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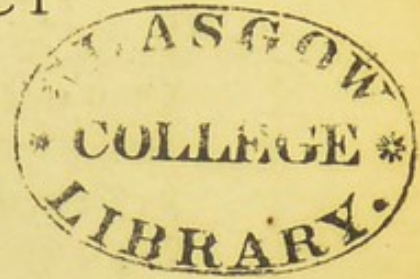
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1848. - 1882

CLINICAL RETROSPECT



OF A

HALF-YEAR'S HOSPITAL WORK.

BY

MATTHEW CHARTERIS, M.D.

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS AT THE GLASGOW
UNIVERSITY, AND PHYSICIAN TO THE GLASGOW ROYAL INFIRMARY.

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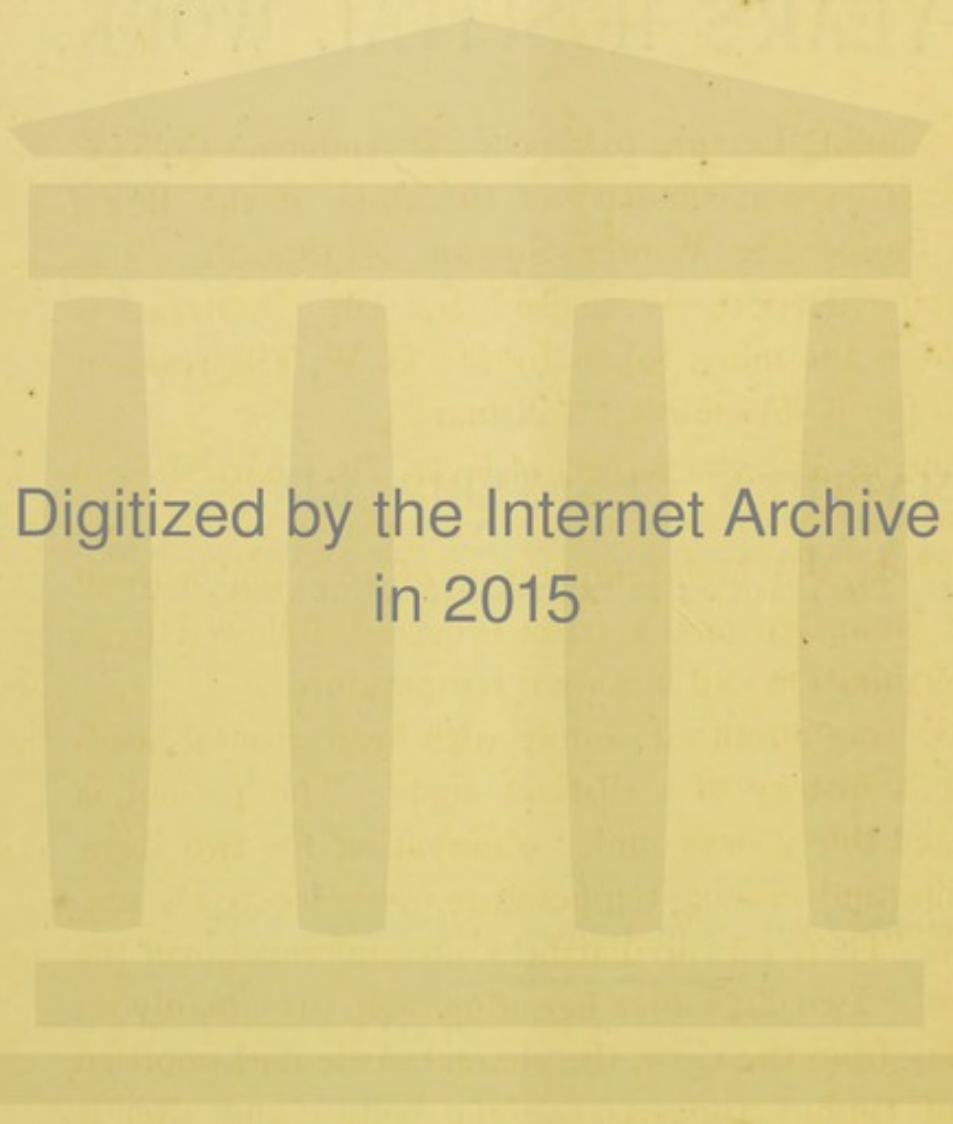
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CLINICAL RETROSPECT,

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[IN his concluding Lecture to his class at Anderson College, Dr. Charteris gave a summary of the work at the Royal Infirmary during the Winter Session of 1879-80. The accompanying Report, as revised by Dr. Charteris, is supplied from the notes taken by Mr. G. W. Till, resident surgeon to the Kidderminster Infirmary.]

