of dulness over the præcordial region is greatly increased, varying with the position of the

patient, for which reason, a carefully conducted comparative examination, both in the erect and horizontal posture, must not be neglected.

SIGNS OF RESOLUTION.

Auscultation.—Cessation of the attrition murmur; increasing regularity, and quietude of the heart's impulse and rhythm, unaccompanied by inordinate jogging and tumbling action, indicating adhesion. If serous effusion have existed, the friction phenomena may again return, as the result of its absorption, and sooner or later, ultimately cease.

Percussion.—Extent of dulness gradually diminishing, until it reach its normal limits.

ADHESION OF THE PERICARDIUM.

Signs doubtful, rendered, however, probable, if the previous history of the case afford evidence of a former attack of pericarditis.

Inspection.—Impulse of the heart abrupt, forcible, and very visible; intercostal spaces occasionally drawn inwards during its contraction; situation of the heart within the chest apparently stationary, and uninfluenced by the change of posture. In some instances, in consequence of adhesions, it appears higher than natural, as a result of which the præcordial region is rendered slightly prominent.

Auscultation.—Cardiac movements, abrupt, tumbling, jogging, or forcibly struggling; often rendered painfully acute, by their proximity to the ear. The co-existence of a bellows murmur, together with the phenomena peculiar to enlargement of the organ, not unfrequently obtains.

Percussion.—Abnormal dulness if the false membranes be thick and firm, extending in proportion to the increment of the heart itself.

Observations.—Notwithstanding the usually well-defined characters by which the physical phenomena of inflammation of the pericardium, as well as the lining membrane of the heart, are accompanied, and the amount of success which generally attends early, and decisive treatment, the number of cases of damaged heart, connected with rheumatism, especially among the young, which daily force themselves upon our attention, proves either that assistance is not sought until the disease has effected irreparable mischief, or that, in many instances, the important complication of heart affection is still overlooked at the only period, during which, in a curative point of view, remedial measures can alone avail. Rheumatic pericarditis seldom obtains without the concurrence of inflammation in the interior of the heart; the physical phenomena of which will be immediately considered.

In the event of a rapid and extensive accumulation of fluid within the pericardium, by which approximation between its two surfaces is prevented, the murmur of attrition is often preceded by a bellows sound, under which circumstances the latter sign, in connexion with dulness on percussion, becomes the most direct index to the supervention of the pericardial disease.

Pneumonia, bronchitis, and pleurisy, are enumerated by authors as being occasionally liable to be confounded with pericarditis. Between the two former affections, and inflammation of the pericardium, a properly conducted and sufficiently careful examination should suffice, I think, to remove all doubts. The diagnosis between disease of that portion of the pleura, situated immediately over the heart, and chronic inflammatory affection of the pericardium, will, however, sometimes give rise to considerable hesitation in the mind of the auscultator. The greater influence of the cardiac movements in augmenting the attrition sound of pericarditis, and the similar effect produced by a deep inspiration on the friction phenomena of pleurisy, together with the previous history and general symptoms of the two diseases, will assist in substantiating a correct diagnosis. The seat of the dulness, with the normal character of the breath-sound over the postero-inferior part of the chest, will sufficiently distinguish pericardial from pleuritic effusion.

The occurrence of cerebral symptoms in the course of an attack of acute rheumatism, should at once direct attention to the physical condition of the heart, and its investing membrane.

ENDOCARDITIS.

Inspection.—Movements of the heart, forcibly and visibly increased; sometimes communicating to the expanded hand the sensation of vibratory thrill.

Auscultation.—Cardiac pulsations, abrupt, quick, impulsive, often irregular and intermittent, giving rise occasionally by the force of the impulse to metallic ringing; in the advanced stages, confused and fluttering. A bellows murmur, concomitant with and often obscuring one or both sounds of the heart, is seldom absent.

Percussion.—In slight cases, sonoriety normal. If the heart be much engorged, in consequence of obstructed action, the increase of dulness becomes very apparent.

