PROVINCIAL MEDICAL & SURGICAL JOURNAL.

RETROSPECTIVE ADDRESS OF THE READING PATHOLOGICAL SOCIETY.

Delivered by J. L. WALFORD, Esq., Surgeon to the
Reading Dispensary, July 23, 1845.

Mr. President and Gentlemen,—

It is with much anxiety that I appear before you this evening, for the purpose of delivering the Retrospective Address on the proceedings of the Society during the past year. I am deeply sensible of the kind feeling which prompted the suggestion that I should undertake the duty, and had I been able to plead in addition to my inability adequately to discharge it, that I had read several papers to the Society, I should certainly have been occupying the position of a hearer instead of the one I now hold. I will not take up your valuable time further than to add, that I wish I had been better able to do justice to the various subjects which now claim your attention. Perhaps it may not be out of place here to notice, as a matter of self-gratulation, the purchase during the past year of a microscope, a better than which it is reasonably believed is not to be met with, and which will be of essential service to this Society, and also to record our thanks to the Board of Management connected with this institution, for the liberal manner in which they have met the subscriptions raised amongst ourselves for this object.

We may also further congratulate ourselves on an increase in our numbers, and the harmony and kind feeling which characterise our meetings. Long may they continue, and much may they deepen. We have only to suggest, ere we commence the immediate object of this paper, that for the accommodation of our esteemed and kind Secretary, who records our proceedings, and for the advantage of those who may occupy this place on a future Anniversary, that if members would bring with their morbid specimens, their notes of the same, it would facilitate much the working of that part of our Society, which is indeed no light task, and for which we are greatly indebted to Dr. Woodhouse.

The number of papers which have been read, and of the morbid specimens which have been presented, is less than on any previous year; and were it not that a more than usual interest attaches to some of the specimens and cases, your reporter would altogether fail in the object he has in view this evening. Our members have increased—nevertheless such is the fact. Let us hope better things. I can easily imagine that the junior members of our profession have their time and energies so thoroughly taken up with a class

of practice the most laborious and the least lucrative, as to be utterly incapable of sparing the necessary time; and that those members of this Society who are equally busily occupied, but more profitably, find also that time is not left them for the preparation of papers to be read by them here. But, gentlemen, we must be admonished, and in proportion as we value these monthly meetings, which do indeed break in most pleasingly upon the cheerlessness of isolated, unsympathising effort, as remarked by Dr. Cowan, bestir ourselves, and at our next period of assembling, meet to profit by the result of these observations.

Commencing with the thirty-sixth meeting of this Society, and ending with the forty-eighth, we have to notice a case related by Mr. Francis A. Bulley, of abscess of the prostate gland, occurring in an individual, affected with gonorrhœa, and for the cure of which he was taking three times daily, three-drachm doses of the balsam of copaiva. The abscess, on being punctured in the perineum, was found to communicate both with the rectum and bladder, for urine and *scæces* escaped. Fortunately, the use of a catheter was successful in enabling these communications to close.

On the same evening, a case of empyema was narrated by Dr. Cowan, as having been taken for abscess of the liver. There was present a copious discharge of muco-purulent fluid from the lungs and bowels. No communication existed between the side of the chest and bronchial tubes or intestines. The result was absorption of the effused fluid.

On the evening of the thirty-seventh meeting, the Society was favoured with a paper on the nature and pathology of fungus hæmatodes, by Mr. F. A. Bulley, who illustrated his observations by the following case:—

T. P., a labourer, aged 40, habits dissolute, June 5, 1844, had been ill about two months; found him in bed, complaining of great pain in the scrotum, which was greatly distended with fluid, diffused through the cellular membrane. The febrile symptoms appeared of a hectic character. In the situation of the bladder, was a very firm elastic swelling; in the leg also was a soft elastic swelling, which had latterly become very painful, but the greatest pain was in the scrotum and groin; both legs slightly anasarcaous; the cellular membrane round the anus was swelled and anasarcaous also; urine passed latterly in small quantities, and invariably mixed with blood; complexion sallow. In the commencement of his illness, he suffered from an obstinate diarrhœa, which continued throughout.