Commencing with the subject of fever, Dr. Charteris said he had had one example of simple febricula, in which, after a couple of days of high temperature of 103° , and without any chest complications, a crisis occurred, followed by a copious perspiration and a normal temperature.

One case was admitted simply with fever, frontal headache, and a history of a distinct rigor. The patient, a woman, aged thirty, was under observation for two days. The morning and evening temperature was respectively 103° and 103.6° . There was no diarrhoea, no tenderness over the iliac region. Two days after her admission, presumably on the fifth day from the rigor, the characteristic dark-mottled eruption of typhus appeared on the body; and after it had been observed by the clinical clerks and others, the patient was removed to Belvedere, and made a good recovery.

Two cases of typhoid fever were treated during the winter, both being males. The characteristic rose-coloured spots were apparent about the tenth day of the fever,

lasting for the normal period of three days, to be succeeded by others. The clinical clerk in charge of the case marked them round with ink, so that the class might have an opportunity of observing the features and duration of the eruption. The treatment was based on the pathology of the disease, and consisted of a careful attention to diet. Milk was the only thing given until the temperature became normal in the morning, when it was supplemented by beef-tea and toast and water. The highest temperature marked was 104° . Hobson's charts, lately published, were found very beneficial in giving an accurate estimate of the progress of the fever, and they can be cordially recommended to all hospital physicians. Both cases made a satisfactory recovery.

One case of scarlet fever came under observation. It was admitted as a case of bronchitis, but on the appearance of the eruption on the second day the girl was at once removed to the Fever Hospital, such cases never being retained in our public infirmary.

There were sixteen cases of dropsy, which were classified under cardiac, renal, and hepatic, according to the organ chiefly implicated. Of these, one cardiac case, two hepatic, and one renal, died. The others so far improved as to be able to leave the hospital. Three of the renal cases being, if the expression may be used, cured. One of the renal cases was complicated with renal convulsions, and it was found that the injection of digitaline was attended with great benefit and by an increased quantity of urea in a very short time. In all the renal cases the quantity of urea was measured daily by means of the "ureameter." Dr. Charteris said he considered the knowledge obtained by this easily-worked instrument invaluable, more so than even the daily estimate of the albumen. The general treatment of the renal cases consisted in hot-air or modified Turkish baths, according to an apparatus constructed by Dr. Whittaker,

and at the same time the administration of compound jalap powder on alternate nights. Dialysed iron was found very serviceable, and did not appear to cause headache—a result often apparent when iron is given in its usual form of the perchloride.

The treatment in the cardiac and hepatic cases was entirely symptomatic. Southey's needles were in these cases inserted. In one they occasioned erysipelas of the leg. This was attributed to the needles being inserted without their previously puncturing boracic lint.

A case of syphilis, the only one admitted during the winter, was treated by a mixture of the perchloride of mercury, iodide of potassium, and chloride of ammonium. The chief advantage of this treatment in well-marked secondary eruptions is the length of time the mercury can be administered beneficially without causing salivation.

Eight cases of acute rheumatic fever came under observation, and six of chronic. The acute cases were all treated with salicin in twenty-grain doses every two hours, with invariably satisfactory results. In all the cases the patient was free from pain in twenty-four hours, and the temperature was normal in forty-eight. When this result had been attained the salicin was given in smaller doses, by twenty grains every four hours for the first day, and afterwards the same quantity every six hours for two days, when it was stopped and a tonic administered. Dr. Charteris mentioned that he had invariably followed this line of practice for the last four years, and said he could not speak too highly of the remedy. He said he had never known it to cause delirium, or weakening of the heart's action. On the contrary, the relief was marvellous, and the recovery materially hastened. On an average the patient was able to leave the bed within seven days after admission, and no other treatment he had tried could give any result at all to be compared with this. In former years he had tried

for comparison the salicylate of soda, but it caused temporary deafness, headache, and insomnia, and he had latterly entirely abandoned it, being more than satisfied with the action of salicin.