Observations.—My own experience fully corroborates the fact, so long overlooked, but now generally admitted, viz., that the lining membrane of the heart is far more prone to inflammatory action, as the result of rheumatism, than its outer envelope. The diagnosis between the bellows and friction murmurs has been already pointed out. The only additional circumstance necessary to be noticed, is the distinction between dulness arising from engorgement of the heart, the result of impediment to the circulation, and that depending upon pericardial effusion. In the former case, the systolic movements are pronounced and visible; in the latter, they are indistinct, undulating, and frequently not synchronous with that act. According to Dr. Hope, the dulness from extensive pericardial effusion, reaches higher up the sternum than that caused by a turgid condition of the heart itself. Endocarditis obtains, under various degrees of intensity, and although the primary symptoms are, in many cases obscure, and apparently trifling, the impor-

tance of its detection at the very earliest stage of its progress, is a point which cannot be too forcibly or too repeatedly brought before the attention of the medical practitioner.

While the adoption of decisive and vigorous measures at the onset will rapidly and successfully place the patient beyond the pale of the serious lesions, which this affection, if only partially cured, will inevitably engender, a false diagnosis or an inattentive examination, by inducing inefficient treatment, will, as certainly, sooner or later, subject the unhappy sufferer to the distressing consequences arising from incurable endocardial disease. Mercury is the practitioner's sheet anchor in this often insidious and always dangerous affection. Whenever, in the course of acute rheumatism, we have a sudden violent disturbance of the heart's action, with a bellows murmur, whatever may have been the previous treatment, an immediate and persevering administration of mercury must be at once resorted to.

HYPERTROPHY OF THE HEART.

Inspection.—Impulse of the heart visibly increased, forcibly raising the hand or stethoscope; the apex of the organ is seen and felt pulsating lower than natural, often between the seventh and eighth ribs. In extreme cases, the præcordial region is rendered prominent.

Auscultation.—Force of the heart's action permanently increased, and heaving, raising the head of the observer, receding abruptly again with a shock, constituting the back stroke, or diastolic impulse of Dr. Hope. This phenomenon is caused by the sudden refilling of the ventricles. The sounds of the heart are deadened and obscure; the first sound is prolonged, dull, and limited to the præcordial space; the second sound very feeble and indistinct; most audible over the situation of the sigmoid valves. In consequence of the prolongation of the first sound, the period of repose, prior to the succeeding rhythm, is much shortened.

Percussion.—Increased dulness, both transversely and vertically.

In concentric hypertrophy, with contraction, the phenomena are similar to the above, but more immediately confined to the præcordial region. In this variety, the impulse is less, the sounds more feeble and limited, while percussion gives the sensation of greater resistance to the finger, without increasing loss of sonoriety.

DILATATION OF THE HEART.

Inspection.—In simple dilatation, the results derivable from inspection of the præcordial region, are for the most part negative.

Auscultation.—Impulse of the heart feeble, diminished, and abrupt; the apex pulsating lower than natural; both sounds louder and clearer, and extensively diffused over the thorax; the first sound is both shorter, and more distinct, and approximates very closely to the character of the second.

Percussion.—Increased dulness, but less resistance to the finger than in hypertrophy.

HYPERTROPHY, WITH DILATATION.

The physical signs pertaining to this not unfrequent form of disease, partake of the compound nature of the phenomena of simple hypertrophy, and simple dilatation, viz., an increased impulse of the heart, with

abnormally loud and widely diffused sounds; the apex of the heart pulsating below its usual limit. The relative intensity of the signs proper to each lesion, vary of course with the preponderance assumed by either. In hypertrophy, with dilatation, the diminished sonoriety on percussion over the cardiac region is, in general, extensive and well defined.

Observations.—The seat of the preceding lesions, whether existing in the right or left cavities of the heart, will be determined by the rule previously inculcated, viz., the determination of the spot at which the morbid phenomenon maintains its maximum. If the right side of the heart be diseased, (which is infinitely more rare than the converse,) the maximum of the sound will be heard beneath, and a little to the right of the lower part of the sternum. Under these circumstances, the venous system will be more or less obstructed. In right ventricular hypertrophy, the jugular veins are frequently turgid, and pulsate synchronously with the arteries. In dilatation of this cavity, these vessels sometimes undergo very considerable and permanent enlargement, but do not necessarily pulsate. In disease of the left side of the heart, the maximum of the sounds, as already stated, will be most strongly marked, a little below and to the right of the nipple.

