disease which appears to have existed in the patient ought to be noticed. When radically cured in the left side, it re-appears after the lapse of a definite though inconsiderable period.

Another point worthy of remark, as obviously suggested by the brief previous history of the case, is the extreme importance of careful examination before pronouncing our diagnosis, or recommending serious operations. I might here ask, what would have been the result, had the ligature been applied as proposed?

The next important feature is the accidental cure of the disease in the left side. There can be little doubt that the acute peritonitis under which I found the patient suffering in May, 1843, had supervened on the rupture of the ovarian cyst, and the effusion of its contents into the peritoneal cavity, and that this rupture was occasioned by the violent pressure exercised upon the cyst, by the piece of wood which the patient had employed to compress and flatten the tumour. The subsequent absorption of the effused fluid, and the sudden and total disappearance of the tumour, are facts deserving attention. A question here incidentally arises, whether and how far pressure of a somewhat similar nature might be advantageously employed in such cases, and under such circumstances? Many of our most valuable hints have been derived from accidents.

I shall now briefly advert to my *original plan* of operation, and to the operation itself. I have already stated, in a few words, my grounds of objection to the modes of operation, &c., of late in use for the cure of this disease, none of which apply to that I have proposed. By establishing a direct communication from without, with the interior of the cyst, I had in view, not only to form an exit for the discharge of the secretion that might subsequently collect in the cyst, but also to set up a new action, and change the nature of the secretion, hoping thereby to effect a radical cure of the disease. By excision of a portion of the cyst, I proposed—first, to diminish the superficial extent of the secreting surface, and thus proportionally reduce the quantity of the subsequent discharge; and, secondly, to prevent the escape of the latter into the peritoneal cavity, by uniting the edges of the cyst to those of the external wound, suggestions for which I am indebted to my friend, Dr. Carson. The *former* object I attained, but was defeated in the *latter* by the adhesions I met with; the case, notwithstanding, *terminated happily*.

When compared with the modes of operation now in use for the eradication of ovarian disease, the plan I have described will, I trust, recommend itself not only by its superior advantages, but also by the absence of the *grave* disadvantages under which they confessedly labour. (The latter remark applies with peculiar significance to the major operation.) It requires no complex preparations or adjuncts; it is perfectly simple and easily performed. It can scarcely be said that there is any danger attending it, if conducted with ordinary skill and care, while the prospects of ultimate success are in the highest degree encouraging both to the patient and the practitioner. When its simplicity and safety, therefore, are taken into account, together with the great probability of its not merely affording temporary relief, but accomplishing a radical cure, it will, I hope, be adopted by my medical brethren in preference to

those from which such fearful mortality, or at least mere temporary relief, have hitherto resulted.

The annals of surgery supply us with many cases in which this operation has been performed safely and successfully;* and others in which nature herself has effected a cure by analogous means; with others, again, in which it has been done by accident and ended well. With this threefold body of evidence in its favour, it has much surprised me that of late it seems to have fallen into complete neglect, and is scarcely so much as talked of, while at the same time a formidable and dangerous operation has been frequently resorted to, and seems to be quite in the ascendant. Is it "the pomp and circumstance" of a grand display of what nature may be able to bear, and art to achieve, though made at a great risk and alarming sacrifice of life, that has led astray the sober judgment of some members of the profession, and dazzled the imagination of others? The boast of modern surgery is to simplify, and to imitate nature as closely as possible. Why should it not be verified in this particular department?

A further question naturally presents itself, in conclusion, relative to the *continuance of the discharge*. Does nature still maintain it, in order to suppress or extinguish the apparent or rather obvious predisposition to ovarian disease, which has for so many years displayed itself in this case?

I shall feel only too happy, if in bringing this case prominently forward, and making these remarks, I succeed in re-calling attention to an operation that has singularly fallen into unmerited obscurity, convinced that its general adoption will rescue many a victim that may otherwise succumb either to the disease or to the scalpel.

* The ratio of mortality may be grossly stated at 1 in 15 or 16.

Everton, Liverpool, Dec. 4, 1846.

A COURSE OF LECTURES ON CLINICAL MEDICINE.

By W. R. BASHAM, M.D., Physician to the Westminster Hospital.

LECTURE IV.

(Concluded from page 584.)

The bed next to the case just detailed, affords me the opportunity to point out to you some of the more interesting features of acute rheumatism.

