dulness or clearness of corresponding portions of the two sides of the chest, anteriorly, posteriorly, and laterally. Now percussion may be practised either mediately or immediately. The latter implies that the force employed is applied directly to the surface of the chest, and the former that the chest is struck through the medium of some other substance to which the technical name of *pleximeter* is given. A great variety of pleximeters have been recommended, but I am of opinion that they are none of them superior to your own fingers. I prefer placing the forefinger of the left hand firmly upon the part, and then striking the back of it with the tips of the three fingers of the right hand, which have been brought into a line with each other. It is only needful for me at present further to remark, that in employing percussion you must carefully regulate the degree of force exerted. In some cases it is of great importance to proceed very gently, in order that you may ascertain slight degrees of induration for example, whilst in other cases, as where you wish to produce amphoric resonance, it is necessary to strike with much more force.

But when you have obtained all the information which percussion can afford, you must then have recourse to *auscultation*, which, like the former, may be practised either mediately or immediately. The first, however, is most commonly employed, by means of a stethoscope. This instrument will enable you to tell the manner in which different portions of the lungs discharge their important functions. The points to which you should especially attend will comprise the character of the respiration, noticing whether it be soft or harsh, tubular or vesicular; and also the relative loudness and duration of the expiratory and inspiratory murmurs, as well as the existence of any rales or rhonchi in any part of the chest. Sometimes it is necessary that the patient should remain quite still during the stethoscopic examination, and at other times important information is obtained by making him talk. It is often necessary also to change the position of a patient who is undergoing a physical examination, or else you will fail to obtain a correct view of the nature of the case. I need scarcely add, that in all pulmonary diseases—nay, in all thoracic diseases, there is a great deal to be learnt in reference to the nature of the affection by the expression, colour, and decubitus of the patient.

My limits will not permit me at present to enlarge upon the method of investigating the condition of the brain, heart, and many other organs, and therefore I will conclude by briefly adverting to some points which you should bear in mind in examining the digestive apparatus. I observe then, that you must notice the existence of pain, its peculiar character, situation and persistence, and the manner in which it is influenced by pressure and motion; the occurrence of sickness, the period at which it comes on, and the appearance of the matter which is rejected; the state of the appetite and the effect produced by taking food, whether, for example, it produces any uneasiness, and if it should, you must learn what is the nature of the uneasiness, whether it be pain or weight, or distension, and the period at which it comes on. You must further ascertain the character of the alvine evacuations, their colour, consistence, form, frequency, and the presence of blood, or mucus, or any other adventitious

matters. Once more you must examine the urine, and even a very limited amount of experience will be sufficient to show you that in different diseases this fluid varies greatly in quantity, in colour, in odour, in taste, in specific gravity, in the deposits which it throws down, in its relation to heat and chemical reagents, and in the different degrees of facility, with which it is passed or retained. But to inquiries like these you must add a physical examination, which will consist of two parts—of percussion and manipulation. In order to proceed methodically with such an investigation, you will find it convenient to divide the abdomen into distinct regions and examine them *seriatim*.

Now I need scarcely say that the boundaries of these regions are arbitrary, and are variously described by different writers. It will be sufficient for our purpose, however, to notice eleven regions—the epigastric and the two hypochondriac on each side, the umbilical and the two epiploic, the hypogastric, the two iliac, and the two inguinal. Any abnormal appearance, sound or feel, in one or other of these regions, must be carefully noted, and will probably throw much light upon the nature of the disease.

These hints then will perhaps be sufficient for your guidance, whilst you are endeavouring to cultivate a practical acquaintance with disease at the bed-side—the best, the only place where such an acquaintance can be acquired. You will perceive, however, that I have made no allusion to many very important organs and functions, which might well claim an extended notice. It is probable, however, that during the session many opportunities will occur of bringing them prominently before you.

In conclusion, let me recommend you to be diligent in your attendance in these wards, and to accustom yourselves to taking down the more important cases which occur. This latter exercise will increase both the facility and the confidence with which you will examine patients in after life. But whilst you are thus employed, remember that patients of every description and every rank in life have a right to demand both kindness and delicacy of their medical attendants. It is cruel to add to the complicated sufferings of poverty and disease by a harsh, rough, or petulant demeanour; and it is base to outrage the feelings of individuals, and especially the modesty of females, by the manner of asking for information which it may be proper for you to know.