ATROPHY OF THE HEART.

Inspection.—Cardiac movements, imperceptible to sight, and often to touch.

Auscultation.—Sounds of the heart distant and very feeble.

Percussion.—In consequence of the diminished organ being overlapped by lung, the præcordial region yields almost as clear a sound as the opposite side.

Observations.—The history of the case, its supervening upon chronic and debilitated affections, and the permanently small thready character of the pulse, will assist the diagnosis. I am disposed, from observation, to believe, that constant and unremitting sedentary occupation, with a deficiency of pure air, proves a not unfrequent source of atrophy of the heart.

SOFTENING OF THE HEART.

Auscultation.—Impulse greatly diminished and unequal; both sounds of the heart weak and feeble, the first assuming the short flapping character of the second (Hope); rhythm of the cardiac pulsations often irregular and intermittent.

Percussion.—Decreased resistance, with natural sonoriety, unless complicated with hypertrophy or dilatation.

Observations.—Softening of the heart may be distinguished from hypertrophy, by the short, feeble, flapping character of the first sound, and the absence of dulness on percussion, and increased impulse. The concurrence of these phenomena would indicate the coexistence of the two diseases.

From dilatation of the heart, to which condition it remarkably predisposes that organ, it differs also in the negative results of percussion, as well as in the absence of the loud, clear, and permanently diffused sounds peculiar to that affection.

The feeble, quick, and often irregular, and intermittent pulse, which obtains in softening, provided that this does not arise from functional causes, or mitral disease, will further establish a differential diagnosis

between softening of the texture of the heart, and the structural lesions just mentioned.

DISPLACEMENT OF THE HEART

In the former papers, when noticing the physical signs of diseases of the respiratory organs, the circumstances under which the heart becomes liable to displacement, were, to a certain extent, alluded to among the leading diagnostic signs, pertaining to the affection then under consideration. As, however, the translation of the heart, from its normal position, occasionally gives rise to error in diagnosis, (chiefly in consequence of insufficient examination of the entire of both sides of the chest,) it may be useful to enumerate collectively the pathological causes, on which abnormal displacement of this viscus more especially depends. The heart is liable to detrusion on either side laterally, and also to undue elevation or depression, the physical cause of which will be found to arise from affections, incident both to the chest and abdomen.

The diseases within the thorax causing unnatural deviation of the heart to either side, are, copious pleuritic effusion; hæmorrhage into that cavity from external violence; pneumo-thorax; empyema, with liquid effusion; extensive pulmonary emphysema of one lung; tumour, either of the mediastinum or lung; aortic aneurism; to which may be added, the rapid absorption of a pleuritic effusion, the heart being drawn to the affected side (Stokes); and, lastly, universal consolidation and contraction of one lung, with hypertrophy of the opposite (Hope). Depression of the heart may be caused by extensive emphysema of both lungs; tumours within the chest; aneurism of the arch of the aorta; and, to a certain extent, by gravitation, from great enlargement of the organ itself. The heart may be pushed upwards by enlargement of the liver, ascites, abdominal tumours, and by a flatulent distension of the stomach. In rare instances, a contracted and atrophied lung from tubercle, will induce elevation of this organ.

In a case of rheumatism, admitted into the Ipswich Hospital, a short time since, the heart was found to be considerably displaced, both upwards and backwards, by a stomach enormously distended with flatulence. The apex of the heart could neither be seen nor felt; the situation of the base was higher than natural, and the sounds very indistinct; the entire præcordial region, and beneath the sternum from between the third and fourth ribs downwards, afforded a loudly tympanitic sonoriety. On careful percussion, the shape of the distended viscus could be traced with tolerable accuracy. Under the use of purgatives, the phenomena of the heart's action have assumed their natural position.

The only correct guide to the formation of an accurate diagnosis, in reference to the extent and manner in which the heart has undergone displacement, is the acquaintance with its normal position within the chest, more particularly the situation of its apex, and that of the sigmoid valves: over the latter, it will be recollected that the second sound obtains its maximum. These points decided, the amount of deviation from the natural position which the organ has undergone, may generally be ascertained with considerable precision.