The patient is a labouring man, of forty-five years of age, of a dark swarthy complexion, and strong muscular frame; had been ill ten days previous to admission; was first affected with pains in his limbs, aggravated at night; he then had some shivering, with loss of appetite, and much thirst. He perspired copiously at night and he noticed that his urine scalded him on micturition, and that it was of a light orange red when passed, but became opaque and pink from a copious deposit, on cooling. He attributes his illness to sleeping in a damp bed. On admission he complained of severe gnawing pain in all his extremities, referred more particularly to the deep-seated muscles and tendons of the feet and hands; described as erratic—now, as a violent paroxysm of pain in the calf of the leg, and in a minute or two darting with lancinating

agony to the shoulder, deltoid and larger muscles of the humerus. The pain is much augmented by motion and by heat. There was no swelling nor redness in any of the joints; the heart's impulse was natural, sounds rhythmical and clear; the skin was of a febrile heat, clammy and moist; the pulse was sharp and jerking; the tongue was coated with a creamy fur; the bowels were torpid, and the urine was stated to be scanty and sedimentitious.

He was ordered to be placed in a hot bath, and to remain in it till copious sudoresis was established. Hydrarg. Chloridi, gr. ij; Opii, gr. j., *omni nocte*. Vin. Sem. Colchici, dr. ss.; Magnes. Carb., gr. xv.; Magn. Sulphatis, dr. ij.; Aquæ Menthæ Pip., oz. j. M. Fiat haustus bis die sumendus.

These draughts induced free action in the bowels; the dejections were literally black, an appearance not unusual in rheumatic fever. He had perspired freely during the night, and the perspiratory fluid had a strong acescent odour. The pulse was full and labouring, 96; the tongue coated but moist. On examining the region of the heart, there was a greater extent of dulness than natural, and the heart's sounds were muffled; there was, however, no increased impulse, nor any fit of palpitation, nor any dyspnoea; it was but the premonitory condition to more serious mischief, if not checked. A blister was placed over the region of the heart. Hydrarg. Chloridi, gr. j.; Opii, gr. ss.; Antim. Pot. Tart., gr. ½; quartis horis; and the colchicum draught to be continued; also the baths.

This kept the tendency to metastasis to the heart down; for the report states the next day, that the skin was hot but moist, with a very sour and offensive perspiration; the sudoresis had been very profuse during the night, but the pain in the limbs had become much diminished; the urine was copious and clear, no sediment, but still high coloured; the cardiac region was quiet, the heart's sound still obscured, and dulness over a greater space; the tongue was brown, and inclined to be dry, but moist at the edges; the fecal evacuations were, however, still black and offensive, and the bowels torpid. The remedies were continued. Ordered, in addition, the nitre drink, made by dissolving an ounce of nitre in four quarts of water, and adding the juice of a lemon, with a slice of peel, and sugar, to flavour it to the palate. This was directed to be drunk *ad libitum*.

On the 6th the pulse had fallen to 82, and was full, but had lost much of its rheumatic character; the bowels acted freely, but educt still dark-coloured, and far from healthy; urine clear, and of less specific gravity, 1.016; perspiratory secretion very copious, very offensive and acescent; no sudamina; there was less dulness around the cardiac region, and the heart's sounds were clear; no increased impulse; pain had disappeared, except in the tendons of the wrist of the right arm. On the 7th and 8th the alvine excretions seemed much improved, some appearance of bile in them. As all the symptoms had become mitigated, the calomel and antimony were withdrawn; but although he had taken six pills daily for four days, no indications of ptyalism appeared. On the 9th and 10th still further improvement manifested itself; all cardiac symptoms had disappeared; there was occasional paroxysm of pain in shoulders and wrist. He was ordered Hydrarg. cum Creta, gr. v.; Pulv. Ipecac. Co., gr. v., bis die. On the

11th the cutaneous secretion had lost its peculiar odour, was less copious; the urine had become increased in quantity, clear, bright-coloured; the bowels acted freely; bilious evacuations. On the 13th faint indications of ptyalism were detected by a slight mercurial savor and redness of the gums, but no tenderness perceptible to the patient. The mercurial was withdrawn. No pain of any kind was present on the 14th; the tongue was cleaning; there was no thirst; had a relish for his beef tea; and he slept without the aid of a narcotic. It was now only necessary to aid his return to convalescence by appropriate tonics and diet; and this day, the 19th, he is declared convalescent, and placed on middle diet.

