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OF

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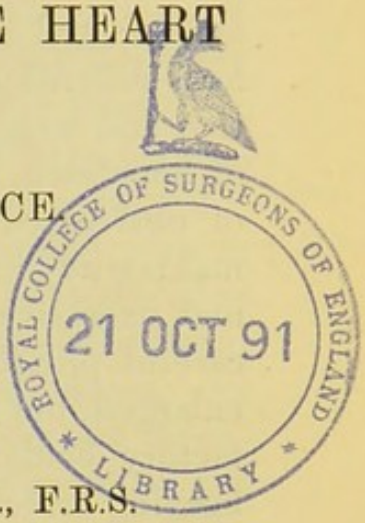

By SIR RISDON BENNETT, M.D., LL.D., F.R.S.

Among my notes of practice in former years I have those relating to the case I am about to describe, accompanied by the patient's own record of the treatment to which she was subjected. Apart from the character and history of the case itself, it affords so remarkable an illustration of the revolution that has taken place in medical practice within the last forty or fifty years as to seem deserving of being recorded. I therefore offer it to the readers of the 'St. Thomas's Hospital Reports,' in response to the editor's request that I should contribute something to the new volume.

Sophia G—, who died at the age of forty-two, was an unmarried woman in humble circumstances, a dressmaker. In mental culture and character she was far above her station in life, and was well known to many kind people who took an interest in her as an industrious well-conducted Christian woman. I mention this because the details I have to give are obtained from her own record, as given in the MS. book

in my possession, and which for accuracy and truthfulness may be fully relied on. The book, indeed, seems to have been kept at the suggestion, or at all events with the knowledge, of her medical attendants, by whom, from one note, it seems to have been examined.

She did not come under my notice till towards the end of her life. She was in stature below middle height, well-formed and fairly well-nourished. Her aspect was extremely anæmic and had long been so. For twenty-seven years she had suffered greatly from breathlessness, sense of suffocation and weight on the chest. But, till within six months of her death, there had been no anasarca or other evidence of obstructed circulation. When first seen by me before making any investigation of the case evidence of enlargement and excessive impulse of the heart was manifest, and on careful physical examination it was found to be enormously enlarged, but neither the rhythm nor sounds gave any satisfactory evidence of valvular disease. The breathing was heaving and distressed, but there was no evidence of much pulmonary congestion. There was, however, general anasarca and some abdominal effusion. She gradually sank and died November 19th, 1853, about three months after my first seeing her.

On post-mortem examination the kidneys and viscera generally were found to be essentially healthy, there was effusion into the abdominal cavity, some œdema of the lungs, and general anasarca. The heart was enormously hypertrophied, extending upwards as far as the second rib. It measured over six inches from base to apex, and weighed twenty-three ounces. The thickness of the right ventricle was six eighths and that of the left seven eighths of an inch. There was no valvular disease, and the size of the orifices and of the large vessels corresponded with the size of the heart.

There was no microscopic examination of the tissues of the heart, which, however, in general aspect appeared healthy. But from the age when the record commences, fifteen years, the duration of the disease, the general nutrition of the body, and the state of the other viscera, and inasmuch as there was no history of rheumatism or other acute disease, the

enlargement was probably congenital and due to true muscular hypertrophy, with perhaps excess of connective tissue.

In size and weight it was the largest heart that in my practice I ever met with. Much larger have, indeed, been seen and recorded. But for a female heart the size was certainly remarkable, as the hypertrophy was unassociated with valvular disease or aortic obstruction, and the more so as such hypertrophy, independent of obvious cause of obstruction, is believed to be extremely rare in females. Peacock says he never met with it except in men. Taking the mean weight of the adult female heart as estimated by Bouillaud, Clendinning, Peacock and others as a little over eight ounces, in G—'s case it was nearly three times the normal weight.

The largest heart I ever remember to have met with in the male sex was that of a man whose case I have recorded in the thirty-second volume of the 'Transactions of the Royal Medical and Chirurgical Society.' This man, whose age was fifty-three, died from rupture of the aorta and hemiplegia. There was extensive atheromatous disease of the aorta occasioning transverse rupture and splitting up of the coats of the vessel, so as to produce dissecting aneurysm extending from just below the origin of the subclavian artery to the iliacs. The heart in this case weighed twenty-two and a half ounces, and the hypertrophy was evidently due to the diseased condition of the aorta, which must have occasioned considerable obstruction.

But the main purport of my paper is to record the treatment of my patient whilst under the care of some of the leading physicians of her day.