Examination twenty-four hours after death.—On opening the bladder, it was found partially distended

with urine, containing a number of small light-coloured clots of coagulated blood. Posteriorly in the bladder, was a lobulated medullary tumour, as large as a middle-sized cocoa-nut, formed apparently between the peritoneum, covering the posterior part of the bladder, and its muscular coat, extending from the fundus downwards, to within three quarters of an inch of the prostate gland. At this part it pressed upon the rectum to a great extent, and was thus probably the cause of the diarrhoea, and of the anasarca condition of the parts about the anus. On cutting through the tumour, three different stages of disease presented themselves; at the upper portion the medullary mass was in a state of softening, easily broken down, a quantity of pus seemingly diffused through its substance; below this, the section was precisely similar to healthy brain, wanting, however, the bloody points. There was here no approach to softening; below, the tumour was of a firmer consistence, fibrous, and almost resembling the texture of scirrhus, intersected by membranous septa. The termination of the ureters was not discernible. These canals were so pressed upon in their lower half as to be much contracted; above, they were dilated. The left kidney was intersected by this medullary deposit; the right was not removed for examination. A spot, about two and a half inches in diameter was found in the left lobe of the liver, of the same character; the lungs were studded with minute medullary deposit; the heart small, flabby, and pale. In the left auricle was a large piece of fibrin, having in its centre a mass of medullary matter, similar to that found in other parts of the body.

The writer's aim appeared to be to prove that it arose from a diseased state of the blood, induced by habits of intemperance, combined with privations in other things. In the discussion which ensued it was remarked, that cases were met with in youth, as well as adult life, where these habits, as leading to the disease, cannot be for a moment suspected. The discussion was ended by some remarks from Dr. Cowan, on the existence of pus and morbid structures in the centre of fibrinous clots, as brought out by Volkmann.

At the thirty-eighth meeting, Mr. Vines read a paper on diseases of the brain and spinal cord. The character of the cases read was that of sub-acute, occurring chiefly in young persons, and generally speaking amenable to the antiphlogistic treatment. The practice of drawing blood from the seat of the disorder by cupping was recommended.

At the thirty-ninth meeting of the Society, Mr. Harrison related a case of sudden death from angina pectoris. A female, aged 64, who had had rheumatism three times, and for the last two years had suffered from palpitation and dyspnoea, pain in the left shoulder and arm. On going up stairs after tea, she fell in a state of syncope, and expired in ten minutes. Examination after death discovered the lungs healthy, the right side of the heart feeble; the left much hypertrophied; mitral valves much thickened.

This disease is described by Dr. Darwin under the name of *asthma dolorificum*, who states "that it was first described by Dr. Heberden, as *angina pectoris*. Its principle symptom consists in a pain about the middle of the sternum, or rather lower, on every increase of pulmonary or muscular exertion, as in walking faster

than usual, going up-hill quickly, or even up stairs, attended with great difficulty of breathing, so as to occasion the patient instantly to stop. A pain in the arms about the insertion of the pectoral muscles, generally attends, and a desire of resting by hanging on a door, &c., by the arms, is sometimes observed.—These patients generally die suddenly, and on examining the thorax, no certain cause or seat of the disease has been detected." Dr. Darwin then relates the case of an elderly gentleman, seized with asthma. He always waked from his first sleep with difficult respiration and pain in the middle of his sternum. This led him to conceive that in this painful asthma the diaphragm, as well as the other muscles of respiration, was thrown into a convulsive action, and that this muscle being weakly antagonized, a *painful fixed spasm of it*, might be the cause of death in the *angina pectoris*, and which he has arranged under the name of painful asthma, and leaves for further investigation. He adds, it is possible that either a fixed spasm of the diaphragm, or of the heart, which are both furnished with but weak antagonists, may occasion sudden death, and these may constitute two distinct diseases. This explanation of the cause of death in *angina pectoris* has been admitted and supported by the late Dr. Fletcher.

