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A COURSE OF LECTURES ON CLINICAL MEDICINE.

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LECTURE I.

Introductory observations; importance of clinical studies; their particular object; general directions as to the mode and order of examination in recording cases; aid derived to general pathology by the stethoscope, microscope, and pathological chemistry.—Case of uric acid diathesis: History of the case; dyspeptic symptoms, with severe lumbar pain; appearances in the urine of the stellated form of uric acid crystals; observations on the different pathological conditions tending to the formation of uric acid in excess.—Treatment.

Gentlemen,—

There is no branch of medical education which embraces more points of importance than clinical instruction; certainly no other comprehends so much that is specially valuable and applicable to future practice. In the wards of the hospital, at the bed-side of the patient, the elementary sciences of medicine, learnt in the lecture room, are practically illustrated and applied. It is here that the general principles of medicine and surgery are elucidated and explained: it is here only that a true and safe knowledge of disease can be acquired. In the dissecting room, having learnt to recognize the characters of healthy tissues, healthy structures, healthy organs, here the student soon learns to distinguish diseased ones, and to acquire the outlines and principles of general pathology. It is here he first practically comprehends the value and object of etiology—the exponent of the probable causes generating, or in any way tending to produce, disease. Here also the foundation is laid of that important branch of general pathology, semeiology, comprehending in an enlarged sense, all the signs, symptoms, or tokens by which diseased action of one or more organs may be recognized. And, lastly, it is at this period of your studies that the doctrines of therapeutics are made clear and intelligible, and the curative powers of various remedies in the treatment of disease, and their relative value, influence, and utility explicitly determined. It is at the bed-side that the true features of the unmistakable characteristics of disease are truly observed. The quick eye of observation reading for itself in the plain type of nature's page, soon learns to distinguish in the history of diseases, that which is valueless—because imaginary and unreal, hypothetical, and fanciful, from that which bears the stamp of strict

observation, and a careful induction from recorded facts.

By a careful and persevering attention to clinical study, the student soon acquires a steady confidence in the knowledge he obtains, and a firm reliance on the means by which he has acquired it; for he quickly finds, that what he notes, observes, and records for himself, becomes sound, practical, useful knowledge, applicable at all times; a store on which he can depend, and which will supply him with the power to think, reflect, and act, whenever occasion may require.

But these results, the great end and aim of medical education, cannot easily be obtained without some little assistance derived from the experience of others. There are but few that can originate a course of study for themselves, or pursue it unassisted. A little help from those more experienced clears the obscurity of his path, and directs the student by a quicker, a shorter, perhaps an easier, route, to those objects most worthy of his attention,—such as illustrate in the least complicated manner, the ordinary characteristics of disease.

On the part of the student, the first essential to clinical study is his case-book; for without notes of what he sees and observes,—without a record of the cases treated and watched, but little that is useful can be retained or remembered. Without a case-book a student's walk round the wards of a hospital is but an idle lounge. The case-book is necessary, not only to record the history and treatment of hospital cases, but also for the purpose of noting those observations that may be made at the bed-side of the patient, suggested by any special condition or symptom, and which oftentimes illustrate the progress of the case, or tend to explain the operation of a particular remedy, or the principles that may have dictated its administration. The use of the case-book is, however, mainly necessary to record the history of such cases as may be selected for study and observation. The cases are valueless if they be but a transcript from the ward-book; they are then but copies of cases taken by another. Take the history of the case yourself; put it into your own language; you may afterwards compare it with the ward-book, to ascertain if any particular symptom or group of symptoms, necessary to be noted down, shall have been omitted. These observations are especially addressed to those who are now for the first time entering on their clinical studies. It is not to be expected that at first, without some instruction, the history of any given case can be taken in a clear and succinct manner; so arranged in regard to the order of the symptoms, that they bear a distinct and evident connection with some organ or organs as their common

centre. A little practice, and the adoption of a certain method and principle upon which all cases are recorded, will soon enable the student to collect a clear and intelligible history; such as will convey to others, a picture of what has been seen, or is required to be preserved and recollected.