The record begins with the date of May 11th, 1826, from which time till March 5th, 1827, she was under the care of Dr. Hue,[1] by whose instructions she was bled or cupped sixty times, and had twenty-three leeches applied, the average number of bleedings per month being six, with the exception of the month of August, 1826, when there was only one bleeding. The average amount of blood lost, judging from the total recorded and from the respective amounts stated in subsequent years, was eight ounces.

[1] Dr. Hue will be remembered by many still living as one of the physicians to St. Bartholomew's Hospital.

From March 12th, 1827, she was under the care of Dr. Babington[1] till June 30th of the same year, who cupped and bled twenty-three times and applied a hundred leeches.

From July 5th, 1827, to December 1st of same year she was treated by Dr. Brown,[2] who cupped or bled twenty-seven times and applied 180 leeches.

By Dr. Davies[3] cupping and bleeding were practised twenty-four times and forty leeches were applied between the dates of December 1st, 1827, and February 27th of the following year.

Mr. Pater[4] was in charge from March 6th, 1828, till June 8th of the same year, and he bled and cupped thirty-two times and applied sixty leeches.

Dr. Clutterbuck[5] had charge for a short time only, viz. from June 17th to August 8th, but during this period the patient was cupped and bled six times and had forty leeches.

Dr. Clutterbuck was succeeded by Mr. Salmon,[6] in whose charge the patient remained till I came into the field, viz. from August 16th, 1828, till June 30th, 1853. Whilst under Mr. Salmon's care the like practice was faithfully pursued and attained its climax, for during these twenty-five years the patient was bled or cupped 791 times and had 150 leeches. The only other remedies during all these years which are recorded were blisters and setons, three of the latter and 680 of the former.

The summary of the treatment during twenty-seven years,

[1] This was the first Dr. Babington, one of the most esteemed and distinguished men of his day, in memory of whom was erected, in St. Paul's Cathedral, the beautiful statue and grateful memorial tablet.

[2] Dr. Brown was, I believe, a City practitioner, but whether connected with any hospital I am not sure.

[3] This was the father of the late Dr. Herbert Davies, who was one of the first to introduce the use of the stethoscope in England, and was the founder of the first special hospital for Diseases of the Chest in the City Road.

[4] Of this gentleman I know nothing.

[5] This was the physician who wrote on fever, which he ascribed to inflammation of the brain, and with whom against his theories I, as a young man, was bold enough to argue in the Old Medical Society when it met in the historical Bolt Court, Fleet Street.

[6] This surgeon for many years had a large home practice in the City, and was the founder of the Hospital for Fistula and Diseases of the Rectum in the City Road.

beginning when the patient was fifteen years of age and continued till she was forty-two, comes out thus :—

Cupped and bled 962 times.

Leeches 593.

Number of ounces of blood lost 9506, irrespective of what was abstracted by leeches.

Blisters in number, 680.

Setons, 3, viz.

August, 1826.

December, 1826.

September, 1827.

The bleedings appear to have been generally performed at hospital or dispensary, but sometimes and occasionally near together "at home." Looking through the whole record the operation was generally performed six times a month, sometimes seven, and in August, 1832, and January, 1833, ten times each month. In later years the intervals were longer, the average being reduced to two or three times a month, sometimes only once. Unless there is an omission of entry the last bleeding in 1852, to the amount of eight ounces, was on October 26th. The remaining dates are May 18th, 1853, May 28th, June 27th and 30th. On two of these occasions the amount of blood lost was six ounces and on the other two, eight ounces. The largest amount abstracted at any one time was twelve ounces.

So far as could be ascertained the bleedings were resorted to for the relief of the distress in the region of the heart and in the breathing, and generally at the request of the patient, who believed that by such means alone did she obtain any relief; but what other remedies were tried beyond those mentioned I know not. The medical advisers one and all pursued the same line of treatment, and from their character and professional standing we are warranted in assuming that it was the approved practice of the day, and they may be allowed at all events to point to the prolongation of the patient's life in justification of their practice.

When she came under my care her condition was such that depletory treatment seemed to me to be out of all question.

