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CLINICAL LECTURES.

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LECTURE I.

Before directing your attention to any of the examples of specific disease at present existing in the wards, I think it expedient to address to you a few observations respecting some of the more prominent points which will come under your notice, whilst investigating the phenomena of morbid action.

At present we are necessarily unacquainted with the indications which are afforded by different organs, and you know not the manner in which these organs are to be interrogated. My desire is to render you the assistance of which you stand in need; and therefore I submit to you the following remarks.

On going to the bedside of a patient, the first thing which should attract your attention is, *the aspect of the patient*; and here there are several particulars which it is important to notice. In the first place there is the general expression of countenance, which varies greatly in different diseases. In some we see it uniformly placid and calm, whilst in others it is expressive of uneasiness or severe pain. In some cases again, the features are collapsed and bespeak the existence of great exhaustion, whilst in others the fearful evidence of malignant disease is too plainly depicted in the countenance. But in addition to this general expression, there are also other points which require to be carefully noticed. The face may be suffused, for example; now, here it will be proper to observe, whether the redness be partial or general, and whether it covers the whole face or merely occupies a small circumscribed portion. And again it will be proper to notice whether this redness be persistent or occasional, and if only occasional, whether it observes any decided periodicity or not. The intensity of the colour should likewise be remarked; but there are also other peculiarities in the appearance of patients which will at once strike the most superficial observer.

The countenance of some patients, for example, is characterised by extreme pallor, and in others we have different shades produced by the mixture of white, with other colours. Sometimes, again, we perceive the countenance to be of a yellow colour, but the yellowness often varies greatly in intensity; and once more, we frequently meet with the countenance of a blue colour, but here again, we find varieties both in the intensity of the colour and the extent of its diffusion. There is, moreover, a transparency of the countenance, attended with considerable superficiality

of the blood vessels, noticed in some individuals, which contrasts strangely with the muddy appearance which distinguishes others.

It is proper further to observe, that sometimes the countenance is preternaturally bloated, and at other times it is nipped and emaciated. It is important, however, not only to notice the countenance generally, but also the individual features of which it is composed. *The state of the eye*, for example, must be carefully noticed, and will in many diseases furnish indications of great value. It will be particularly necessary in reference to the eye, to notice the parallelism of the axes, the colour of the conjunctiva, the state of the pupil, and the influence of light; and then we must further ascertain whether there be any disturbance in the function of the eye. The vision may be perfect or imperfect. Some persons are much disturbed by seeing small dark-coloured bodies constantly floating before them; whilst others see bright spots, which vary considerably in form, and often resemble stars. Some individuals see very indistinctly, and have the same sensation as if their eyes were covered by a thin film, which obstructs the light. The size, position, and number of objects are also often miscalculated; an individual, for example, sees two objects where there is only one, or he perceives only one, but that one in a position in which it does not exist.

The nose will tell us something. We not unfrequently see that this feature is preternaturally nipped, which gives a peculiar expression of sharpness to the countenance; the reverse of this is also often seen—the nostrils are wide and dilated, and appear to be performing an important part in the function of respiration.

The mouth must likewise be observed; it may be in a direct line, or it may be drawn to either side, and I need scarcely say, that if the latter should be the case, it constitutes an important symptom. *The colour of the lips*, moreover, must not escape your careful attention; neither must you disregard any difference in expression which may exist in the two sides of the face.

Again, you must notice *the position in which a patient lies*. This circumstance will often afford you a great deal of information respecting the nature of the disease under which a patient is suffering, and it will also sometimes greatly influence the prognosis which you must give. On this subject Celsus remarks—

“Ubi vero febris aliquem occupavit, scire licet, non periclitari, si in latus aut dextrum aut sinistrum, ut ipsi visum est, cubat, cruribus paulum reductis; qui fere sani quoque jacentis habitus est; si facile convertitur; * * * Contra gravis morbi periculum est, ubi supinus

aeger jacet, porrectis manibus et cruribus ; * * * ubi deorsum ad pedes subinde delabitur ; ubi brachia et crura nudat et inaequaliter dispergit."

It will be important then to notice whether the posture be carefully or indifferently assumed ; and whether it be anxiously preserved, or frequently and unnecessarily changed. You must notice on which side a patient lies, or whether he lies on either side indifferently ; or provided he lie on his back, you must observe whether the limbs are stretched out or not, and also whether there is any tendency to slip down towards the foot of the bed. It not unfrequently happens, however, that a patient cannot lie down, but is obliged to have the head and chest considerably elevated by means of pillows, or a bed-chair. This circumstance could not, of course, escape your attention, and it is one which is pregnant with most important information.