The attention should at first be confined to acute diseases: they do not require the lengthened narration of predisposing causes, comprised in the previous history, so essential to be recorded in the account of chronic disease. In the acute forms of disease, the symptoms are more expressive; their relation to the diseased organ is more plainly visible, and the diagnosis of the disease consequently easier, and less doubtful. In taking the history of an acute disease, the name, age, and avocation having been recorded, a few preparatory questions will quickly fix the attention upon some organ or set of organs, the probable seat of derangement. But that no symptom that may throw any light on the disease may be omitted, a systematically ordered examination of all the functions and regions of the body should be carefully made, and any departure from the natural condition noted. Thus, after stating in a few words the general appearance of the patient, as to countenance and general aspect, an examination should then be made in the following order:—of the skin, as to temperature and secretion;—of the eyes, as to expression state of the conjunctiva, pupil, &c.;—of the face in general, if anything remarkable be observed, such as dilatation of the nostrils, &c., &c. Examine the condition of the circulation, the force and character of the pulse, impulse and rhythm of the heart's action, diastolic and systolic murmurs. Of the respiratory system:—by percussion, as to the resonance or dullness of the different regions of the chest; by auscultation, as to the respiratory murmurs, vesicular or bronchial; determine the presence, or otherwise, of abnormal sounds in the different lobes, and whether mucous, sibilant, or crepitating rhonchi can be detected; the character of the voice, as heard from the chest—*pectus loquens*, bronchophony, pectoriloquy, or ægophony; record the frequency or infrequency of cough, whether periodically aggravated, hour or time of day most urgent, or other conditions of aggravation; whether hard and dry, or spasmodic, and accompanied, or otherwise, with expectoration; the character of this excretion, whether aqueous and frothy, mucoid, tenacious, glutinous, or adhesive, sanguinolent, or mucopurulent. Examine the digestive organs; state of the tongue, of the papillæ, whether smooth, clean and moist, or foul, with creamy or flurred deposit; its redness or pallor; whether broad, flabby, and exsanguineous, or otherwise; whether dry, red, or glazed, or parched, cracked, and scabrous. Examine the external contour of the abdomen; its softness, and elasticity; absence or presence of pain in any region; epigastric, hypochondriac, umbilical, or iliac. Enquire into the sensations during or after digestion; presence or not of cardialgia, of gastrodynia, of acid, aqueous, or flatulent eructations; state of the alvine and urinary excretions; of the former, as to consistence, form, odour, and colour; of the latter, quantity, specific gravity, acidity, or alkalinity, clearness or cloudiness, sedimentitious, or albuminous; if necessary, a microscopical, or chemical examination of the urine may be made.

Observe the state of the organs of generation, and record any special circumstance pertaining to them; of those of locomotion; state of the joints, whether enlarged, tumid, or elastic, indurated, or sensitive; the character of pains that may be complained of in the limbs, whether constant or intermitting; whether influenced by cold or heat; by motion or rest; by day or night. And lastly, examine the state of the general sensations, in reference to any of these organs, and note down any condition of the intellectual faculties that may tend to elucidate any previously observed derangement. Practice soon enables the skilful enquirer to go over this examination with ease and rapidity; experience quickly detects the particular class of organs requiring special attention; and a few questions respecting the others will readily establish their freedom from disease.

A systematic mode of inquiry like this becomes valuable from the recorded symptoms being grouped in relation to each particular organ, and enables the observer, by subsequent comparison of one with the other, to determine their dependence on one or more common causes.

Our inquiries into the nature, and causes, and symptoms of disease, would bear no pretension to any superiority over the graphic records of past days, were it not for the assistance which pathology derives from the three great aids to modern investigation—the stethoscope, the microscope, and pathological chemistry. The importance of each and all of these in aiding our diagnosis cannot be over estimated. It is not now necessary to urge upon students the necessity for studying closely the physical signs of the lung and heart by means of the stethoscope; but the assistance that pathology has derived, and continues to derive, from microscopic examination and pathological chemistry, being of more recent origin, requires to be urged on your attention with more emphasis.

The case to which I directed your attention just now in St. Margaret's ward, affords a favourable opportunity for illustrating the value of the microscope, in aiding our diagnosis, and consequently facilitating our means of exhibiting appropriate and successful remedies.

D. S——, aged 26, single woman, admitted into the Hospital, September 30th, complaining of shooting pain in the lumbar region, attended by nausea. The skin is of natural temperature, but dry and scurfy; the countenance is natural; no cough or any pulmonary symptoms; there is epigastric uneasiness after food, and deficient appetite; tongue clean; bowels open at present, but occasionally constipated; urine limpid, and natural in appearance; no uneasiness during micturition; catamenia regular; pulse 92, natural. There is no pain in the extremities, but she states that the lumbar pain is increased by motion, but not relieved by the recumbent posture; there is no pain on pressure. States that she has been ill for the last fortnight, the darting shooting pain across the loins becoming daily more aggravated, and being now accompanied by occasional retching. She states that she has had much medicine without relief. The urine was examined, but no departure from its ordinary composition could be detected.

She was ordered calomel purges, with saline draughts and colchicum. She was subsequently cupped across the loins, with temporary relief, mercurial purges

being occasionally administered, with the object of relieving the tendency to constipation. The urine continued clear, and with no evident departure from its natural condition.