Six cases of chronic rheumatism were treated variously. Salicin was found, however, to have no beneficial effect in these.

One case of purpura in its hæmorrhagic form died, but no post-mortem was obtained.

A case of scurvy in a sailor, after a long and arduous voyage, made a good recovery. The hard, board-like induration of the legs and the looseness of the teeth, with the spongy condition of the gums, rendered the diagnosis easy. This man stated that lime-juice was, in the merchant service, carelessly administered, and frequently never taken. He said that there was a common impression among sailors that lime-juice destroyed virility, and he attributed much of Jack's antipathy to it to this idea.

A case of chlorosis and another of anæmia made good recoveries under iron and a nourishing diet.

Only one case of idiopathic erysipelas was admitted, and the perchloride of iron was given in large doses, with the usual satisfactory result.

Diphtheria in a man aged thirty was watched with interest. The fauces were found to be sloughy, the pulse feeble, and the prostration great. The man was placed in a side ward, and inhaled steam constantly from a kettle placed on the hob of a fireplace. Poultices were also applied externally, and iron given with quinine. He made a good recovery, but subsequently was attacked with dropsy, commencing in the abdomen and latterly extending to the extremities. No remedy seemed of any use, and he died three months after admission. At the post-mortem the liver was found to be hobnailed and contracted. The

spleen weighed as much as the liver. The kidneys were healthy.

One patient died from laryngitis. Another made a satisfactory recovery. This latter case was interesting, as the symptoms were so grave, the dyspnœa so excessive, and the mal-aeration of the blood so intense, that it was deemed advisable to perform tracheotomy. Acting, however, on the advice of Dr. Eben. Watson, this was postponed, and palliative remedies, notably the inhalation of steam, were put in force. The case progressed favourably, although the dyspnœa was at times very alarming. The patient had an ulcerated sore-throat, and the laryngitis seemed to have originated simply from exposure to cold.

Seven cases of acute bronchitis were treated successfully by antimonial wine for the first twenty-four hours in large doses. This medicine had, as in former years, the effect of promoting expectoration, lowering the fever, and causing profuse diaphoresis. At the same time stimulants were given as required to meet the attendant weakness, their use being regulated by their action on the circulation. Hot linseed poultices were also applied. At the expiration of the term mentioned, and provided other circumstances warranted it, the antimony was given at an extended interval of time, simply as an expectorant, combined with ipecacuanha wine or carbonate of ammonia.

Twenty-six cases of chronic bronchitis and emphysema were relieved by the usual methods of treatment.

Stramonium cigarettes did good after other means failed in the only case of asthma admitted into the wards.

Of fifteen cases of acute pneumonia, two died in the first twenty-four hours after admission, one on the ninth day, the others made a satisfactory recovery. A similar line of treatment was adopted to that mentioned in acute bronchitis, and Dr. Charteris said he believed that in the main the most favourable result would accrue from its adoption.

In four of the cases marked benefit followed the application of twelve leeches to the side affected. There could be no doubt the lividity and other alarming symptoms disappeared *pari passu* with the loss of blood. The bleeding on the removal of the leeches was promoted by hot cloths and poultices.

There were seven cases of pleurisy. In two of these empyema was well marked on admission, and it was singular and instructive to note the methods by which the pus was evacuated. In one case, a man aged twenty-four, there was distinct fluctuation and pointing at the junction of the third rib with the sternum. It was resolved to give the man a day's rest and then aspirate. On the visit the following morning he stated "that during the night he felt something give way in his inside, and this was followed by a choking sensation in his throat, and subsequently by the expectoration of a large quantity of purulent matter." On examination it was found that the skin was much less tense over the site mentioned, and it was deemed advisable not to interfere with Nature's processes, but to assist these. Pressure by means of a broad elastic band was used over the side, with the view of preventing the lodging of pus in the sac, and at the same time strict rest and nourishing diet were enjoined. Notwithstanding this, on three different occasions at varying intervals the pus re-accumulated, and was expectorated in a similar manner. The man made a good recovery, and is now following his employment as a nurseryman.