At the fortieth meeting of the Society your report read a case of scarlet fever, interesting from the many effects it produced, and the mental phenomena observed in its course. The entire destruction of the contents of the left orbit, of the spongy bones of the nose, and of the petrous portion of the temporal bone of the right side, were some of those effects; whilst the craving for food incessantly, taken in connexion with the condition of the middle lobe of the brain on the side on which the petrous portion of the temporal bone was affected, affords a remarkable instance in illustration of the statement of phrenologists, that the nutritive function of the body has its presiding influence in that portion of the brain.

In the conversation afterwards, some members stated that they had seen cases followed by sloughing of the cornea, abscess of the orbital cavity, diseases of the bones and glandular tissue, also in scrofulous subjects. The rationale of the origin of this lesion in the orbital cavity was discussed, and argued by Mr. Harrison, to be dependent on suppurative phlebitis, having its origin in the changes which had been previously going on in the whole auditory apparatus.

At the forty-first meeting of the Society an interesting and practical paper was read by Mr. Jeston, illustrating the power and value of the external use of digitalis in some species of dropsy. The form used, in connexion with warm clothing, purgatives, nutritious diet, &c., is as follows:—Fol. Digit. ozss.; Aquæ pur. lbss.; Liq. Am. fort. oz. i.; Ol. Papav. oz. ij. To form a liniment, to be rubbed in twice daily. In anasarca after scarlatina, and in anasarca unconnected with organic disease, its good effects were most apparent. In other cases, as hydrothorax after apparent cure, and after a lengthened interval, death occurred in a form somewhat sudden; the individuals in each such case had been indulging in fermented liquor, so as fairly, we think, to preclude the question of being in any degree attributable to the use of the digitalis.

At the forty-fifth meeting of the Society, a paper on

some malignant diseases of the brain, was read by Dr. Cowan. This paper has appeared in the pages of the *Provincial Journal*, April 16, 1845, with another case of the same nature.

At the forty-sixth meeting of the Society, the last paper for the year just ended was commenced by Mr. F. A. Bulley, and concluded on the evening of the forty-seventh. The subject was scrofulous inflammation of the bones, and was treated by the writer in a manner which showed that he had given it much thought and attention. The use of sulphur, in addition to the other well-known advisable means, was recommended, eagerness for operation was condemned, whilst a small state of the heart was believed by Mr. Bulley to be the original and essential mode of departure from a sound to a scrofulous constitution.

On the evening of the forty-seventh meeting of the Society, Dr. Cowan briefly related the case of a young man, aged 32, of dissolute habits, admitted into the hospital with hypertrophy of the heart, ascites, anasarca, &c. He had had epistaxis, frequently and profusely. On one occasion bleeding to a great extent occurred from the rupture of a vein behind the ear. At another time he was cupped, and there was the greatest difficulty in stopping the bleeding. On examining the body after death, an incision through the scalp bled profusely, and for some hours. The liver was greatly enlarged, and as white as if it had been boiled. The heart was found much hypertrophied. This case, it was remarked, appeared to shew a change in the course of the blood, owing to the condition of the internal organs.

By Dr. Cowan also was mentioned the case of a woman, aged 60, who had been afflicted with hypertrophy of the heart, and an affection of the head for some years. She complained much of pain in her head, and inconvenience in walking about. She moved always with the greatest caution. She was suddenly seized with paralysis, and almost total insensibility. She died in a few hours. Upon examination after death, the left hemisphere was found filled with blood, and all the vessels of the brain had undergone a steatomatous degeneration.

By Mr. Harrington was narrated the following short but important case:—He was called to a man aged 65, who had been suddenly seized with a severe rigor and pain in the left side. The countenance had a peculiar muddled, confused appearance, indicating the commencement of some serious organic lesion. No physical signs of disease in the thoracic cavity were discovered until the third day, when blowing respiration was found in the lower third of the left side of the chest posteriorly, and in this spot alone. Coma gradually advanced, and he died on the fifth day. No examination was allowed. The case was considered to be one of pneumonia.

