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CASES AND OBSERVATIONS IN HOSPITAL PRACTICE.

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(Continued from page 625.)

STRUMOUS PERITONITIS, WITH EFFUSION.

Mrs. Salmon applied at the Essex and Colchester Hospital on May the 8th, 1845, with an out-patient's ticket, in order to obtain some medicine for her daughter, aged 14, who, she stated, was confined to her bed, and supposed to be in the last stage of phthisis, and at present suffering under severe abdominal pain and diarrhoea. I prescribed a pill of morphia and oxide of silver, and called to see her next day, when I found her as represented, enduring the most intense pain in the abdomen, and constant diarrhoea. She lay upon her back with her legs drawn up; the abdomen enlarged, fluctuating, and exquisitely tender, but more particularly between the umbilicus and pubis. She passed as many as eight to twelve stools daily, and had done so for the last fortnight; the emaciation was extreme; the vertebrae were chafed, and there were bed-sores upon the sacrum and buttocks; a very slight cough, but considerable dyspnoea; pulse 130, counted with difficulty; the severity of the pain prevented sleep; the appetite was very variable. She had been taking a little meat and wine.

She had been ailing for twelve months. It was noticed that the slightest exertion caused great fatigue; she stooped in walking, and was obliged to leave the church choir, singing caused so much distress. Yet, altogether, the illness was of so "apparently" trivial a character that it did not attract much notice till three months ago, when in consequence of the progressive emaciation, regular advice was obtained. Owing to the presence of some equivocal pulmonary symptoms the true nature of the disease escaped detection; an unfavourable prognosis was given, and merely palliative treatment directed.

Treatment.—I directed her to be laid between two pillows, placed longitudinally, to take off the pressure from the vertebrae, which, with the sacrum, were covered with adhesive plaster; eight leeches to be applied to the abdomen, which was subsequently to be covered with a cataplasm of scalded bran; a drachm of camphorated mercurial ointment to be rubbed on the inside of the thighs twice a day, and the following enema to be used night and morning.

R. Tinct. Opii, M. xij.; Quinae Sulph., gr. i.; Acid. Sulph. Dil., M. ij.; Mucilag. Amyli, oz. iss. M. Fiat enema.

Milk and arrow-root for diet.

12th. As the enema could not be given, the same medicine was given as a draught; leeches to be repeated, as only four adhered.

15th. Pain less; has been able to sleep for some hours every night; bowels less relaxed, but still moved every three or four hours. She prefers medicine in the form of pill, and as the ointment has not been well applied, I ordered the following pill, and the draught as before.

R. Hydrarg. Chlorid., gr. ij.; Hydrarg. cum creta, scr. j.; Extr. Opii, gr. iv.; Extr. Gentianæ, gr. xij. M. Fiat pilulæ, xij., quorum capiat j. ter quotidie.

19th. Pulse 120; bowels moved four times a day; pain very much relieved.

R. Tinct. Opii, dr. iijss.; Sodæ Sesqui-carb., dr. iss.; Aquæ puræ, oz. viij. M. Sumat cochl. j. magn. bis terve quotidie. Cont. pilulæ

Applic. Emplastrum Lyttæ abdomini.

23rd. Continues free from pain; in other respects the same.

R. Extr. Opii, gr. xij.; Hydrarg. Chlorid., gr. ij.; Hydrarg. cum creta, gr. vi.; Pulveris Scillæ, Extr. Conii, utrque gr. xij. M. Fiat pil. xij., quorum capiat j. ter quotidie.

26th. The blistered surface has an erythematous appearance; pulse 120; bowels moved four times a day; effusion diminishing.

Cont. pilulæ.

R. Mist. Cretæ, oz. v.; Syrupi. Mucilag. Acaciæ, utrque, oz. j.; Tinct. Opii, dr. iij.; Liq. Potassæ, dr. j. M. Sumat cochl. j. magnum ter quotidie.

