had frequently suffered for three or four days before these periods. The tongue was clean; the pulse 130, steady and soft; breathing 48; expectoration very small in quantity, and still of a brown colour. The diminution of the loud bruit now rendered audible a soft bellows-murmur with the first sound, of which the other seemed independent; that was now not nearly so loud, and frequently absent for two or three beats; the second sound was perfect, and the heart's action still continued more violent than natural. The bowels being confined, some castor oil was ordered, and as the gums began to be affected, the mercurials were omitted.

16th. She was much improved in appearance, and had passed a large lumbricus. The bruit had again become louder, but the bellows-murmur was distinct over the ventricles. Pulse 96; breathing 30. The heart continued displaced, but there were no signs of effusion. There was still a troublesome cough, and crepitation over the lower part of both lungs.

29th. She had again become worse, with increase of the crepitation in the left lung, but no dullness. The bruit was again louder and constant; pulse 100; respirations 30. Aperient pills and a saline draught were ordered.

30th. Bowels not yet freely opened; pulse 112; respirations 52; sputa rusty. A blister was applied to the left side, and the medicines repeated.

November 1st. She was much better; pulse 100; bowels freely opened; large mucous crepitation over the left lung.

5th. She continued to improve, but was emaciated, and had acquired a very cachectic appearance. She was now able to be up and move about; the bruit was still present, and constant, though not so loud.

24th. She was now going about; the catamenia did not appear when expected. The heart presented at the apex a soft bellows-murmur, apparently from mitral regurgitation; but besides this, mingled with it, as it were, beginning about the middle of the first sound, and prolonged into the second, there remains the bruit which was formerly so loud. The nearest representation of the sound by syllables, (as Williams has proposed,) would be *lihoopüp*. The heart's action continued more powerful than natural.

She is now, December 11th, much better, and able to resume her employment, though not strong. She has not yet menstruated. The heart appears more in its natural position; the loud bruit still continues, almost constant, and is increased on exertion. She states that when she goes quickly up-stairs she can herself hear a sound with the action of her heart, "like a little drum beating." The soft bellows-murmur is also still to be heard, but there are no bruits in the neck.

I am inclined to think that there is insufficiency of the mitral valves, with dilatation of the left auricle; and that the frequent attacks of apparent pneumonia are merely the results of congestion from the blood being forced back upon the lungs; but the source of the louder bruit, and the theory of its production, still appear to us very uncertain. I need hardly add how happy I shall be to receive any suggestions on this head from those of larger experience in diseases of the heart.

Leicester, December 11, 1845.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF RHEUMATISM WITH PERICARDITIS.

(Reported by Mr. JOHN ELLIOTT WOOD.)

Ely Lock, aged 22, single, [was admitted under Dr. A. T. Thomson, May 20th, 1845. His occupation is that of a servant; he is of moderate stature and conformation; his habits are regular, and the quantity and quality of his food good. A short time only has been allowed him for sleep; with this exception his duties have been light. He has lived in an open, airy situation, and has never had rheumatism before; nor, as far as it can be ascertained, is the disease hereditary in his family. The present attack commenced on May 16th, with shivering, and a feeling of languor and debility. On the following day he was unable to attend to his usual employment; he felt great tightness across the chest, and pain in the back, and also in the right knee and shoulder. The pain in the chest continued till his admission; it was never acute, but dull and aching; he had no cough. Previous to his admission he took some effervescing medicine and aperient pills.

On admission, four days after the commencement of the attack, there was little, if any, increased heat of surface; he complained of pain in the region of the heart, and a slight murmur with the first sound was heard on auscultation; the pulse was not resisting; the tongue was furred; the appetite lost; there was constipation; the urine was high-coloured and very acid, but contained no albumen, nor excess of urea; the head was unaffected.

Sixteen ounces of blood were taken by cupping from the region of the heart; a purgative draught administered, and a pill containing calomel, tartar-emetic, and opium, of each one grain, ordered to be taken every six hours. Low diet.

May 22nd. The pain in the chest is much relieved by the abstraction of blood, which however was not bled or cupped; he perspires freely, and the secretion has a sour smell and reddens litmus-paper; there is much aching, but no actual pain in the joints; the pulse is soft and regular; the tongue dry. The pill has not produced any sickness or vomiting. It was ordered to be taken every eight hours only, and in the intervals the following draught—

R. Liq. Ammon. Ac., dr. iv.; Potassæ Nitr., gr. xij.; Mist. Camph., oz. j.

24th. There is more pain in the joints, particularly in the wrists, which are red and swollen; the other symptoms remain as before.

Venesection to sixteen ounces. To omit the draught, and to have in its place—Liq. Potassæ, dr. ss.; Vin. Sem. Colchici, m. xv.; Aquæ, oz. iss.

26th. There is considerable dullness in the region of the heart, greatly extended, both longitudinally and transversely; the impulse is very feeble, but felt over the whole of one side; the sounds are not as loud as natural; at the left border of the sternum is a distinct double friction-sound. In changing the position of the patient, the seat of dullness is considerably altered.