Having given you a brief and imperfect sketch of the papers which have been read, and of the cases narrated, unaccompanied by the presentation of morbid specimens, we proceed to give you a brief outline of the various specimens, the result of diseased action, which have been from time to time brought before you; and when we glance at the important classes of cases which have been submitted to your inspection, we lament that it has not fallen to an abler head to

arrange for your retrospective glance, the individual and general characteristics of each.

The first specimen belongs to the osseous system—a portion of bone exfoliated from the thigh of a young man, an out patient of this hospital, leaving him a stiff but useful stump. It was presented by Mr. F. A. Bulley.

From the osseous system, the groundwork of our frame, we come to diseases of the brain, of which we have three specimens to notice. The first was presented by your reporter, being a portion of the brain of a child aged two years; the symptoms during life were those of cerebral disturbance, supervening on vomiting and diarrhoea, with a fever countenance, but cool skin, and a low but quick pulse. Examination after death discovered a jelly-like effusion on the convex surface, and at the base of the brain; a softened condition of the corpora striata and optic thalami; and, in the opinion of your reporter, an hardened condition of the corpora testiformia.

The second specimen of diseased brain was presented by Mr. May, accompanied with very full and interesting particulars.

Mr. L., aged 46, married at 29, of full habit, with short neck, dark complexion, irritable temperament, a rather free liver, ale being his principal beverage, of retiring habits, but active and industrious.

He had acute rheumatism at the age of 19, prolonged for twenty weeks; was first severely attacked with gout in 1837, then in his 39th year. During the succeeding four years he had four similar seizures, with other slighter indications. His previously muddy face had now become pale, and he complained occasionally of double vision, giddiness, sleepiness, and impaired memory. In April, 1841, he had diarrhoea, followed by restlessness, a confused and bewildered expression, and conduct similar to that from the excitement of intoxication. His sleep was now disturbed, memory worse, and intellect perturbed; his articulation slightly altered. In October, 1841, he had an attack of epilepsy, followed by retention of urine, but recovered to much the same condition as before. In April, 1842, he had a similar but more severe seizure, followed by mania, which continued about twelve months; he then became fatuous, and gradually sunk into a state of imbecility. He did not articulate during the last twelve months of his life, could not distinguish persons, and shewed no other evidence of consciousness than a smile at being washed or shaved, and at certain articles of food, and by contortion of countenance, and aversion of head, when offered medicine or disturbed.

He was constantly recumbent, uneasy in any other posture, and became pale and faint when raised. During the last eighteen months, (and coincident with the loss of mind,) the flexors of both hands were contracted, with rigidity of the muscles of both arms, and loss of voluntary motion, irritability and tone being augmented. About once in each month at first, and afterwards once a fortnight, he had convulsions more or less general, during the existence of which the fingers were extensible, and the opportunity was taken to make the skin and nails comfortable. With the exception of one toe, the lower limbs were not contracted, and were but slightly affected with spasmodic movements, and voluntary power was retained. Since

Christmas, 1843, he had frequent dislocation of the jaw, produced by spasm, which was readily reduced by tickling the palate when the spasm had ceased. During the last month it was occasioned also by cough, but refused the excito-motory influence, and required some force to reduce it. The senses of sight, smelling, and taste, were but little, if at all, impaired; the senses of hearing and of touch were rather exalted; the circulation was feeble; respiration natural; temperature rather low; he usually slept well; the nutritive functions were unaffected throughout the entire illness; the bowels responded to, but did not act without medicine. During the last two years the urine was incontinent, and passed apparently without consciousness. During the last six months he was annoyed with cough, and a collection of mucus about the fauces, without voluntary power to expectorate or dislodge it; his deglutition also became gradually feeble and difficult. No emaciation was observed until the last fortnight of his life, during which time he was nearly unable to swallow, and the dislocation of the jaw was frequent. He became asthenic and comatose, and died in August, 1844. He was preserved from bed-sores by pillows of bran, and the urine was collected in a bottle, the genital organs remaining free from excoriation.

This pitiable condition was ameliorated by the devoted attentions of his wife, who incessantly watched him, without retiring to rest during the last two years.