The second case had been aspirated twice by the medical man in attendance, and the patient, a young lad of sixteen, was sent to the hospital as a *dernier ressort*. The patient was very exhausted. The right pleura seemed full of fluid. The liver was pushed down, the intercostal spaces bulged out, and the difference of measurement on the two sides was nearly an inch. As death seemed imminent, a free incision

with a bistoury was made in the axillary line, where the skin seemed tensest. There was a copious spouting out of pus at first, succeeded by a more steady flow, to the extent of three pints and a half. The operation was performed under strict antiseptic precautions. A drainage-tube was inserted into the wound and a bandage applied over carbolic acid gauze dressing. Considerable cough and irritation followed the operation, and the pulse was remarkably feeble. Brandy was given in large quantities, the patient taking nearly a bottle per diem, along with three pints of strong beef-tea. For the first fortnight a carbolic acid solution was syringed into the wound, and the patient by a series of coughs expelled this through the tube. At the expiration of the fortnight the syringing was only done on alternate days. A satisfactory recovery was completed three months after the operation by the removal of the tube, and the patient is now able to move about freely. Hypophosphite of lime and malt extract were the only medicines given. Large quantities of stimulants were administered during the progress of the case, and without these no recovery could by any possibility have taken place.

Thirty-seven cases of phthisis were admitted in various stages of the disease. Of these five died, and in the others some improvement was manifested, or the disease seemed to remain in *statu quo*. Dr. Charteris said he considered a hospital ward the worst place possible for a phthisical patient in the winter, as the whole surroundings were depressing, and one essential part of the treatment—viz., going out of doors—almost impossible. Dr. Charteris said he had increasing confidence in the hypophosphites as the best remedial measures for phthisis in its early stages.

The various forms of heart diseases and murmurs were well illustrated by twenty-nine selected cases. There were seven cases of hypertrophy, one of which died. Here the organ was found nearly twice its normal weight, the in-

crease being chiefly in the left ventricular wall. There was no valvular disease, and doubtless the hypertrophy was related to the kidney complication which had preceded the heart's increase.

Of three cases of pericarditis one died. There were two well-marked cases of mitral obstruction, the peculiar thrill, the limited area, and the presystolic character of the murmur being easily differentiated.

Of the more common valvular lesion of mitral regurgitation there were ten examples, and of these one died.

There were seven cases of aortic obstruction and aortic regurgitation, and of these two died, and post-mortems were permitted, which revealed narrowing in the one case, and patulency of the valve in another. There was one case of intra-thoracic cancer, diagnosed as such during life, and verified after death. The symptoms were a husky voice followed by paralysis of the left vocal cord, dulness on percussion at the base of the lung, and rapid emaciation. No red-currant jelly appearance was presented by the sputa.

One case of diabetes mellitus died within forty-eight hours after admission, and an opportunity was afforded for a post-mortem examination. Nothing noteworthy was detected, although Dr. Foulis made a very diligent and accurate inspection of all the organs of the body, special attention being directed to the brain. Nothing confirmatory of Dr. Dickinson's views was observed. Previous to death the patient fell into a somnolent condition, the urine being passed involuntarily, and the breathing being stertorous. The conditions were similar to those noted in uræmia, but without the muscular twitchings and preceding headache. One diabetic patient was dismissed as irregular. The others were placed on an entirely new method of treatment, for the carrying out of which, and for many practical suggestions, I have to express my gratitude to my able and esteemed pupil and friend, Mr. Edmund A. Cook.

The plan adopted consisted in the administration of pilocarpin on the lip in 1-20th grain doses thrice daily for a fortnight. This relieved the distressing dryness of the tongue, and consequent thirst. The pilocarpin was followed by a course of the mixed phosphates—viz., of fresh bone-ash of femur, light calcined magnesia, bicarbonate of potash, phosphate of soda, syrupy phosphoric acid and water.

The cases will be reported in some subsequent Paper more fully. It may, however, here be observed that the success was very striking. The urine diminished from 300 to 90 ounces, weight was regained, and the patients were enabled after fourth months' residence in the hospital to resume an out-door occupation. One of the diabetic patients was kindly transferred to my care by a colleague in whose wards he had been for three months without advantage either in regard to the general health or the diminution of urine. Placed upon the treatment mentioned there was decided improvement, and at the time of writing this the urine has lessened in quantity from 250 ounces to 120, and at this last point has remained stationary for some weeks.