CASES AND OBSERVATIONS IN HOSPITAL PRACTICE.

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

(Continued from page 658.)

CEREBRAL DISEASE SIMULATING RHEUMATISM.

CASE I.

Thomas Cook, aged 50, a labourer, admitted April 11th, 1844; ill nine months. Complains of pain and weakness in the upper and lower extremities of the right side, and also in the heel of that side, and in the lumbar region. The attack was caused by working for half a day up to the ankles in water. He has undergone a variety of treatment for rheumatism, with

no benefit. Pulse 96; bowels confined; urine scanty; tongue coated, and its apex directed to the right of the mesial line; the memory is impaired.

R. Pil. Rhei. Co., Pulv. Antim., utr., gr. ij.; Calomel., gr. j. M. Fiat pil. omni nocte sumenda.

R. Sodæ Sesqui-Carb., gr. xv.; Sp. Æther. Nitr., m. xv.; Aquæ oz. j. M. Sumat omni mane.

13th. Had an attack of giddiness last night; pulse 98; bowels open.

Fiat venæsectio ad oz. xvj. Capiat pilulam nocte manequæ.

15th. Pulse 96; has more strength in his arm; both feet painful; the blood was bled and cupped; tongue appears to be straighter. Fiat venæsectio ad oz. xij.

16th. The blood was bled but not cupped; less pain in the feet; has occasional pain in the left parietal bone; pulse 96.

Contin. pilula.

R. Sodæ Sesqui-Carb., gr. xij; Vini Antim., m. xx.; Aquæ, oz. j. M. Fiat haustus ter quotidie sumendus.

19th. Complains of pain in the neck extending to the arm.

Applic. Cucurb. Cruentæ nuchæ et mitt. sanguis ad oz. vi. Cont. alia.

21st. Mouth tender. Capiat pilula omni nocte.

29th. Applic. Empl. Lyttæ nuchæ.

May 5th. Feels better; pulse 84.

R. Liquor Potassæ, m. vi.; Potassii Iodidi, gr. j.; Infusi Gentianæ, oz. j. M. Sumat ter indies.

13th. Complains now only of the weakness in the extremities.

R. Pil. Rhei, gr. ij.; Strychninæ, gr. 1-12th. M. Fiat pilula ter quotidie sumenda.

17th. More strength in the arm and leg.

R. Pil. Rhei Co., gr. ij.; Strychninæ, gr. 1-6th. M. Fiat pilula ter quotidie sumenda.

31st. The strychnine was given with progressive amendment up to the 30th, when, having had an attack of giddiness, it was discontinued; pulse 90.

R. Pil. Scillæ, Pulv. Antim., utr., gr. ij.; Calomel., gr. ss. M. Fiat pil. omni nocte sumenda.

R. Magnes. Sulph. dr. ij.; Magnes. Carb., gr. x.; Aquæ, oz. j. M. Fiat haust. omni mane sumendus.

June 3rd. Still feels giddy; bowels open. Pergat.

R. Unguent Antim. Tartr., oz. j.; Infric. dr. j. humero nocte manequæ.

6th. Is still giddy.

Applic. Cucurb. Cr. nuchæ et mitt. sang. ad oz. vi.

7th. Was relieved by the cupping.

9th. Was very giddy last night, which he attributes to having exercised himself at the pump. A seton was inserted in the nape of the neck, and the same treatment pursued with little variation till July 15th, when the seton was removed at his own request. As a matter of precaution a blister was applied to the humerus. I detained him in the Hospital till the 25th, when he was discharged convalescent, and has since been at constant work.

CASE II.

R. W., aged 23, a labourer, admitted January 30, 1845; ill six months; complains of pain in the lumbar region shooting down the sciatic nerve to the knee; the right wrist is slightly painful; the pain is not influenced by heat; feels chilly; pulse 96, and rather weak. He attributes his illness to having got wet.

He is a member of a benefit club, and has been diligently attended by its medical officer, who I may add is a gentleman of superior abilities and extensive reading. He considered the attack to be rheumatic, and tried every known remedy for that disease without the least effect. This gentleman was at the Hospital when the patient was admitted, and we talked the case over; the result was, that I saw no grounds to differ from his view of it.

R. Calomel., gr. iij.; Extr. Opii, gr. iss.; Antimon. Tartr., gr. 1-6th. M. Fiat pilula omni nocte sumenda.

R. Mucilag. Acaciæ, dr. j.; Syr. Papav. Albi, Tinct. Guaiaci Ammon., utr., dr. ss.; Tinct. Colchici, m. vij.; Aquæ, dr. vi. M. Fiat haustus ter quotidie sumendus.