(To be continued.)

OBSERVATIONS ON THE NATURE, ORIGIN, AND TREATMENT OF PUERPERAL FEVER.

By EDWARD BLACKMORE, M.D., Edin.

(Continued from page 213.)

CASES OF ABDOMINAL INFLAMMATION IN THE UNIMPREGNATED STATE.

CASE X.

A female, aged 22, affected September 25th, 1830, with pain in the bowels, which in a few hours remitted, and returned severely after going out in the evening. The next day, again a remission, costiveness; at midnight a severe exacerbation, with vomiting.

27th. Seen by a medical man; bleeding to twenty-four ounces, and purgative medicines with effect. The next day better.

29th. A severe relapse; bleeding to the same extent; the blood slightly inflamed; twelve leeches; ten grains of calomel, with magnesia; saline purgatives with colchicum. In the evening I saw her; pain and tenderness of the belly acute, copious vomiting, one large stool from clysters; pulse *very rapid and indistinct*, and a look of prostration. Castor oil, an emollient clyster, three grains of calomel, with one of opium.

October 1st, seventh day from the attack, fifty-four hours from severe illness. Abdomen tumid; less of constant pain, but still severe paroxysms, and pain after a clyster; costiveness, although two ounces of castor oil taken; less vomiting; pulse 100, soft and distinct; tongue coated and dark in the middle; less prostration in the countenance. Twelve leeches, a fomentation, and a poultice, to be followed by a blister; *small* but repeated doses of calomel with scammony, and salines with colchicum.

2nd. Purged of dark stools, profuse perspiration, still the least movement of the body intolerable. Antimonial-mercurial ointment on the belly, castor oil, sedatives continued.

3rd. Purged of more healthy stools with relief, still extension of the legs not borne; gums affected by mercury. Leeches, poultice, and the former medicines.

4th. Calm sleep after the remedies; stools healthy.

5th. Seen by another practitioner, who gave calomel with opium, and salines with tincture of cardamoms. The next day, thirst, a coated tongue, abdominal tenderness and swelling, vomiting and diarrhoea; pulse 100. Simple salines, mercury, with chalk and rhubarb; emollient poultices.

7th. The fourteenth day of illness. Worse; all medicine vomited; pulse tense. Twelve leeches, a grain of calomel every four hours, mercurial ointment on the thighs.

8th. Better; profuse perspirations; mouth sore from mercury; a copious stool from castor oil; oil continued. The next day, griping and greenish stools. Magnesia, with henbane.

To the 14th an amendment; then a return of pain with costiveness. Laxatives.

16th. Not better. Blue pill, clysters, and castor oil. In the next four days an improvement, but the urine still high coloured, and pain before a stool.

21st. Rhubarb and tincture of henbane given. The next day, a loaded tongue; belly tender and tumid. Mercury with scammony and dandelion; salines. In

two days more the abdomen relieved, the pulse still quick; *acute pain in the right sciatic nerve*. Castor oil; dandelion with potass.

26th. Still a disposition to costiveness.

30th. Severe pains in the limbs (from mercury). Anodyne liniment.

November 8th. Severe pricking pains in the abdomen and back, and dysuria.

In the next fortnight recovery going on, but severe pains in the sacrum and hips continued. In ten days more convalescence confirmed, after a severe illness of nine weeks.

CASE XI.

A woman, aged 37, of a feeble nervous habit, was affected during the first fortnight of June, 1831, with symptoms of mild gastro-peritonitis, which were relieved by occasional bleedings to three ounces.

23rd. Being costive, after taking wine, was attacked in the night with abdominal tenderness, a strong sense of coldness in the belly, and cold extremities, and was thought to be dying; the pulse was very low. Bleeding to one ounce and a half; leeches, fomentation, clysters, castor oil and calomel. In a few hours great relief. The next day good stools passed; a soft open pulse.

26th. At four a. m., a return of chills, succeeded by pain in the belly, and a severe sense of sinking; the bowels regular. A clyster, fomentations, a laxative, and an alterative; sinapisms on the præcordia to excite the heart. Relief soon followed.