27th. The impulse of the heart is more plainly felt over the chest, and the dullness is rather less extended; the sounds of the heart are very feeble at the apex, but

the friction-sound continues very loud to the left of the mamma. It is less loud, however, than yesterday, but heard over a greater extent of surface; it is plainly heard behind along the middle line. He complains of pain on pressure under the left false ribs; the pulse is soft and compressible; the wrists remain red and swollen. Twelve leeches were applied to the region of the heart.

29th. The friction-sound cannot be heard behind, and there is now no pain on pressure under the costal cartilages. The morbid sound is still audible in front; pain is complained of when pressure is made in the intercostal spaces in the region of the heart; pulse 78 in the minute, soft and compressible.

Ten leeches to the cardiac region. Increase the liquor potassæ to forty minims for each dose.

31st. There is a slight murmur at the apex of the heart with the first sound, and a little friction-sound at the base; the morbid dulness is much diminished; he still complains of pain in the right wrist; the mouth is very sore from the mercurial action.

Eight leeches were applied to the affected joint, and four grains of iodide of potassium added to each draught.

June 3rd. The friction-sound is now very slight, but the mitral murmur is still heard; pulse 90, soft and compressible; bowels open.

On the 7th, the calomel pills were omitted, and seven grains of the iodide of potassium given in infusion of gentian, three times a day. His diet was also improved. The friction-sound had entirely disappeared, as had also the morbid dulness in the cardiac region; the mitral murmur persisted. He felt very weak, but had no pain either in the joints or elsewhere. On the 13th he was discharged cured.

Remarks.—This case presents us with an example of pericarditis of average intensity, and instructs us how far we are able to control the disease by medicinal agents. There are, doubtless, cases in which it would be impossible to detect the presence of inflammation of the investing membrane of the heart, save by the employment of percussion and auscultation; but these are the exceptions, and not, as is stated by indiscreet advocates of the stethoscope, the rule. No intelligent practitioner could have failed to recognize the existence of pericarditis in this case, on the patient's admission into the hospital, or at least as soon as it was discovered by the physical signs, namely, six days after this period, when the friction-sound was first detected. The mitral murmur, it will be seen, was heard on the patient's admission, and persisted all through the progress of the case with little or no variation in intensity; this can scarcely, therefore, be taken as a consequence or even as an accompaniment of the rheumatism; it is much more probable that it is of old standing, and as the patient had never had any rheumatism before, the structural change must have been altogether independent of this disease. By some it might have been adduced in proof of the frequent complication of cardiac affections with acute rheumatism.

The symptoms of pericarditis presented themselves as soon as those of rheumatism, and were in no degree alleviated when the latter disease was increased, or *vice versa*; they bore no proportion in severity to the rheumatic inflammation which was, throughout, of a

slight character, while the pericarditis was extensive and severe. This case, therefore, tends to disprove the theory of metastasis; and, taken in connection with the fact that inflammation of the joints, of the pericardium, endocardium, and lungs, often occur together, or follow each other very closely, and present many forms of resemblance, it points plainly to a more general origin of the heart-affection. This, it is now generally believed, is a vitiated condition of the blood.

With regard to the treatment, the patient took calomel with opium, and tartar emetic, (three very powerful agents,) for eighteen days; and during part of that time he had small doses of colchicum. The disease did not appear to be much checked by these remedies, since it increased during the first seven days after admission. Pericarditis is known to make its appearance frequently during a mercurial salivation, running its usual course, and terminating, as in the vast majority of cases it does, favourably. Forty ounces of blood were taken by venesection and cupping, and thirty leeches were applied during the progress of the case. An accumulation of results is yet wanting to decide as to the best treatment of acute rheumatism.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 24, 1845.

An unfortunate case has recently occurred, in connection with a medical institution of considerable repute, which has very properly given rise to public investigation. The circumstances of the case, as reported, are briefly these:—

An out-patient of the Manchester and Salford Lying-in Hospital, who had been confined about five weeks previously, was receiving medicine for a cough. She was able to attend at the Hospital herself, and complaining of pyrosis, the Apothecary of the Institution, who was prescribing for this patient in the absence of one of the Surgeons, referred to Mr. Whitehead, a gentleman who was then in attendance, and engaged with his own patients, for advice in reference to this peculiar symptom. Mr. Whitehead suggested the employment of small doses of *nux vomica*, and recommended that it should be combined with nitrate of bismuth and carbonate of soda. A prescription in accordance with this recommendation was then written by the Apothecary, and sent to the Dispensary to be made up.

Instead of using the pharmacopoeial or scientific names,—*nux vomica* or *strychnos nux vomica*,—which, where powerful medicinal agents are concerned, or indeed where mistakes can in any way occur, should always be preferred, this officer incautiously wrote the abbreviated term *Pulv. Strych.*, which the dispenser of the Institution, an ignorant man, unfortunately misunderstood, and seeing a bottle labelled *P. Strychnia (?)* which it seems