A young woman, nineteen years of age, was admitted into the wards in a very critical condition. While waiting her turn to be examined in the out-patient department she was suddenly attacked with vomiting of blood, so copious and so exhausting that instant death seemed imminent. Ergotine was at once injected, and with excellent effect, for it seemed to stay the bleeding, and the circulation, as evidenced by the pulse, was restored in a few minutes after its administration. The ergotine was subsequently followed by gallic acid in four-grain doses every two hours for a night and a day, when all medicinal treatment was abandoned, and a carefully regulated dietary was put in force. This consisted of beef-tea injections thrice daily for nine

days, while only a very little iced brandy-and-water was given by the mouth. When the thirst was excessive she was permitted to suck ice alone, but on no account was she allowed to raise herself in bed. After the ninth day an occasional teaspoonful of essence of beef was given, followed on subsequent days by milk, and, as convalescence became apparent, by dry toast. To combat the anæmia dialysed iron was also ordered. In other four cases of gastric ulcer, diagnosed by localized pain, by the history of hæmatemesis, and by the weak, bloodless condition of the patients, the same line of treatment was adopted, and in every case with satisfactory results.

For a well-marked case of cancer of the stomach, recognized to be such by the presence of a tumour, the cancerous cachexia, and by the age (forty-five), only palliative means were employed, as Chian turpentine had not in the early part of the Session come into vogue. Of three cases of acute peritonitis, two recovered ; the treatment being by the calomel and opium pill. A case of lead, and another of carbonic acid poisoning, made good recoveries.

Of intestinal parasites there were four examples, two being those of tapeworm, and for these the usual remedies of oil of male fern, followed by castor oil, succeeded in dislodging many yards of the worm. The head, although carefully searched for, was not detected. For the two cases of *ascaris lumbricoides*, santonin was given, and caused, as it frequently does, the expulsion of the parasite, although this was attended by great sickness, griping, and prostration.

Opportunities were afforded for the diagnosis of twenty cases of hepatic disease, including congestion, cirrhosis, cancer, jaundice, catarrh of bile-ducts, and gall-stones ; and post-mortem examinations were made showing the characteristic appearances of cirrhosis and cancer of the organ.

A case of Hodgkin's disease, or lympho-sarcoma, ter-

minated fatally, although arsenic, according to the suggestion of Billroth, was given in large and increasing doses. Death was preceded by a temperature of 103° for four days with profuse perspiration. In the preceding Session there were three typical cases of Addison's disease, but this year there were none.

The treatment pursued in eleven examples of chronic Bright's disease with dropsy has been generally indicated in the previous part of the paper. In seven cases of the acute variety, the treatment consisted in dry cupping over the loins, drastic cathartics (notably elaterium) and milk diet. Dr. Charteris said that experience in past years warned him against resorting to the induction of perspiration by artificial local means, such as hot air or warm bricks, in the acute form of nephritis. He had seen great distress occasioned, and rise in temperature in all; while in two cases he distinctly attributed the supervention of uræmic convulsions to their persistent employment.

Diseases of the nervous system always bulk largely in hospital practice in Glasgow, and doubtless many patients are sent in because the friends are anxious to be spared the fatigue and expense attendant on careful nursing. Some of these are well worthy of observation during life; and it is greatly to be regretted that the after-death appearances cannot be observed, through the prejudice and ignorance of the relatives, exhibited in negating, as they term it, the "opening of the body." Much valuable information is thus lost which might be conveniently utilized.

Without entering into details in all, Dr. Charteris said that out of fifty cases of what might be termed diseases of the nervous system, including acute meningitis, hemiplegia, paraplegia, locomotor ataxy, sciatica, lumbago, pleurodynia, epilepsy, chorea, hysteria, and delirium tremens, a few deserved special notice.

Great interest was attached to a paraplegic female, aged

twenty-six, who had been transferred to the medical from the surgical wards nine days after an operation for malignant sarcoma of the upper jaw. A localized redness over the sacrum was detected, and, notwithstanding the most careful nursing and the employment of all known remedial means, it deepened into a purple hue, and finally became black. As this result could not be attributed in any way to the persistent pressure which causes an ordinary bedsore, the attention of the class was directed to it as being "the acute decubitus of Charcot," and the fatal nature of the malady, thus painfully and prominently illustrated, diagnosed. The friends were told of the opinion entertained, and they naturally desired she should be removed home. She died three weeks afterwards. The sore at the time of her dismissal could be covered by the palm of the hand, but it afterwards assumed more ghastly proportions; and death was attributed directly to it, and its production to the carelessness of the hospital attendants. A prolonged inquiry, extending over months, followed, and ended in the withdrawal of the charge. It is needless to say that this inquiry need never have been made had the authorities known anything about the opinion entertained and the medical treatment adopted while in the ward, and the significance attached to bedsores generally and this form of bedsore in particular, as recognized by recent important pathological observations. This information was offered, but refused. A coroner's inquest would have spared much trouble, and presumably would have enlightened official advisers.*