June 2nd. Improving.

Rept. pilulæ et mistura.

7th. Pulse 100; is much better; has no pain in abdomen, which is very much diminished; there is a dragging sensation below the umbilicus, evidently caused by partial adherence of the intestines to the abdominal peritoneum.

Capiat pilula bis quotidie. Cont. mist. ut antea.

12th. There is a progressive yet slow improvement.

Omitt. pilula.

R. Mist. Cretæ, oz. iv.; Mucilag. Acaciæ, oz. iss.; Syrupi Simpl., oz. ij.; Potassæ Bi-carb., dr. iss.; Potassii Iodid., gr. xij.; Tinct. Opii, dr. ij. M. Sum. cochl. j. magn. bis indies.

16th. The improvement continues; the appetite is much better, and she takes meat occasionally; pulse 100; bowels moved twice to thrice daily; looks pale and anæmic.

R. Ferri. Sulph., gr. ij.; Morphiæ Acet., gr. j.;

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Extr. Opii, gr. iv.; Extr. Hyoscyami, gr. x. M. Fiant pilulæ viij.; sumat j., omni nocte.

18th. Appetite good, and indulged freely; the bowels have become rather relaxed again.

R. Plumbi Acetatis, gr. vj.; Aquæ, oz. ivss.; Tinct. Opii, dr. ij.; Aceti, dr. ss.; Syrupi, oz. iss. M. Sumat cochl. ij. parv. quater indies.

25th. Rept. Mist. Plumbi.

29th. Improving daily; only requires an occasional dose of the lead mixture.

July 14th. R. Quinæ Sulph., gr. iv.; Acid Sulph. Dil., Tinct. Opii, utr. dr. iss.; Aquæ, oz. viij., M. Sum. cochl. j. magn. nocte manequæ.

28th. Very much improved; suffers occasionally from the effects of eating more than the enfeebled powers of her stomach can digest.

R. Sodæ Sesqui-carb., dr. iss.; Tinct. Opii, dr. iss.; Acid. Prussic., M. xij.; Aquæ, oz. viij.; Extr. Digitalis, dr. i. M. Sum. cochl. j. magn. bis indies.

September 3rd. Since last report she has not taken any medicine; she has slowly, yet gradually, regained her flesh and strength, and can take a walk of a mile without fatigue. She still has the stooping gait.

The above is a well marked and rather severe case of a disease, which, from its invariably insidious character, is very apt to escape detection. The emaciation was the most extreme that I ever witnessed, where recovery ensued; indeed, so much so, that from it and other reasons, two competent observers pronounced the case perfectly hopeless.

I was unable to trace the immediate existing cause of the attack; its progress was so imperceptible that it had existed for some time before it attracted attention. The symptoms were of so formidable a character when I saw the case, that I had no difficulty in making the diagnosis. It is in the early stages of the disease that this is most difficult, and from what I noticed in this case, I should be disposed to rely upon the following points for considerable aid:—A constrained stooping gait, an inability to sing, (in the absence of pulmonary disease,) and an inability, or disinclination, to endure the shock communicated by walking down stairs. The doubtful point to be determined was, the integrity of the lungs; and after a careful examination, I felt satisfied of their being free from disease. There were a few symptoms of equivocal character, to which I will briefly recur, as I have known too great attention to them, *per se*, lead to the diagnosis of pulmonary disease when none existed. The respiration was thoracic and hurried, and there was an increase of the vocal resonance. The character of the respiration was caused by the effort to perform that function, so as not to press upon the peritoneum; and the peritoneal effusion, by pressing upon the diaphragm, diminished the capacity of the thorax; and as the lungs must necessarily have undergone some compression, not only were they rendered better conducting media, but the bronchial tubes were brought closer to the parietes of the chest, which were extremely attenuated. But in addition to being able to explain away these phenomena, she had the pure vesicular murmur, and a very clear stroke sound.