27th. Vomiting, thirst, uneasiness and sinking at the stomach; yet the vital powers good, and the stools natural. Salines, with colchicum and digitalis in small doses.

Amendment to July 5th, when she could leave her bed. In the next ten days occasional pain, requiring blue pill and salines, with *quassia*.

25th. Slight return of gastritis, relieved in five days. In another fortnight a slight relapse; cured in a week.

When this case occurred, the puerperal-fever-constitution of the atmosphere was certainly forming, by which I believe a peculiar character was given to various diseases.

CASE XII.

The mother of a numerous family, in the beginning of the summer of 1831, felt chilled after being on the water, and was attacked with a cough and oppressed breathing; a few days afterwards she was bled with relief; shortly afterwards, however, symptoms of peritonitis supervened, for which she was bled again, and had leeches, calomel, and a turpentine clyster; but the disease persisted, with various remissions, for nine days more, when she was bled to syncope, and then a fourth bleeding was performed with temporary relief; mercury and colchicum were given, and opiates, which were not well borne, and, finally, hydrocyanic acid, to allay the urgent vomiting. About the eleventh day of the peritoneal attack I saw her as the *locum tenens* of her regular attendant. Affected with some vomiting of a green yellowish mucous, the alvine discharge like chopped spinage, the tongue loaded, the pulse from 84 to 96, the belly neither tense nor tumid, the countenance good; but, from her own sensation, the case was thought by her relations to be hopeless; a cheerful prognosis was, however, given; a blister on the abdomen; leeches on the anus; a sinapism on the

thighs; and *soda, with magnesia*, the only medicine. After this, she improved slowly; and was then affected with severe remittent pain at the epigastrium, supposed to be gall-stone colic. Large doses of opium were given, and, finally, she recovered.

CASE XIII.

A girl, aged 17, who was said never to have menstruated, had been low in spirits for some time, and had complained for a week of pain in the stomach, but eat her food as usual, and the bowels were regular; complained on August 22, 1829, of pain at the head, which was followed on the 24th by vomiting and pyrexia. She was bled to ten ounces, and expressed herself relieved. She died unexpectedly in eight hours.

Inspection, thirty-six hours p.m.—The head and face tumid and livid; dark spots on the neck, breast, and arms; the *lungs* pallid, not engorged with blood. The pericardium held six ounces of turbid serum; the heart was pallid; fibrine in the right ventricle; much blood in the auricles and subclavian veins; the liver, spleen, and pancreas, softened. The exterior of the small *intestines*, and *caput coli*, presented a slight diffused livid vascularity; their *mucous* coat pulpy, and showing livid patches; the large intestines inflated, and containing unhealthy *fæces*. The *stomach* held *fætid* air, water, and chyme; its *mucous* coat very much softened, and livid, in spots. The *uterus* small, its fundus livid, the discoloration extending to a third of its substance; its *neck* similar. The *ovaries* enlarged, containing a series of cysts, the size of peas, and serum in the interspaces; not a vestige of their natural texture remained.

CASES OF ABDOMINAL INFLAMMATION IN THE VARIOUS DISEASES WHICH PREVAILED SHORTLY BEFORE, OR AT THE TIME OF PUERPERAL FEVER.

1. IN SYNCHUS.

CASE XIV.

A fine woman, aged 30, was affected February 7, 1831, when fever was prevailing, with shivering, and pains in the neck; she shortly afterwards menstruated, during which she suffered from exposure to cold; this was followed by vomiting, pain in the hypogastric region, dysuria, and costiveness. She then took some salts, which purged and relieved the stomach. A week afterwards, on the 21st, she sought for medical aid, and appeared then to be suffering from *gastritis*. Bleeding to a pound; the blood not inflamed; twelve leeches; a blister; six grains of calomel; salines, with wine of colchicum.

The next day the pain and vomiting continued. Bleeding to fourteen ounces; the former medicines, with purgatives.

23rd. Twelve leeches; the same medicines.

25th. Six leeches; medicines as before.