Although rheumatic fever can scarcely be said to comprehend two species, yet it is not difficult to recognise two varieties of the same disease, differing only in their external manifestations; the fundamental symptoms, and pathological conditions of each being similar. In each there is high and turbulent febrile action; rigors; anorexia; hot skin; acescent perspirations; thirst; depraved alvine and urinary secretions; urine highly azotised; full-bounding pulse; erratic pains; and a tendency to metastasis of both pain and inflammation from part to part: but in the one there is no evidence of any superficial inflammatory action; in the other such conditions are present. In the one there is no external redness or swelling—nothing for the eye to indicate inflammatory action; the deep-seated muscles are the abode of pain, and sometimes the muscles of the limb are sensitive to pressure, most acutely so to motion; but the skin is not inflamed nor painful. In the other variety the joints are tumid, red, hot, and painful; so exquisitely sensitive that a patient will shriek and shrink at the mere approach of anything that may touch the affected part, even the weight of the bed-clothes is at times with difficulty borne. Every joint in turn may become invaded by this specific inflammatory action; sometimes originating in the ankles or metatarsal joints, it will fly to the knees, and thence make a sudden transition to the shoulders, elbows, or wrists; or these may escape, and the metacarpal and phalangeal joints become the site of the morbid action. The affected spots are swollen, glossy, red, and acutely painful to both touch and motion. No such conditions appear in the former variety, of which the case just recorded is an example. This form or variety of rheumatic fever has been called diffuse muscular rheumatic fever, in contradistinction to the other, which has been named acute rheumatic fever, arthritic rheumatism, arthritis, and rheumatic gout.

So long as the name of a disease does not confound it with other diseases, or express merely a symptom rather than a series of symptoms, there can be no objection to terms which imply certain manifest concomitants of the disease; and in this case the term arthritic rheumatism merely indicates rheumatic fever, with external evidence of inflammation of the joints. Yet, what I wish most earnestly to impress upon you is, that though there may be some difference in the external manifestations of the fever, there is fundamentally no difference as to the cause or pathological condition in these two varieties, and consequently there cannot and ought not to be any difference in the principles or plan of our treatment. In each of these varieties the pain is erratic and acute, and always

aggravated by motion; heat also increases the suffering, and consequently the symptoms are worse at night; there is a similar tendency to metastasis in both. The predisposition to cardiac affection in either variety is inversely as the age, and directly in proportion to the quantity of blood abstracted from the system in the earlier stages of the fever; that is to say the period of childhood and puberty is more prone to heart-disease from rheumatism than manhood and adult age; and that in every period, but more especially in the young, the migration of inflammation to the fibrous tissues of the heart is encouraged and called forth by repeated blood-letting in the earlier stages of the disease.

The case before us belongs to the first variety and may be termed rheumatic fever, with diffuse muscular inflammation, to the features of which case I wish more particularly to confine your attention, leaving to other opportunities, and when we may have an example before us, any further remarks on the arthritic variety of rheumatic fever.

The first condition that fixes our attention in rheumatic fever is the amount and peculiar kind of pain suffered by the patient. Gnawing, aching, darting, are the terms in which it is described; erratic and flying from part to part. Warmth aggravates it—motion aggravates it—cold aggravates it—there is no relief for it but from appropriate internal remedies; and the selection of these is based on the principle of getting the excretory organs at work, and eliminating from the system the morbid material on which this disturbance seems to depend. I say seems, for such would appear to be the proper interpretation of the remedial effects obtained by our treatment. All the agents employed save opium are evacuates, and operate directly or indirectly on one or other of the secreting functions. Now, the products of secretion in rheumatic fever, are all palpable departures from the average composition of these excreta. They are chemically so; and they are even so to common observation. The foetid acid secretions of the skin, the dark, deep, sedimentitious urine, the offensive ultra-bilious dejections—all declare the secretions eliminated from the blood to be vitiated and to contain compounds, organic and inorganic, either in excess, or even foreign to the healthy excretion.