February 3rd. Feels better, and is almost free from pain.

R. Mist. Guaiaci, oz. vi.; Tinct. Colchici Sem., dr. j.; Aquæ Menth. Pip., oz. ij. M. Sumat unciam ter quotidie.

6th. Improving, but does not rest well at night.

R. Pil. Aloes cum Myrrhæ, gr. iv.; Extr. Opii, gr. j. M. Fiat pilula omni nocte sumenda.

10th. Pergat.

14th. R. Mist. Guaiaci, Aquæ Menth. Pip., utr., dr. iv.; Liquor. Potassæ, m. iv.; Potassii Iodidi, gr. iss. M. Fiat haustus ter indies sumendus.

16th. Has weakness in right leg and arm, but in other respects feels better.

R. Decoct. Sarzæ, oz. j.; Liquor. Potassæ, m. xv.; Tinct. Colchici, m. vij. M. Fiat haustus ter quotidie sumendus.

18th. Still suffers severe pain down the right thigh; *the apex of the tongue is protruded to the right of the mesial line.*

Pergat.

Applic. Empl. Lyttæ dextro lateri lumbalis spinæ.

22d. Feels rather better; pulse 84; irritable; bowels regular; gets very little rest at night.

R. Pulv. Doveri, gr. vi.; Hydr. cum Creta, gr. i. M. Fiat pulvis omni nocte sumendus.

Habt. balneum vaporis Camphoræ hora somni.

24th. Rept. mistura. Cont. balneum.

25th. Complains more of the weakness of the right wrist.

Applic. Empl. Lyttæ a prima ad octavam dorsi spinam.

28th. R. Decoct. Sarzæ, dr. vi.; Liq. Ammon. Acet., dr. ij. M. Sumat ter indies.

March 5th. The obstinacy and peculiar character of the symptoms, and the protrusion of the tongue to the right of the mesial line, induced me to look to the brain as the seat of the mischief. I mentioned my opinion to the gentleman who first attended the case, and also to other medical friends of experience and ability. But they did not think the symptoms justified my views, and recommended instead that every effort should be made to build up the constitution. Unwilling to act on my own judgment, in opposition to a host of authorities, I continued the sarsaparilla and Dover's powder; but to-day I found that the left ear discharged a little, and had done so at times before his admission, and that he was also subject to tinnitus aurium; pulse 96, irritable; tongue coated, and directed to the right. Although frequently questioned with the

view of detecting head-symptoms, he always replied in the negative.

Fiat venæsectio ad oz. xxvi.

Rept. mistura.

R. Calomel., Pil. Hydrarg., Pulv. Antim., Extr. Hyoscyam., sing. gr. j. M. Fiat pil. omni nocte sumenda.

6th. Feels better, and looks so; bore the loss of blood well.

8th. The head is hot at the postero-inferior angle of the left parietal bone; was troubled with scintillations before his eyes yesterday; headach; pulse 96, wiry, and not compressible; occasional discharge from the ear.

Fiat venæsectio.

9th. He became faint after the abstraction of nine ounces of blood; pulse 90, more compressible.

13th. Head has been shaved, still has pain posteriorly at the left side.

19th. There is an increase of pain in the left side of the head, and had more discharge last night.

Applic. Cucurb. Cr. pone aurem sinistram et mitt. sang. ad oz. vi.

21st. *Pergat.*

24th. Head more painful.

Applic. Cucurb. Cr. pone aurem et mitt. sanguis ad oz. vi.

27th. Mouth tender; bowels confined; stomach irritable.

Omitt. pilula. Habt. misturæ nigræ., oz. iss.

28th. Stomach better.

Habt. haust. effervesc. quater indies. Omitt alia.

29th. Sick four times since yesterday; pulse 80; headache.

Appl. Empl. Lyttæ nuchæ.

R. Creosoti, m. ij.; Mucilag. Acaciæ, Syrup., utr. dr. j.; Aquæ, dr. vi. M. Fiat haustus sexta quaque hora sumendus.

30th. Sickness relieved a little. *Rept. haustus.*

31st. Still sick; pulse 70; feels weak.

Habt. haust. effervesc. cum ammonia.

Habt. Vini Rubri, oz. j.