27th. I saw her when she had been ill for three weeks, and one week under medical treatment. The case seemed one of synchus, with peritoneal inflammation. To the former symptoms, mild delirium had succeeded, with a sense of heat in the head; the pulse weak; the tongue had a small mucous fur on it. The head shaved; cold on it; calomel, with rhubarb, and effervescing salines; mercurial ointment on the belly.

March 1st. Gentle delirium continuing; little heat of skin; tongue dry and brownish; frequent vomiting

of greenish fluid, and of all medicines except the salines. A blister; mercury with chalk; salines.

2nd. Better; little complaint of the belly. Mercurial ointment continued.

6th. Delirium; the face burning; vomiting; a dry brown tongue; bowels gently purged; pulse 130. Small doses of calomel with soda, and salines with colchicum.

7th. A sleepless night; much delirium; a look of prostration; spasms of the hands; a watery *fætid* purging; vomiting subsided; but a flow of sanious fluid from the nostrils, on making any muscular effort; pulse less rapid and less tense. A clyster of laudanum and lime water. Tranquil death the next morning.

Inspection thirty-six hours p.m.—The abdomen very tense and tumid; sanies flowing from the nostrils; the body not emaciated; much fat beneath the integuments of the belly, and the muscles florid; much air in the peritoneum; no fluid. The parietal *peritoneum*, at the hypogastrium, very vascular; the *liver* tumid; the *stomach* much distended with air, as also the *colon* and the small *intestines*; extreme vascularity over the peritoneal tunic of the stomach and intestines, particularly of the ileum, and the omentum majus, which adhered to the *caput coli*. On a more particular examination, the stomach felt soft and thickened, and *crepitant* from air between its coats; the vascularity was situated in its *middle* coat; the peritoneal could be easily peeled off, and was only thickened; its *mucous* coat dark and pulpy, and at one part covered with dark coagulated mucus. The *duodenum* was vastly enlarged, so as to appear like a second stomach; its coats soft, thickened, and very crepitant from air beneath its peritoneum, and under its mucous coat, forming large vesicles; an appearance such as never I saw before in more than two hundred morbid inspections. The jejunum and ileum in the same state. At the termination of the latter was a dense thickened opaque vascular portion, like a fungus, between the mucous and peritoneal coats, at least three-eighths of an inch in thickness; *no ulceration*. Beneath the peritoneum of the small intestines, in their whole extent, air was effused, giving them the appearance of inflated cellular tissue, or of a honey-comb texture; all the parts were strongly crepitant to the touch; there was air also beneath the mucous coat of the jejunum and ileum, but less than in the duodenum. It appeared an unexampled case of emphysema of the intestines. The *mucous* coat of the large guts was healthy; the layers of the *mesentery* connected with the duodenum and ileum vastly thickened, containing many enlarged glands full of blood and air—an aspect of hypertrophy with emphysema; smaller glands contained some pus. The superior *mesenteric artery* was so enlarged as to equal the hepatic in common cases. The *liver* was very large, softened, and emphysematous; its thicker part resembled a *macerated sponge*. The *gall-bladder* pallid, holding light coloured bile. The *spleen* enlarged to twice its natural size, softened, and livid. The *kidneys* also enlarged, and the coats of the *ureters* emphysematous.

This extraordinary state of the abdominal viscera, was not, I am satisfied, the result of after-death changes. There was very little *fætor*, no emphysema of the integuments, and the viscera exhibited a shining florid

hue. The cause of these extensive organic changes was inflammation, *modified* by a *scrofulous* constitution, (as some members of her family had died of phthisis,) subsisting for a fortnight in a languid state, and for a similar period in a very acute state. The air was probably carbonic acid, which the blood had held in a free state.

2. ABDOMINAL INFLAMMATION IN CHOLERA.

CASE XV.

A traveller, aged 37, had, in 1828, severe chronic diarrhoea, with painful sloughing of the ball of the great toe, which was cured by mercury given by me, accidentally to severe salivation. In the evening of January 24, 1832, he came from his journey complaining of pains in the head and stomach, which were soon followed by severe vomiting and purging. This persisted for forty-eight hours, without medical aid. A practitioner then gave him a dose of castor oil, and calomel with opium. The next morning the former symptoms were relieved, but followed by cramps, coldness, and lividness of the extremities, and dyspnoea, and the day afterwards he died, being sensible to the last, seventy-two hours from the attack.