The principal disease, then, was chronic inflammation of the peritoneum, and probably too, mesenteric disease and ulceration of the mucous membrane of the intestines. The severe abdominal pain and

tenderness gave evidence that the disease, though chronic in duration, was in some degree sub-acute in effect. The chief indication was to avert the inflammatory action, and to do so as quickly as possible, bearing in mind the very enfeebled powers of the constitution. A few leeches were applied on alternate days, altogether as many as fourteen. Our first reliance was on mercury, applied by inunction, and opiate enemata; but in consequence of the difficulty of instructing the attendants how to use them, we were obliged to administer both remedies by the mouth. I prescribed the opium in pill with the mercury, and also in mixture to be taken, frequently in the day, as the pain or diarrhœa might demand, guided more by its effects than the quantity taken. It readily relieved the pain and diarrhœa, but I believe its most important effect was in husbanding the enfeebled powers of the system, and enabling it to hold out till the treatment could produce some effect upon the disease; and in speaking thus of it, I ought also to state, that the quantity of food taken for the first five weeks would not, without the aid of the opium, have supported the system. It is well known that opium has been applied to an analogous use—to sustain the system, and allay the pangs of hunger on long journeys. The quantity taken by my little patient, in pills and mixture, was equal to five ounces of the ordinary tincture; but large as the quantity was, it merely sufficed to procure sleep and allay the severe pain; the suffering was so great that it fortified the constitution against the action of the opium.

Considerable benefit was derived from cataplasms of scalded bran; they were kept constantly applied, and are an elegant application in abdominal affections, in consequence of their extreme lightness.

The diet consisted of milk and arrow-root; I might say of the former only, (half-a-pint daily,) for the first month, as she could only be prevailed upon to take the arrow-root occasionally, of which she did not take two ounces in the week. The appetite gradually returned, and when she became convalescent, more food was taken than the irritable state of the mucous membrane could tolerate, and the diarrhœa that ensued required the use of acetate of lead to control it. The fretful nature of her disposition very much increased the difficulty of managing her case.

This disease has been very accurately sketched by Sir Henry Marsh, in a paper inserted in the 23rd volume of the *Dublin Journal of Medical Science*: He says, "It occurs under a variety of circumstances in persons of a peculiar constitution, and terminates in effusion. It is sometimes presented in an acute form, and runs a rapid course; more frequently, however, its early symptoms are obscure, its progress slow and tedious, and the effusion does not take place till after a considerable time."

He details a few cases in which the result of treatment is most consolatory, when we recollect the hopeless despair with which the disease is generally spoken of. This tone of despondency has in a great measure arisen from the stress laid upon the pathological researches of Louis, who states, that in all the cases that he examined, he found tubercles in the lungs.

Admitting, which we do, the accuracy of those researches, we hold that they allow of a different

interpretation, and that the tubercles ought to be viewed as the consequence of the continuance of the disease, in constitutions naturally predisposed. Even without any predisposition, all that we know of the formation of tubercle, would lead us to dread its occurrence under the great perversion of the blood-making processes of assimilation and digestion, that attends this disease.

Pathology is not at all times the safest guide to practice; and if it teaches anything here, it is to endeavour to arrest the disease in its earliest stages. Mercury and guarded depletion are our great resources; but the rock upon which practitioners have foundered, is the fear of giving mercury to the character of constitution in which this affection prevails. It is an axiom in medicine not to use mercury in strumous habits, and when we recollect that the rule has been handed down from those who measured the powers of mercury by the quantity of saliva that it could promote, we ought not to be surprised at their horror of it.

Dr. O'Beirne correctly discriminating between the use and the abuse of the remedy, saw that by being rapidly introduced, so as not to weaken the constitution by long-continued excitement, it might be of service in acute scrofulous diseases of the joints. The result fully justified his expectations, and the hint was simultaneously acted upon by Sir Henry Marsh and Drs. Graves and Stokes, who applied it in a similar manner to the treatment of phthisis; or, more correctly speaking, of pneumonia in phthisical habits. It has been since tried by several practitioners, particularly by Dr. Munk, and I have myself had an opportunity of testifying to its great value.