* In connexion with bedsores, I have to record that the woman with Erb's spastic paralysis was recently, at my request, readmitted into the ward. She had a large sloughing sore, which was easily treated; but after she had remained a month she found to her astonishment, that she was pregnant, and, so far as can be judged, she has now advanced to about the fifth month. The paralysis remains *in statu quo*.—M. C.

Hydrophobia, if it can be called a nervous disease, claimed two victims, who came from the same part of a neighbouring county. Pilocarpin was the remedy employed in both cases, and in the first case it was at one time hoped that the trial would have justified its selection ; for the patient was a muscular athlete, tall, strong, and wiry, whose constitution was unimpaired by previous illness, and who had, as he said, "neither tasted drink nor smoked tobacco in his life." The drug lowered the temperature, promoted copious salivation and perspiration, and strange to say, the inability to swallow was entirely removed, and the gloominess that hung over the patient at first was succeeded by wild bursts of delirious joy, with fanciful pictures of happiness and peace. The struggle, fierce and terribly violent, which lasted four days, seemed to exhaust the man, and without convulsions and without terror he sank and died.

The clinical record of this case after it had been decided to try pilocarpin is as follows: At 9.45 A.M., when first seen, his pulse was 150 and his temperature 102.6° . One-third of a grain of pilocarpin was injected, and in about three minutes afterwards he began to hawk and spit profusely, and this was followed by a copious perspiration. At 11.15 the injection was repeated, causing the same symptoms, and when seen at 12, he was lying comparatively quiet, and "sweating awfully," as he said. His temperature had fallen to 101° , fully a degree and a half. His pulse being 140 at 2 P.M., and the reduction of temperature was more noted, as it was 100° and his pulse was 130. At 4 P.M. he complained of severe pain in the back of his head, for which a poultice was applied. He now asked for a drink of milk. The nurse steadied his hand and assisted him to bring the cup to his head ; when it was there, he threw the milk into his mouth as a man might do a pill, and swallowed it with a great gulp. After he had done this, he rose to his

full height in bed and said, "I have swallowed at last. I am a cured man. I'll go home to-morrow; but don't mind me, don't mind me, when I get out." Everything was done to foster the idea that he was getting better, and he promised money and the eternal gratitude of himself and family, adding, "The vale of Leven will wonder when they see me back a cured man." At 6 P.M. pilocarpin was repeated, but the result was not the same as before, for little perspiration was induced, but instead copious micturition. His temperature had again risen to 102°, and his pulse was 160. At 9 P.M. his condition with regard to temperature and pulse was unaltered, and he talked incessantly. Bromide of potassium was given in large doses, but no sleep was obtained. At 9 A.M., when again seen, he said he had not slept, for men had come in and sat on him, bruising him much all down the back. His temperature was 102°. Pilocarpin was again injected, but little perspiration was induced. At 12, three hours afterwards, pain was experienced over the kidney, and a trace of albumen detected in the urine. He saw his wife at his own request, and to show her he was better, he took some milk with an effort, but no particular spasm. He had taken in all since his amendment two pots of Brand's essence of beef. At 4 P.M. the nurse stated he had dozed about ten minutes at a time, but he had had no sound sleep. He appeared much excited about being beaten. Later on he slept about an hour after having an egg beat up with brandy, and on awakening he took a slice of bread soaked in water and some essence of beef. During the remainder of the day and the following morning he was simply exhausted through constant talking and want of sleep, but he could swallow easily. At 9 A.M. he wished to go out, and actually reached the door, but was persuaded to return. His exhaustion was very intense, and the albumen in the urine very abundant. At noon of the same day he died.

