I shall offer but a very few words on the subject of treatment: mine will be seen by the foregoing cases. I have never used turpentine in retinitis, and I candidly confess, that having experienced to so great an extent, and so constantly, the good effect of mercury, and seen how well it is borne by delicate and nervous patients when sarsaparilla is also given, I am indisposed to resort to a new method, which may nevertheless answer as well. I feel obliged to Dr. Hocken for his testimony to its efficacy, as in case of peculiar idiosyncrasies it is of great importance to have a second means to resort to.

Yeovil, September 26, 1845.

CASES AND OBSERVATIONS IN HOSPITAL PRACTICE.

By RICHARD CHAMBERS, M.D., Physician to the Essex and Colchester Hospital.

Medicine would indeed be an easy science, if it consisted merely of a knowledge of the names of diseases, and the application of routine principles of treatment; but those who are conversant with disease, where it only can be studied, at the bed-side, must feel, that apart from the important considerations of age, occupation, constitution, locality, and many other circumstances, the name of a disease, affords but little assistance in deciding upon the proper line of treatment.

Although abundantly supplied with systematic works on the general principles of medicine, we possess but few works upon the special application of those principles to individual cases, or what may be properly termed clinical medicine, nor have we the opportunity of comparing the result of the treatment adopted under different observers.

This is a deficiency that may be easily remedied, if every practitioner would feel it, (as it undoubtedly is,) incumbent upon him to contribute from his experience to the general stock of medical knowledge. If this conviction could be generally impressed, we should not, as too frequently happens at present, have to refer in vain from one systematic work to another, for the elucidation of an obscure or important point in practice; and an invaluable amount of information, that is now wholly lost, would not only be rendered available for our own benefit and daily use, but would also be placed to the general account of our profession, and so tend to advance it as a science. It would enable us also to apply the numerical principle in estimating the value of the different methods of treating any particular disease,—rheumatism for instance, which one treats by bleeding, another by opium, a third by sudorifics, and a fourth by mercury and purgatives. Now, if we knew the rate of mortality, the duration of treatment, and the presence or absence of organic disease after each mode of treatment, how easily could we decide upon their intrinsic merit, and an amount of practical experience, that it would take an individual some years to work out from his own observations, could be more satisfactorily obtained in as many months, by uniting the experience of many observers.

How frequently do we see men who have acquired a tact in detecting and treating disease, and peculiar methods of employing particular remedies, take with them to the grave all that knowledge which it has

been the work of a life to acquire. The thirst after novelty is so great, that men are afraid to commit their observations to paper, unless they have some dazzling theory to offer. But it ought never to be forgotten that the commonest diseases are those with which we oftenest come into contact; and that it will avail us much more to know how to treat a case of rheumatism efficiently than to tell the number of globules in a given quantity of blood.

The same error obtains in surgery; and men who will strain their eyes to see an operation for aneurism, that it does not fall to the lot of one in a thousand to perform, will turn away from a case of fracture or dislocation, of which they may have examples daily, and by which their talents and acquirements are oftenest, and it may be, as severely tested.

Holding the office of physician to a public institution, and possessing in consequence an opportunity and facility for observing and treating disease that cannot be enjoyed in the practice of private life, I am anxious to share those advantages for the benefit of my profession, less by communicating the result of my own practice than by adding my name to those who have already set the example, and to induce other fellow-labourers to contribute an offering from their stores of accumulated and accumulating experience.

CHOREA.

Pamela Farren, aged 12, of a strumous weakly habit, was admitted into the Essex and Colchester Hospital, September 12, 1844, labouring under chorea of a fortnight's duration; the attack commenced with headache and insensibility. The whole body is in a state of incessant convulsive action; bowels confined; pulse 80.

R. Calomel., Pulveris Rhei, utr. gr. iv. Fiat pulvis statim sumendus.

Injiciatur Enema Terebinthinæ cras primo mane.

13th. The medicine has acted freely.

Capiat Misturæ Ferri, (Donavan's,) oz. i., ter quotidie.

14th. As solids were taken with less difficulty than liquids, I substituted the following powder:—

R. Ferri Carbon, gr. x.; Sodæ Sesqui-carb., gr. ij. M. Sumat ter indies.

19th. Repet. Enema Terebinthinæ. Contin. alia.

20th. Up to this date she continued to improve; but without any known cause the symptoms assumed their original severity. I increased the dose of iron to one scruple, and gave the following pill at bed-time:—

R. Extr. Stramonii, gr. ʒ; Extr. Hyoscyami, gr. ij.; Pulveris. Ipecac. Comp., gr. iiss. M. Fiat pilula.

22nd. She appears rather worse.

Omitt. pilula.

R. Calomel., Aloes, utr. gr. j.; Assafœtidæ, gr. iij. Fiat pilula omni nocte sumenda.

23rd. The iron disagrees; bowels are relaxed; feels worse.

Omitt. pilula et pulveres.

R. Mist. Cretæ, oz. iv.; Zinci Sulph., gr. iv.; Tinct. Catechu, dr. ij. Fiat Mistura; sumat cochl. j. magn. quater indies.