We know that it is the essential character of strumous disease to assume a low intractable character, and our object ought to be to arrest it in its earliest stage; this rapid mercurialization will effect, and mercury used in this manner will not produce those injurious effects that we so often witness when it is slowly introduced. Valuable assistance will be derived from local depletion and blisters. Local depletion is particularly to be recommended, even though the presence of inflammatory action may not be indicated by pain, as we know that pain is not an invariable attendant on inflammation; and call it either inflammation or congestion, there can be no doubt of the existence of a loaded state of the capillaries, which is considerably relieved by depletion, and by removing which the mercury will more readily produce its influence. This remark applies with equal force to cases of chronic pleuritis and pericarditis, and deserves to be borne in mind when treating these affections.

The treatment of this disease has been very imperfectly understood hitherto, as may be seen by referring to some of the latest works, for instance, the Library of Medicine. Even Dr. Copland, in his great work, does not insist so strongly on the use of mercury as its importance requires.

Dr. Churchill claims the priority of this mode of treatment for Sir Henry Marsh; but in the second volume of the *Transactions* of the Provincial Medical and Surgical Association, he will find it recommended by Mr. Thompson, of Whitehaven. This does not, however, in the least detract from the value of Sir Henry Marsh's excellent paper.

A very important point of practice remains to be

noticed in connexion with the case I have detailed. At a time that the bowels were being moved twelve times in the day, there was a progressive increase of the peritoneal effusion, distinctly pointing out that in cases of ascites dependent upon, or complicated with, peritoneal disease, we ought to employ other measures than the application of drastic purgatives to the intestinal tube, to remove the effusion.

I am aware that this view of the subject is recognized by many practitioners, but it does not prevail as generally as it deserves. I know of no individual who entertains a more enlarged or philosophic view of it than my talented predecessor and esteemed friend Dr. Maclean, in whose hands this principle has been most successfully carried out. I saw, a few months since, a case of ascites, resulting from peritonitis and tubercular disease of the liver, in which the effusion was thrice removed by mercurial frictions to the abdomen; but the tubercular disease of the liver was found, on examination, to be so extensive, that recovery could not have been expected; and I believe from the very exhausted state of the system that it would have been impossible by any other means to afford the same amount of even temporary relief.

I believe, that in the treatment of disease generally, far too much importance is attached to the evacuation of the bowels, and that our minds are warped by early prejudice, into a habit of giving purgatives, without adequately attending to the quantity, and quality of the ingesta, upon which the necessity for their evacuation must depend. Even in enteritis the purgative treatment is questionable, and when we recollect the nature of the remedies in general use, we may well doubt if any advantage is derived from them, quoad their purgative effect, and whether the action of the bowels that ensues, is not rather to be attributed to the antiphlogistic effect, (so to speak,) of the bleeding, fomentations, and calomel and opium, and the purgation more an evidence of the improvement than the cause of it.

(To be continued.)

RESEARCHES ON THE COMPOSITION OF THE BLOOD IN HEALTH AND IN DISEASE: A MEMOIR PRESENTED TO THE ACADEMIE DES SCIENCES, PARIS,

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(Continued from page 615.)

PLEURISY.

The five cases of pleurisy were acute, simple, and uncomplicated with tubercles; they all occurred in men, aged 20, 35, 47, 52, and 59 years. One venesection was made on the third day, one on the eighth, two about the twentieth, and one at so late a period that it could not be determined when the attack actually began. In all but one the fever was well-marked, and even intense. In all there was an effusion, disclosed by auscultation and percussion. Two of the patients were of good and strong constitution, two were enfeebled prior to the attack of acute disease, and one was debilitated by the existence of an old effusion.