Thinking that perhaps the pilocarpin had not been pushed sufficiently actively in this case, in the next it was given at short intervals, and with beef-tea injections. The struggle was, however, shorter here, for within forty-eight hours of his admission the man succumbed. It is peculiar as showing the nature of the disease to state that in the first case there was a thorough and intelligent appreciation of what it was ; while in the other there was neither wonder nor anxiety, or even, so far as could be learnt, any knowledge that the disease was hydrophobia, or that a bite received three months previously had any connection with the ailment for which he was admitted. Dr. Charteris said that his experience now of three cases under his immediate care, and of two others which he had seen, led him to call the disease "pantophobia ;" for dread of everything, from the tiniest draught of air to the most carefully muffled footstep, was as significant as the undoubted terror inspired by the thought or the sight of water. The post-mortem, conducted by Dr. Foulis, and the microscopical observations subsequently made by him and Dr. Middleton, revealed nothing which cannot be observed in any nervous disease attended with great excitement and followed by rapid death—such, for instance, as acute mania or delirium tremens. These investigations will be published. The bite in the cases mentioned was in the fleshy part of the hand, between the thumb and forefinger, and the dogs that caused the injury, so far as can be accurately ascertained, were retrievers.

Four cases of chorea were treated by arsenic in the form of Fowler's solution, given in doses varying according to age, from four to eight drops. Improvement was observed about the eleventh day, and the system was thoroughly free from the malady in four weeks, when the constitutional effects of arsenic were manifested. Cod-liver oil, iron, and a generous diet formed the after-treatment of the patients elected to remain in the infirmary.

Two girls of the age of fifteen happened to be admitted with the disease on the same day and were placed in contiguous beds. One was a severe case, the other was mild. After a few days it was observed that the malady in the latter was greatly aggravated, and that she was rapidly becoming worse instead of better. This was attributed, and rightly, to the peculiarly imitative character of chorea, and the patients were separated, one being placed in a private room. This precaution was amply justified by the amendment which ensued. In almost every case of chorea, if carefully investigated, the cause is found to be "fright," although this, on an inquiry, may not be gleaned from the patient, but from the mother and other relatives. In Dr. Charteris's wards for the last three years all other drugs have been abandoned, and arsenic has alone been trusted to.

Numerous cases of skin diseases were treated, including erythema, eczema, rupia, ecthyma, sudamina, herpes, (labialis and zoster), psoriasis, lupus, scabies, and tinea sycosis. Of psoriasis there were nine examples, and in these chrysophanic acid ointment (one drachm to the ounce) was alone employed. In two of the cases the disease was not confined to its usual sites, but completely covered the body, literally from the crown of the head to the soles of the feet. The peculiar and specific action of the ointment was very gratifying, and in an age of medical scepticism marks an epoch of therapeutic success. A singular circumstance was noted—viz., that the acid rubbed in must have some constitutional action, for if applied only to one side of the body it seems eventually, though more slowly, to remove the scales from the other. This observation, although true in one case, was not so marked in the other, and would require further verification. Generally speaking, in psoriasis the patient's skin can be made clean and smooth in nine days from the commencement of the treatment by the acid, and when, as formerly, arsenic was trusted, it required at

least six weeks, and even then the result was by no means so satisfactory.

In conclusion (Dr. Charteris said) there had been in the wards 252 patients during the Session ; and of these, excluding six who died twenty-four hours' after admission, the mortality was twenty-four. Many of those admitted were hopelessly ill, but it seemed inhuman to remove them to the squalid misery of the homes from which they came, and they were allowed to linger amid the comparative comfort of a well-ventilated and well-nursed hospital ward. It would be easy to show a very clean bill of health and an infinitesimal mortality if the physician was foreseeing, and fatal chronic cases unfeelingly dismissed. Such fame—if it were not a desecration of the word to call it so—could only be attained at the sacrifice of conscience and self-respect. And besides, the chronic cases would form the staple of the after-practice of the students, and the knowledge acquired of the varied phases of approaching death was an inestimable boon to them, for they could tell of this to wearied watchers, and dictate little comforts during life's last hours.

They had had an opportunity of studying nearly every disease treated of in ordinary books of medicine, and in many of these they had seen how wide was the field, how hopeful the future of practical therapeutics. Clinical experience showed how few symptoms or signs were in reality significant of any one particular disease, and how slowly but surely the art of healing would be consolidated, not by physiological experiment or laboratory dreams, but by carefully recorded facts and well authenticated recoveries when the proper remedies had been judiciously chosen. They could assist much in the work, more than they at present imagined, if when practitioners they still remained students and jotted down for publication details of cases, whether successes or failures.

1871

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