April 2d. Sickness relieved; pulse 72; bowels confined.

Cont. haust. et vinum.

R. Magnes. Carb., gr. x.; Pulv. Rhei., scr. j.; Aquæ, dr. x. M. Fiat haust. statim sumendus.

3rd. Was very restless last evening, and had an opiate from Mr. Taylor, the house-surgeon; the sickness returned; bowels confined.

Rept. haustus Rhei.

R. Extr. Hyoscyami, gr. vi.; Pulv. Conii., gr. ij. M. Fiant pilulæ ij. hora somni sumenda.

4th. Feels easier; has not been sick; head feels stupid; pulse 84.

Cont. vinum et haustus.

6th. Very ill, had no sleep in the night; skin hot; at times insensible; wishes to be removed home. His request was complied with, as it was evident that he was sinking.

He died on the 8th, and an examination was made by his indefatigable attendant, who obligingly furnished me with the following particulars, as I was unable to be present at it:—

"In W's case the only parts I examined were the cranium and brain; the left external auditory foramen

and tympanum were carious, but the internal aspect of the bone exhibited no signs of inflammation having penetrated to the dura mater. I therefore consider the discharge from the ear quite independent of the paralytic affection of the opposite side of the body. There was a tubercle the size of a hazel nut in the interior of the cerebellum on the left side, but it was not softened nor surrounded by softened or inflamed brain; there was considerable effusion into the ventricles, and complete creamy softening of the fornix and septum lucidum."

The situation of the brain in an unyielding bony case renders it impossible for us to apply the senses of hearing and touch, "so valuable in detecting diseases in the other organs of the body," to the elucidation of its affections; and the difficulty is still further increased by the vague and imperfect knowledge of cerebral physiology which at present prevails. It is not possible to convey by description an adequate idea of the extreme difficulty of diagnosing some cases of cerebral disease, nor is it very necessary; as I am sure that every practical man must have experienced the difficulty within the limits of his own practice.

I have selected the foregoing cases as examples of a class not unfrequently met with, in which the true character of the disease is apt to be overlooked, both from its obscurity, and its very close resemblance to a very common affection—rheumatism. When the first case presented itself I immediately suspected that the brain was implicated, in consequence of finding the disease confined to the whole of one side, after the manner of hemiplegia, and my suspicions were confirmed on finding that the apex of the tongue was directed from the mesial line; subsequently the giddiness, impaired memory, headache, and partial paralysis of the affected side, rendered the diagnosis complete. I have, in detailing the case, spoken of the paralysis as weakness, simply that this was the patient's description of it.

In the second case, the diagnosis was a matter of no ordinary difficulty, and it was the negative effects of the treatment, together with the manner in which the apex of the tongue was directed, that led me to make, what eventually proved to be, the correct diagnosis. The duration of the disease, and the weak habit of constitution, both tended to lower action below par, and induced all who saw the case to consider tonics as the most likely remedies to afford relief. This is a matter of vast importance, as the administration of tonics where there is cerebral inflammation, or even congestion, is one of the most injurious errors that can be committed in the whole range of medical practice; and I believe it is a mistake of no unfrequent occurrence in facial neuralgia when this arises, as it frequently does, from organic disease of the brain. Notwithstanding what has been said about the freedom of the cerebellum, from any evidence of inflammatory action, I think that many of the patient's symptoms arose from irritation of that part, as he complained of heaviness in the back of the head, and giddiness in raising it off the pillow. I have since seen a well-marked case of cerebellum disease in which these symptoms existed; and I may take this opportunity of remarking, that it was represented to me that both lower extremities were paralysed, but on examination, when the patient lay in bed, I found that they possessed

the full measure of normal strength. She could not, however, either stand or walk, *unless steadied by a person's hand*, in consequence of giddiness and staggering.

What I wish chiefly to speak of is the aid to be derived from the tongue in diagnosing cerebral diseases; in cases of confirmed paralysis its importance is acknowledged; but I cannot find that it has attracted attention in connexion with the more obscure cerebral diseases. I think it will be found in all cases that the apex is directed towards the affected side. In the first case it corroborated my diagnosis, and in the second case it was the symptom that chiefly contributed to the forming of a correct one. I have every reason to believe that the converse of the proposition will prove equally true, and that in cases of hysteria simulating cerebral disease, the direction which the apex of the tongue assumes will tend to decide what otherwise may have been a matter of difficulty. I have in two cases very lately derived most important aid from it: one was hysterical paralysis, and the other a case simulating cerebral disease from great exhaustion. In this Journal for April 16th., Dr. Cowan details two interesting cases of carcinomatous disease of the brain, in which great difficulty attended the diagnosis; no mention is there made as to how the tongue was protruded, but if it was observed, it would be interesting to know the result, as I should have confidently looked for the deviation in both of them.