The inference from this is, that till secretion be excited and the blood freed from the organic and inorganic elements of diseased action, pain and disturbance of the proper balance of the functions must continue. Consistent then, with these views, our first object is to unload the intestinal canal of its impure and vitiated contents. A brisk calomel purge, followed by colchicum given in combination with some saline purgative. Now, colchicum in these cases, has no specific virtues—that is, no special counteracting influence against what was conceived to be the rheumatic virus, against which it acted, as an antidote acts upon a poison, either by decomposing it, or by uniting with it and forming an innocuous compound. Such doctrines as these are imaginary and untenable. Colchicum acts in virtue of the gallate of veratria that it contains, as a powerful and energetic purgative, operating upon a full extent of the intestinal canal, and clearing away in its operation depraved mucoid accumulation which obstructed the orifices of the innumerable ducts of the canal, and thus permits the follicular secretion of the

tube again to exercise its essential influence in restoring the regular function of the intestine. Colchicum is better given in small doses repeated twice a-day till the bowels act freely, and the secretions have assumed an improved appearance, rather than in a large dose, which causes too much depression, and is after all not effective in producing brisk cathartic action. Adjuvant to these, hot baths should not be neglected, indeed they serve to carry out the principle laid down as our guide in the treatment of this fever. Hot baths induce free sudoresis, excite the cutaneous capillaries, and obtain from the skin a large amount of secretion, which differs materially in its composition from the perspiration of health, lactic acid being in abundance, and even acetic acid having been detected in it. In this case the acescent perspirations were extremely well marked; the odour so peculiar, that its presence would of itself indicate a case of rheumatic fever. So intense and profuse is the sudoresis in some cases, that the surface of the skin becomes covered with crops of minute transparent vesicles, filled with a perfectly colourless fluid, and known as *sudamina*. Notwithstanding the profuseness of the sweating in this case, these sweat spots did not appear.

The state of the pulse is peculiar in rheumatic fever. It always assumes a remarkable bounding character; the volume of the artery feels fuller under the finger, and the impulse seems like a leap or bound, as if the vessel possessed a larger amount of elasticity than usual. Such a pulse is termed salient, and it is very characteristic of this fever.

In the majority of cases, indeed I may say, as a general rule, the prognosis is favourable in rheumatic fever, the source of danger being in the tendency to metastasis of inflammation to the heart; and then the danger consists in the subsequent disorganization, and the consequent embarrassment to the circulation and corresponding derangement of function in remote organs occasioned thereby, rather than from any instant or immediate effect on the vital powers. Yet although the danger be remote, it is not the less fatal, and in no disease is vigilance on the part of the physician more imperatively demanded than in rheumatism, constantly to be on the anxious watch for the faintest indications of cardiac metastasis. Do not rest satisfied, that because there is no apparent embarrassment in the breathing, no pain complained of in the præ-cardial region, no hurry or flutter in the circulation, there is consequently no pericardial or endo-cardial complication. You possess the means—at least experience will furnish you with the means—of detecting the presence of inflammatory mischief in this region, before the constitutional symptoms make it manifest. Percussion and auscultation should be performed daily over the spot recognized as the cardiac region, and the instant any greater extent of dullness is detected, or the sounds of the heart become obscured or muffled, or coarse rough rubbing sound is added to the common systolic and diastolic murmur, no time should be lost, the incipient stage of inflammatory action is only declared, and judicious and prompt treatment will speedily annihilate it. Cupping, blistering, with antimony, calomel, and opium, must be energetically employed. Cupping is far preferable to general bleeding, indeed in young subjects, venesection from the arm in my experience, seems to augment the metastatic tendency,

but local depletion quickly counteracts it. In this case, on the third day after admission, there was dulness in the cardiac region, and the heart's sounds were described as muffled. There was no palpitation, no embarrassment in the breathing, no pain in that region. I did not wait for such symptoms to develop themselves, we might then have been too late to avert the mischief. A large blister was applied all over that side of the chest, and a quarter of a grain of tartar emetic, one grain of calomel, and half a grain of opium were ordered every four hours. These were continued for the three next days, and the cardiac symptoms were kept at bay; and on the fourth day from the first indication of the cardiac disturbance, this region had returned to the natural state. Calomel and antimony exercise a remarkable influence over the inflammatory action in acute rheumatism. I know of no remedy that can be depended on for equal efficacy, or that can be relied on for uniformity or certainty of action to the same degree as the potassio-tartrate of antimony. Its efficacy in inflammatory diseases of the fibrous tissues is, if possible, augmented by combination with calomel, and for the reasons mentioned when speaking of the use of opium in fever, the calomel and antimony should be combined with that drug.