Examination fifteen hours after death. Shape of head not peculiar; scalp pale and bloodless; cranial bones thickened in front considerably, and slightly at the back, thin at the sides, hard and bloodless; no diploe; dura mater attached loosely to the cranium; membranes vascular, opaque partially, and thickened, particularly at the base; the arachnoid cavity and the ventricles distended with fluid, about a pint; vessels turbid; both the grey and fibrous structures of the cerebrium rather firmer than natural; the cerebellum softer. The anterior part of the base of each hemisphere was of a deep roseate hue. The plexus choroides in each lateral ventricle, at its posterior corner enveloped a tumour, about the size of a sparrow's egg; the pons, crura, medulla, and nerves natural. No other part of the body examined.

Mr. May enquired whether gout was an element in the chain of causation? In his opinion such a view would receive support from the cases of gout attacking the spinal cord reported by Dr. Graves. The tumours were similar to those supposed by the late Dr. Abercrombie to be vesicular, and to be formed by the loose cellular membrane of the plexus. Dr. Hodgkin has described them as containing earthy matter and to exist symmetrically, and at the upper part of the descending cornu on each side. As to their relative frequency, observers record a wide disparity. Mr. Lawrence did not detect one in seventy-two cases, which he examined in Bethlem Hospital. Greeding found them to exist in maniacs, in the proportion of 96 to 100, and a healthy condition of these parts in sixteen cases only out of 216.

The third specimen of diseased brain was presented by Dr. Cowan, belonging to the non-analogous or malignant class. It has been before alluded to as the substance of an interesting paper, read by Dr. Cowan to this Society, and published as before stated. The

history of this case, compared with that of the last mentioned case, in respect of permanent paralysis, and contraction of the flexor muscles, would seem to indicate a difference, not only in the seat of the lesion of the brain, but to point out a more gradual development, and a difference in the character of the structural alteration.

From diseases of the brain we pass on to those of the heart and pericardium. Five illustrations of lesions of these organs have to be noticed.

By Mr. Harrison, the heart of a boy, seven years of age, with the pericardium universally adherent; much enlarged, cavities dilated, valves thickened. Effusion took place into the chest, abdomen, and cellular tissue. The boy died from apnea.

Dr. Cowan mentioned the case of a boy who entered the hospital with symptoms only of chorea, but in whom existed all the physical signs of pericarditis. The removal of the latter affection by depletion and mercurials, cured him of chorea.

By Mr. Payne, a heart taken from a female aged 16. The symptoms were severe dyspnoea, palpitation, copious expectoration, lividity of lips, pulse from 100 to 150, prominence of precordial region, with impulse over a large surface. Movements of heart irregular, and scarcely distinguishable. The catarrhal symptoms were removed, but effusion took place into the cellular tissue, chest, and abdomen. Examination after death discovered lymph in the pericardium, but it was not adherent; valves healthy; lungs sound; urine slightly albuminous.

An interesting discussion ensued as to the cause of active aneurism of the heart; its seat was believed to be the left ventricle; and its causes, disease of the aortic valves, adherent pericardium, chronic bronchitis, and emphysema of the lungs. The use of digitalis it was considered desirable to limit to cases in which the heart was vigorous and the muscular tissue strong, and that it was forbidden where the heart was dilated and enlarged to overcome a resistance.

By Mr. Jeston, a heart was presented with the pericardium universally adherent. The auriculo-ventricular and mitral valves were nearly cartilaginous, with points of ossific deposit; the heart itself dilated. The patient has been rheumatic since the twelfth year, and died in the forty-fifth. In the discussion Dr. Cowan observed, that in old cases you often have bellows-sound from valvular disease and from pericarditis. It is of the utmost importance to distinguish between acute and chronic inflammation of the pericardium. The case of simple valvular disease may with ease be distinguished by the physical signs, and this point often made the difference between life and death.

By your reporter an hypertrophied heart with dilatation was presented, taken from a man aged 50. Ascites to a limited extent, but anasarca to a great extent, followed. The organ was immensely enlarged, but the impulse not at all proportionate. Purging, emetics, blisters, and incisions below the knee, afforded the greatest relief.

(The conclusion in the next number.)