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,

for practical purposes. In the disease under consideration we frequently find the diagnosis still more embarrassed by the complication of intoxication.

It is apparent, then, that we are bound to discard all considerations arising from the mere name of a disease, and examine each case upon its own merits.

To illustrate the necessity of attending to this rule, I will briefly consider a few of the more important diseases of the nervous system, closely resembling each other, yet requiring opposite lines of treatment, and depending upon opposite causes.

In apoplexy we have a suspension of the functions of the brain, dependent upon an excess of blood in that organ. In syncope we have a similar state of the cerebral functions from a deficiency of blood.

We have convulsions dependent upon an excess of blood in the brain, as in cerebritis; and *per contra* we have convulsions dependent on a deficiency of blood, as in excessive hæmorrhage.

In the varieties of delirium tremens, in the varieties of puerperal convulsions, and in continued fever, as contrasted with inflammation of the brain, we have a similar type of symptoms, arising under opposite conditions of the system, and requiring opposite modes of treatment.

The delirium tremens which attacks the habitual drunkard, who becomes suddenly deprived of his drink, is in appearance similar to the delirium that attacks the individual of usually temperate habits, during an excessive debauch. But experience tells us that in the one case we have to deal with exhaustion; and in the other, with a state closely bordering upon (if not actually,) inflammation of the brain. The puerperal convulsions that arise during the efforts of parturition, are in appearance the same as the convulsions that come on after the birth of the child, which merely depend upon fatigue, combined, it may be, with too great a loss of blood; and the delirium of fever has so close a resemblance to the delirium of cerebritis, that writers of no mean authority have been induced to view the two diseases as identical, or more properly speaking, to consider the former disease as the consequence of the latter, and to regulate the treatment accordingly. There is not, I am convinced, in the whole range of practical medicine a more fatal error than this; it induces its disciples, (and they are numerous,) to have recourse to blood-letting at a period when their efforts should be directed to the increase and restoration of the vital fluid. I have alluded to blood-letting because it generally stands first on the list of remedies; but it is quite possible to do an equal or even greater amount of mischief by the improper use of purgatives and mercurials.

(To be continued.)

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ., AT THE QUEEN'S HOS- PITAL, BIRMINGHAM.

By PETER HINCHEB BIRD, one of the Resident
Medical Officers.

CASE XV.

STRANGULATED FEMORAL HERNIA.

Elizabeth Grange, aged 55, washerwoman, admitted
into the Queen's Hospital, May 31st, at six p.m.

Has been subject for two years to a femoral hernia on the left side, but has never worn a truss. She states that early this morning while pumping, she was seized with a violent pain in the lower part of the bowels, as if something had given way; the swelling in the groin became much larger, and the pain gradually got worse. About an hour before her admission she was sick and vomited the contents of the stomach; the bowels were open this morning before she was taken ill.

When admitted she was in the following state:— There was excessive sickness and vomiting of the contents of the stomach, accompanied with occasional eructations, great thirst, and a pulse about 90. She complained of dragging pain all across the bowels. On examination, a tumour was found under Poupart's ligament of an oblong shape, painful and tender to the touch. The taxis was carefully attempted, but without success; it was also unsuccessfully tried, while the patient was in a hot bath. Towards the morning, Saturday, the belly became rather distended, and the vomiting and the eructations more frequent, the matter vomited being stercoraceous; the tumour was more painful, the patient greatly distressed. After another ineffectual trial of the taxis, (the bladder having been previously emptied,) the operation was decided on, which was performed by Mr. Cox, in the following manner:—

The patient being placed in the recumbent position, the integuments over the tumour were pinched up into a thick fold parallel with Poupart's ligament, and then divided by pushing the scalpel through its base and cutting from within outwards, to the extent of about three inches; the coverings were then divided one after the other; the fatty membrane between the fascia propria and hernial sac was very thick, and was dissected out, in doing which a small artery was divided which required ligature. The sac contained a considerable quantity of serous fluid, a knuckle of intestine, and a considerable portion of omentum. The intestine had suffered much from the constriction and pressure to which it had been subjected, for it was of a dark red colour without spots. The stricture was found to be at the neck of the sac. About four ounces of omentum was cut away; one artery required ligature. After the stricture was divided the intestine readily returned, affording instant relief to the patient, who bore the operation well; the edges of the wound were brought together by two sutures and adhesive plaster, and a compress and bandage applied. She was then carried to her bed and ordered to take the following medicine:—

R. Mist. Salinæ in statu efferves. quartis horis.
Lemonade ad libitum.

3rd, p.m. Bowels have been opened since the operation; has not been sick; feels comfortable; slight pain over the stomach on pressure.

June 2nd. Doing well; pulse feeble, 76; tongue coated; bowels rather confined; no sickness; no pain or tenderness of belly. R. Ol. Ricini, dr. ss., statim sumend.

20th. Is rapidly getting convalescent, without any bad symptoms; the wound is quite closed, and the bowels regular; no pain of belly; health good.

On the 26th she was discharged cured. She was ordered to wear a truss, which was procured for her by the Hospital.