Inspection sixteen hours after death. The body livid; frothy serum flowing from the mouth; much foetid air and serum in the peritoneum; the stomach and intestines inflated and very livid. Terror prevented our opening the canal; the factor was so great as to make all present ill, with pain in the bowels and purging for a few hours!

This case happened about three months after the puerperal fever, and six months before malignant cholera was *supposed* to have broken out at Plymouth. Two cases similar as to the symptoms, occurred at the same time, in a hospital near this patient's residence.

3. IN ERYSIPELAS.

CASE XVI.

A man, aged 47, residing in a low unhealthy situation near the sea, in a gas factory, of which he was engineer, was attacked August 25, 1831, with pain in the head, and mental dejection, from a presentiment that he should die. He then took a purgative pill, and on the following day erysipelas appeared on his face. An emetic was then given by a medical man. On the 27th, I found the erysipelas remaining; the tumour and vesication severe; the tongue very brown and dry; his general aspect typhoid. At the abstraction of eight ounces of blood, and the use of calomel, antimony, salines, and purgatives, he appeared relieved for a few days; but subsequently relapsed into a more profound typhoid state. Suppuration took place in the eyelids, and the erythema extended down the arm, until its progress was arrested by a line of demarcation formed by the *lunar caustic*. About the end of the second week of the illness, he again appeared better, under the use of quinine, camphor, a little white wine, and small doses of hydrargyrum cum creta, and ipecacuanha. In a few days, however, he complained much of a *burning* in the throat, stomach, and bowels, and passed several *foetid dark stools*; he had also pain at the left side, shooting to the shoulder blade, which he referred to the *heart*, but the breathing was unaffected, and he had no cough. Several boils had formed on various parts of the body, but the face had healed.

The pulse was weak, and 112; the tongue brown, dry, and aphthous; emaciation extreme.

September 11th. The bowel complaint a little relieved by magnesia, chalk, ipecacuanha, and quinine with camphor. The next day he sank, after a little more than three weeks of illness.

Inspection fourteen hours after death. The back livid; a considerable swelling at the left side of the chest, extending to the scapula and axilla, formed by thickened integument and a diffuse effusion of serous gelatinous fluid in the cellular tissue.

A few old adhesions of the right pleura; and at the lower lobe of the *left lung*, a small spot like a cicatrix, found on incision to consist of a dark indurated puckered portion of the lung, a line in depth; no relics of an ulcer; no tubercles; the heart natural. The abdomen sunken; the gall-bladder full of green bile; the exterior of the stomach a little vascular; its mucous coat, at the cardia, extremely livid and vascular. The duodenum like the stomach; the peritoneal coat of the jejunum and ileum intensely vascular; their mucous coat also excessively livid, and thickened, and so soft as to be easily abraded with the nails. The substance of these parts was also in a state of soft hypertrophy. The small guts contained much foetid air, dark fluid faeces, and a few worms. The omentum and mesentery were much emaciated. The *colon* very livid and vascular in its mucous and peritoneal coats. The rectum and the other organs natural.

The wife of this patient was attacked with severe erysipelas of the face, at the same time, and was cured in twelve days by the loss of twelve ounces of blood, and the use of calomel with antimony, and salines.

This case seems a characteristic example of erysipelatous inflammation in the stomach and intestines. The slight complaint, the typhoid aspect, the internal burning, the unhealthy discharges, the intense and extensive congestion of dark blood, the atony of the blood vessels, the decomposition of the textures, the extensive suppurative disposition, the extrication of foetid gas, all betoken a species of inflammation that may well be styled *malignant*, and justify the older pathologists in maintaining *erythematous* inflammation to be a specific modification, practically different from the *phlegmonous*, and not confined to the *skin*, as will appear most strikingly in the next cases, but attacking various parts, and being also most insidious in its rise and progress. Genuine puerperal-fever-cases appeared about this time, near this patient's residence.

(To be continued.)

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, APRIL 9, 1845.

The following memorial has been addressed to the Right Honourable Sir James Graham, by the Council of the Provincial Medical and Surgical Association, and is here printed by order of the Council.