That acute rheumatism is a purely inflammatory disease of a sthenic character every symptom connected with the fever explicitly declares, and that the treatment throughout must be conducted on the strictest antiphlogistic principles is evident, by the success which follows attention to these principles, and the certain prolongation of the disease, and the frequent relapses that occur, when they are neglected. The blood, in acute rheumatism, is identical in character with the blood in the true inflammations. The composition of the urine in the disease is also corroborative of the true inflammatory type; its specific gravity is high, 1.018 to 1.022, its colour is of a very dark orange, even sometimes of a claret-red, there is powerful acid re-action, with copious deposit of the urate of ammonia—sometimes pink, sometimes fawn coloured—and under the microscope, as you saw yesterday in a similar case, among the amorphous grains of the urate were scattered a large quantity of orange-coloured crystals of uric acid, some lozenge shaped, some apparently sections of cylinders, both of which deposits are constantly present in diseases possessing the true inflammatory character.

In the dietetic treatment of the rheumatic fever, the great principle for your guidance should be to avoid as much as possible the more highly azotised elements of food. Farinaceous preparations, gruel, panada, &c., are preferable to beef-tea or meat broths; and when the acme of the fever is passed, much caution is required in the use of animal food and vinous stimuli, for in no inflammatory disease is there so great, or even an equal tendency to relapse, from what may appear but trifling errors in the diet and regimen.

I must postpone to another occasion the observations I had intended to make respecting the use of the nitrate of potass and the nitre-drink in cases of acute rheumatism, and which has been temporarily employed in this case. The success which attends its employment in some cases of rheumatism is unquestionable, and many of you must recollect how extensively I employed it in some similar cases in the early part of last session.

CHOREA IN AFFECTIONS OF THE HEART: BLEEDING IN APOPLEXY.

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

(Continued from page 585.)

PROPOSITION THE SECOND.

"To what extent does heart-disease exist in Chorea, and what is the nature of the affection?"

Never having had an opportunity of examining the body of an individual the subject of chorea, I am unable to speak positively of the nature of the heart complications. But judging from stethoscopic examination, it appears to be in most cases some imperfection of the mitral or aortic valves, more frequently the former. In a case which I am at this time attending, in a boy aged ten years, there appears to be obstructive aortic, and regurgitant mitral disease. In this case the chorea has yielded to gradually-increased doses of the sulphate of zinc. He is taking fifty-two grains in the day, and exhibits a perfect tolerance of the remedy. As has been remarked by Dr. Babington, by beginning with a half-grain dose, and increasing it one grain daily, we can obtain a tolerance for very large doses of the remedy.

I have never found it necessary to modify the treatment of the chorea in consequence of the heart complications; probably because tonics are suitable for the relief of both affections. I am, however, aware that chorea does occasionally occur in connection with acute heart-affection, in which the latter demands our principal attention. And again in some of the cases, apparently connected with heart-disease, I believe that it is to an impoverished state of the blood we are to look for an explanation of those murmurs that simulate mitral disease. I conclude so, from having seen the murmurs disappear *pari passu* with the removal of the chorea.

PROPOSITION THE THIRD.

"The propriety of bleeding in apoplexy after sixty years of age."

Apoplexy is defined by nosological writers as a loss of consciousness, of feeling, and of voluntary motion, depending upon congestion of the cerebral vessels. If upon examination, a case presents itself corresponding to this definition, there can be no doubt as to the propriety of having recourse to blood-letting for the relief of the congestion, uninfluenced by the consideration of years, except as regards the quantity of blood to be abstracted, or the propriety of its repetition. It is, however, next to an impossibility, to lay down any general rules for our guidance in such cases, as we know, (and practically at least, it is a knowledge of our own time,) that apparently similar diseases are found to exist under the most opposite conditions of the system; and that in many cases resembling apoplexy we have to deal, not with congestion, but with a state of syncope or anæmia. It may by some be supposed that in those varying states the diagnosis is easy; and so it might be if disease at the bed-side was as well defined as we meet with it in systematic works. It must, however, be admitted that this is not the case, and that we but too often find diseases so merged one into another, that it requires the most vigorous efforts of skill and judgment to unravel them: as it were,