No relief of any consequence was obtained to her symptoms by these means. The view at first taken was, that this lumbar pain was an ordinary form of lumbago, which in the majority of instances being accompanied by, if not dependent on, constipation, would be alleviated so soon as the secretions from the intestines became natural and regular. As there were no erratic pains in the limbs, nor other symptom of a rheumatic character, the possibility of the pain being allied to that disease was not tenable. It was not till a week after admission that her urine began to exhibit some characteristics of derangement, with tenderness in the region of the kidneys. On the 8th of October, it was of a high specific gravity, 1.023, of darker colour, and depositing a sediment after cooling. The sediment was re-dissolved on application of heat, and exhibited the usual characters of the lithate of ammonia under the microscope; and accompanying this deposit were many crystals of the uric acid, occurring in the stellar form, accompanied by some few of the lozenge or acute rhombic shapes. The stellated masses of crystals were those produced apparently by the aggregation of many lamellated lozenges, whose axes lay in varying directions. The cause of the pain now became evident; the formation of uric acid in these minute crystalline aggregations being for the most part always attended with these acute lumbar pains.

From the absence of a more copious deposit of uric acid in the form of sand or gravel, as it is commonly called, there is some reason to fear that these crystalline masses may have formed minute calculi, and have become impacted in the pelvis of the kidney. The urgent pain suffered by the patient, and constantly referred to the region of the kidney, is in all probability dependent on this cause, or on that congested condition of these organs always present during the secretion of abnormal quantities of uric acid. The stellated form of crystal which you have just seen in the field of the microscope is peculiarly adapted to excite pain and irritation on any surface over which it may pass. The retching and vomiting which have occurred during the last twenty-four hours suggest also that minute calculi may be irritating either the kidneys or the ureters.

The morbid causes that lead to the formation of uric acid and its compounds in excess, are various. Whenever the cutaneous secretion is suddenly arrested or suppressed, uric acid compounds universally appear in abundance in the urine, the kidneys having thrown upon them the vicarious office of excreting from the blood those nitrogenous elements which should escape through the outlet of the skin. Thus, in ordinary colds, produced by a sudden chill of the surface, the urine becomes sedimentitious, and the urate of ammonia deposited on the cooling of the urine, appears as a copious white, fawn, yellow, or pinkish deposit. Food, rich in nitrogen, more than sufficient to supply the waste of the tissues, causes an increase and deposit of uric acid. Thus, a rich and luxurious diet, especially if combined with habits of indolence, becomes most favourable to the production of this deposit. Some forms of indigestion are accom-

panied by uric acid deposits. In these cases perfect assimilation of the elements of the food is not effected, and the nitrogenous elements of the ingesta not appropriated, or not perfectly assimilated, escape by the renal excretion in the form of uric acid compounds. In all forms of inflammatory fever, in acute rheumatism, and many other acute diseases, the waste of the body proceeds with rapidity, depending on the disintegration and absorption of the tissues, the balance between the supply and the waste being for the time suspended; the metamorphosis of the tissues proceeding faster than the supply of nutriment. Under these circumstances uric acid becomes developed in abundance. Lastly, local injuries to the loins and kidneys will induce a condition favourable to the appearance of uric acid in excess.

In the case of this woman there is no difficulty in referring the abundance of uric acid compounds to mal-assimilation and imperfect digestion. The uneasy sensation after food, the acid eructations, occasional flatulency, torpid and irregular bowels, declare the presence of dyspepsia. Accompanying the dyspeptic symptoms is a condition of the skin, frequently present in certain forms of indigestion, which unquestionably predisposes to the development of azotised products in the urine. Her skin is dry, harsh, and scurfy.

The indications of treatment are based on this view of her symptoms. She has been ordered a hot bath daily, to induce if possible, a greater activity in the function of the skin. Mercurial alteratives, so combined as to predispose the cutaneous exhalants to free action, have also been ordered,—

R. Hydrargyri cum Creta, gr. ij.; Pulv. Ipecac., gr. ss.; Extr. Conii, gr. iij. Tere simul ut fiat pilula nocte maneque sumenda,

and effervescing draughts, with carbonate of potash, together with a farinaceous diet, embrace the treatment at present. The effect produced by it will form the subject of a few observations at our next meeting.

INTRODUCTORY LECTURE ON MIDWIFERY, DELIVERED AT THE BRISTOL MEDICAL SCHOOL, ON THURSDAY, OCT. 1st, 1846.

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(Continued from page 501.)

As I have now completed this necessarily short history of midwifery, I shall next try to point out the manner in which you may best tread the beaten track which will ultimately lead to fame and eminence, only, however, after years of toil and application. Such is the rugged path—the steep ascent before you. There is no branch of medical science which requires of its votaries a more varied and extensive experience than this does; and perhaps there is no other which at first sight holds out such unattractive prospects in the cultivation of that experience. Before a man can attain any eminence in this art, he must have passed many a long year of plodding attendance upon uninteresting and every-day cases, which the youngest students are too apt to spurn as trivial and unworthy of notice. He must have gone through this dull routine of cases, apparently over and over again, with what he may think very little advantage to himself, in a