(To be continued.)

OBSERVATIONS ON THE CASE OF THE LATE LIEUTENANT GENERAL DICK, AND ON THE CAUSE OF DEATH.

By JOHN CARDEW, M.D., Physician to the
Bath Hospital.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

A very excellent paper having appeared in your Journal of November 12th, from the pen of Mr. George King, (which I regret was not read at our Branch Meeting,) exhibiting an entire new feature in the case of the late Lieutenant General Dick, (as far as publicity has gone,) and one that I think demands the attention of the profession, I cannot longer remain silent, though it was not my intention to have entered publicly upon this *veraxa questio*; but having been present at the exhumation, and an eye witness to the principle part of the *post obit* examination, (and therefore competent to give an opinion,) I think, in justice to the public, no less than to Mr. King, I am bound to support the opinions advanced by him, which are so much in unison with my own. Should you deem my remarks worthy a place in your columns, they are much at your service.

I could wish to avoid entering into any lengthened discussion on the various opinions that have been brought forward, to account for the sudden nature of death in this worthy veteran; though, to carry out the object I have in view, I would not allow them to pass unheeded. And if in so doing, I differ from those of my medical brethren, who gave evidence at the inquest, they will, I am sure, acquit me of any desire to impugn their veracity, and ascribe to me a higher motive, viz., the wish to promote the interest of the pro-

fession, no less than of society, by throwing what light I can upon a subject involved in so much mystery, the elucidation of which would seem to be of such vital importance to the community at large.

I shall dwell but a few moments upon the reported suspicion of the General having died from the effects of poison, as there was nothing whatever brought out in evidence, to give even a colouring to such an opinion, and the result of Mr. Herapath's chemical investigation, contradicts it *in toto*. I regret, however, to say, the verdict of the jury, (though given strictly in accordance with the evidence,) leaves it in the power of the ignorant and prejudiced to make what use they like of it; and it is on this account especially I consider the case calls for further investigation.

Upon the question of apoplexy, which has been so much mooted, as an assignable cause of death, I think there is quite as little to be said in support of it. I consider however, without a *post-mortem* examination, and where the patient had not been seen previous to death, it was the most natural conclusion to come to. I therefore look upon the certificate given by the medical men called in at the time, and which was "to the best of their judgment and belief," as, under all circumstances of the case, perfectly legitimate.

We are all naturally anxious to spare the feelings of a family in distress, and avoid a most disagreeable investigation, if we can conscientiously do so without prejudice to the public welfare; and surely no case could exhibit less suspicion than the one in point. An aged man in the bosom of his family, and surrounded by his domestics, dies suddenly, who a few minutes before was pronounced to have been in good health, and capable of eating, drinking, smoking, and talking.

There has been an attempt made, however, to support this opinion, ever since the examination of the body took place; but I would say, independent of the *post-mortem* appearances, which negative the idea, the position in which the General was found—viz., "on his hands and knees," indisputably proves, that he did not die of apoplexy, serous or sanguineous.

We now come to the verdict of the jury, that he "died of inflammation of the stomach and bowels, but how produced there is no evidence to show."

It appears from the evidence given at the inquest, that the "stomach *externally* presented a purplish red appearance, the vessels being considerably congested," and that internally, "there was great vascularity of its large end, extending up the oesophagus and gullet." Now, in ordinary cases of gastritis, we seldom find, I imagine, any preternatural appearances externally; consequently this must have been an unusually severe case, or it was not inflammation at all. And what are the evidences in proof of the former? There are none whatever. Not a single feature of the case is there, to lead to a suspicion that inflammation of the stomach, (even to a moderate degree,) existed previous to death. The fact of his having taken peppermint-water is no criterion. It is what I am frequently called upon to do myself, though, thank God, in good health—perfectly free from gastritis, and there is every thing in favour of the contrary opinion. The General ate, drank, and smoked, and evinced no symptoms but those of his ordinary good health, which I pronounce he could not have done, had gastritis existed.