25th. She is worse in every particular; tossing herself from one side of the bed to the other, and does not take either food or medicine; her countenance has the appearance of fatuity; and at times she seems to be quite insensible. As a *dernier* resort I prescribed the following:—

R. Quinæ Di-sulph., gr., iij.; Acid. Sulph. Dil., gtt. iij.; Tinct. opii, gtt. v.; Mucilag. Amyli, oz. iss. Fiat enema ter quotidie injiciendum.

The effect was truly astonishing after the second enema had been given; she became somewhat calmer; on the next day I increased the quantity to five grains in each dose, in which quantity it was continued till the 8th of October, when all symptoms of the chorea having ceased, I discontinued the enemata, and as she was of a weakly habit, I gave her:—

R. Mist. Ferri, Aquæ Menthæ Piper., utrque dr. ij.; Potassii Iodidi, gr. ss. M. Fiat haustus ter quotidie sumendus.

and on the 24th of October, discharged her cured of her disease, and recruited in strength.

This case affords satisfactory evidence of a mode of administering remedies, far too little attended to, particularly in infantile therapeutics, where, apart from any inability to take it, the difficulty of giving medicine by the mouth is proverbial.

I am not aware that this treatment has been mentioned by any writer on this disease, and as far as one case will enable me, I cannot too strongly recommend it, as I believe by no other mode of treatment was it possible to have prevented this case from terminating fatally. In the general treatment of chorea I place my chief reliance upon the sulphate of zinc, in doses from one grain three times a day, daily augmented till its tolerance is overcome. To a child of eight years I have been enabled to give eight grains three times a day; and I have at this moment a case of epilepsy in a girl, aged 16, in which as many as twenty-seven grains have been taken thrice a day. This dose having caused slight sickness, I did not augment it.

(To be continued.)

REMARKS ON THE CASE OF THE LATE LIEUTENANT-GENERAL DICK.

By ALEXANDER HARVEY, M.D., Professor of the Institutes of Medicine in the University of Aberdeen.

(Communicated by Dr. Blackmore.)

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

Dr. Alexander Harvey, Professor of the Institutes of Medicine in the University of Aberdeen, allows me to send you his remarks on the case of the late General Dick, suggested by my "*Observations*" in the Journal of September 3rd.

In speculating on this or any similar case, the way of doing so that seems to me most satisfactory, is to consider first, the *mode* of death, and then the *cause* or *causes* by which it may have been brought about. If we can establish the former of these points with precision, it will simplify the inquiry into the latter.

With regard then, to the mode of death in General Dick's case, I quite agree with you in thinking that the fatal event took place in the way of syncope, *i.e.* it arose from failure of the heart's action. The symptoms and the circumstances generally preceding the death manifestly exclude the supposition of its being

referrible either to asphyxia or to coma. And this consideration makes it certain that the death could not have been owing to any causes operating fatally in either of these ways: therefore in particular, that it was not from any form of apoplexy, (simple, serous, or sanguineous,) whether occurring "*spontaneously*," or induced "*violently*" by the exhibition of a narcotic poison. There is, indeed, one form of apoplexy which is attended at the outset by the symptoms and the condition of syncope, and which *may* be, (though I apprehend it very rarely *is*,) fatal in this way. Dr. Abercrombie has recorded one case of this kind proving fatal within five minutes from the time of seizure. (Case 116, at page 233 of the third edition of his work on the Diseases of the Brain, &c.) This form of apoplexy, however, appears to be *uniformly* dependent on *extensive* extravasation of blood within the head. But, in General Dick's case, there was no effusion of blood at all in the brain.

With regard, now, to the cause of the fatal syncope, in my judgment, neither the symptoms observed during life, nor the appearances met with in the dead body, warrant the belief of poison having been given. The former did not correspond to the physiological effects, and the latter were by no means essentially or exclusively characteristic of the action on the alimentary canal, of any known rapidly-fatal sedative or irritant poison. If any such poison was administered and proved the cause of death, the fact must be established on other grounds; and as no trace of poison could be detected in the body, these grounds must obviously, to be conclusive, be of the strongest possible kind.

Was General Dick's death, then, owing to *disease*? If so, the disease *may* have been gastro-enteritis; but it is also conceivable that he may have laboured under, and died of, another disease, existing during life in a latent form, and leaving no morbid appearances in the dead body. The appearances in the alimentary canal, seen on dissection after an interval of seventeen months, would indeed warrant the conclusion that gastro-enteritis existed in the case before us, if there had been during life tolerably well-marked symptoms of such an affection; these, however, having been wanting, I have no difficulty in saying, contrary to the finding of the jury, that the appearances are not conclusive evidence of the existence of such inflammation. Even under ordinary circumstances, as when the body is examined a few hours after death, such appearances are allowed on all hands to be very fallacious, when they do not correspond to well-marked symptoms during the lifetime of the patient. At the same time, we cannot say that such an affection did *not* exist; because we know, not only that, as you remark, "*in old persons of an insensible or enfeebled constitution*," inflammation may, and often does, exist in a latent form, but that this particular inflammation "*does occur occasionally, in a chronic state, sometimes with so little fever or other symptoms as to go on to ulceration and fatal perforation, 'in persons not previously thought ill.'*" (Alison's Pathology and Practice of Medicine, p. 323, and p. 322.)

But, allowing that gastro-enteritis existed in the present case, another question arises:—Is that disease capable of rapidly destroying life, independently of perforation? This question need not detain us long.