But having noticed the aspect and position of the patient, you may then proceed to examine *the state of the pulse*. I need not describe to you the fanciful variety of pulses which have been enumerated by different writers, for this would tend rather to amuse, or perhaps bewilder you, than to promote your edification. There are, however, some differences in the state of the pulse, which must be carefully observed ; and amongst these we may mention alterations in frequency, in force, in size, and in rhythm. With respect to *frequency*, we have the pulse varying very much. Sometimes it is so rapid that it cannot be counted, and at other times it is preternaturally slow, and does not beat more than thirty or forty times in the minute. The number of pulsations, however, should always, if possible, be ascertained. But it is important to notice the *force* of the pulse, as well as its frequency. In some instances the current of blood comes with great impetuosity against the sides of the artery, and then in common language we say the pulse is *bounding*. Sometimes it resists the pressure of the fingers, and presents the character of *hardness* ; at other times it is *very soft*, and is quickly annihilated by moderate pressure. Then, again, we have the pulse varying in *size* ; sometimes the artery appears to be put into a state of preternatural tension by its contents, and to this state we give the designation of a *full* pulse. At other times the vessel seems to be expanded, and then we have what is called a *large* pulse ; and, on the contrary, it not unfrequently happens that the caliber of the artery is diminished, and then we have a *small* pulse. It is when this latter condition coincides with softness that we have what is technically called a *feeble* pulse. Once more, you must notice the *rhythm* of the pulse, or the order and regularity in which the pulsations succeed each other. On this subject I need only observe that sometimes the pulse is *intermittent*, and at other times it is *irregular*. It is not necessary for me to remark on the essential distinction which exists between these two varieties of pulse, but it will often be very important that you should carefully discriminate between them. With respect to the irregular pulse, I only observe that the irregularity may consist either in the number of pulsations in given times being unequal, or in a difference in their relative size or force.

It is needless, however, to enlarge on this division of my subject ; my present object is not to point out to you the cause of these variations, nor the morbid con-

ditions which they indicate, but merely to enumerate a few of the more striking features of disease with which it is important that you should be familiar.

I pass on, then, to notice a few of the points to which you must attend in examining the *tongue*. Now, a very limited amount of experience will be sufficient to convince you that in different cases the tongue varies in temperature, in size, in form, in colour, in moisture, and in resistance ; its surface is at one time glazed and clean, and at another time it is rough and furred ; at one time it is soft and yielding, and at another it has the induration of scirrhus. Sometimes we see aphthous spots distributed to a greater or less extent over the membrane which covers the tongue ; and occasionally small patches of albuminous membrane, the result of diphtheritic inflammation, are perceived upon its surface. The size of the papillæ also vary, and any departure from the healthy standard must be noticed. And, once more, it is of great importance to observe whether the tongue be protruded readily, and in a right line, and whether it be also readily withdrawn again into the mouth.

I may remark here that it is often very important to examine the *gums* and *throat*, even although patients should make no complaint in reference to these parts. This should especially be done in cases where persons tell you they have been spitting blood. It not unfrequently happens that one or other of these parts will prove to be the source of the hæmorrhage ; and the knowledge of this is of great importance both to the patient and the physician. You must further notice the state of the teeth, because in fever, more particularly, they often furnish useful information.

Again, before proceeding to investigate the condition of any of the more important organs of the body, you may notice the state of the *skin*, especially in reference to its colour, its texture, its temperature, its humidity, its sensibility, and the existence of any eruptions. But having made these preliminary inquiries, it will then be necessary to commence an investigation into the state of the individual organs. Now, here again, all that I can do is to sketch a general outline of the kind of examination you must make. The details will, of course, vary in different cases. Let us suppose, however, a patient to be suffering from some affection of *the organs of respiration situated within the chest* : what would be the inquiries you would make ? The following points, at least, would require your attention : the existence of pain, the seat of it, and whether or not it was influenced by the motions of the chest in respiration ; the freedom of respiration, and the influence of exercise ; cough, its duration, severity, and general character ; expectoration, its taste, quantity, and general qualities ; and also the odour of the breath. But to inquiries like these there must be added a physical examination of the chest, which will include the following considerations :—The symmetry of the two sides of the chest ; whether, for example, they are of equal capacity, or there be any unnatural bulging or flatness on either side ; whether they move equally and through equal spaces during respiration ; and whether the amount of vocal resonance (ascertained by placing the flat hand upon the chest, whilst the patient is speaking,) be also equal on the two sides. Again, you must carefully attend to the indications afforded by percussion, and accurately compare the relative

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.

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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