What inference, it may now be asked, are we to draw from this record? Was life really prolonged or shortened by

such treatment? Was the cardiac hypertrophy retarded or increased? Viewing the case, as we must, as one of simple cardiac hypertrophy in an otherwise healthy constitution, without obvious cause of obstruction to the circulation, it illustrates a remark of Dr. Stokes that "local disease, itself incurable, may coexist with a good state of general health for an indefinitely long period," but was his obvious conclusion observed, viz. that "when the disease cannot be cured the system at large should not be tampered with"? Such treatment would now scarcely be justified on the ground that by depletion, blisters, and setons we may arrest excessive muscular development, except at the risk of inducing worse evils, anæmia, atrophy, and general debility. But was the temporary relief afforded to the patient such as to lead us to think that life was prolonged, although the subsequent state of anæmia and debility, the apparent ultimate causes of death, were the result of the treatment? I leave my reader to answer this question as well as the equally important one what other less objectionable palliative treatment have we.

As an illustration of the extent to which depletory measures were employed in former, though comparatively recent times, this case will, I think, be considered interesting and may be made instructive. It should not be viewed merely as a "curiositas medicinæ." For there are, in my opinion, sufficient reasons for reconsidering the grounds on which we have been led to abandon so entirely the use of the lancet in medical practice.

Experience as well as the advancement of pathological science may justify the conclusion at which we have arrived, that inflammatory action is not to be controlled by venesection, but it does not follow that life may not be directly saved, or the course of the disease materially modified, by the relief afforded by such means, at certain stages, or in certain conditions of the system, or characters of the constitution. There are forms both of acute pneumonia and pleurisy occurring in patients of robust constitution, which in certain conditions and stages of the diseases are relieved by the abstraction of blood, more immediately than by any other remedy, so as to ward off immediate danger to life, and admit of the inflammation running its course in more

favorable conditions—and this though stimulants or other remedies may be demanded, as the basis of treatment, even from an early stage of the disease. Even the amount and persistence of pain may add not a little to the immediate gravity of a case of acute inflammation and may be more immediately relieved by depletion, whether local or general, than by an other equally available agent. Nor is there any sufficient ground for believing that either through the immediate influence on the action of the heart and arteries or impoverishing of the blood the tendency to serous effusion or exhaustion of the vital powers is seriously augmented if due care be taken in the employment of other means. There is the greatest difference between attempting to cure the disease by blood-letting and obviating certain dangers, or palliating certain symptoms. "To avoid immediate danger and obviate the tendency to death" used to be an old-fashioned therapeutic rule.

In the present day there is much reason to believe that practice based on experience is too frequently made to give place to rules based on theories derived from pathological data, whether supported or not by experience. No doubt the number of competent and careful observant practitioners in the present day is largely increased, and so far as altered views of treatment are based on the experience of such men there is not a word to be said against them. But although we may not be, like our predecessors, shackled and bound by theories and systems of medicine, we are not exempt from the bias exercised by our more extended and more accurate physiological and pathological knowledge, when at the bedside we are called to apply our scientific acquirements to the great purpose of our art, the relief and cure of disease. That in a large number of instances, both of inflammatory and other diseases, where depletion was formerly practised, experience and science have alike shown that it is not merely useless but highly prejudicial, cannot be doubted; nor in order to account for this is it necessary to have recourse to the theory of change of type of diseases. But it does not therefore follow that we should disregard or undervalue what Sydenham says of epidemic as well as of individual constitutions.

As regards the simpler forms of chronic cardiac disease I

will leave the case I record to speak for itself; and as regards those which are complicated with valvular or other causes of obstructed circulation, they are so different in character, involving various changes in the lungs and other organs, that it would be difficult and indeed impossible in a brief communication like this to attempt to discuss them. But that in many cases the local abstraction of blood will often afford us valuable aid in their management I have no doubt.

In acute pericarditis, occurring as it does in very various vital conditions of the system at large as well as of the heart itself, keeping these considerations in view, I have no doubt that local depletion in the early stages often gives signal relief to the pericardial distress and exercises a beneficial regulating influence on the contraction and rhythm of the heart, thus affording opportunity for the controlling action of wine or the use of other agents.

Fifty years ago if a man fell down in the street from a fit of any kind whatever, and a medical man was called to his assistance, he was pretty sure to meet with the indignant reproof of the bystanders if he did not immediately produce his lancet and bleed the patient. The advance of cerebral pathology has taught us that in numerous instances such practice is unjustifiable and would often be fatal. But here again the question of venesection in head affections in apoplectic or paralytic seizures opens too wide a field to admit of our entering on it. Meeting, however, as we do, not infrequently, with cases of severe headache and sense of fulness, with other indications of cerebral congestion, which nature relieves by epistaxis or hæmorrhoidal bleeding, can we hesitate in concluding that venesection or cupping would often be appropriate remedies? I admit that my experience tells me that free purging will often relieve such cases, and that smart purging has more efficacy in determining from the head than from the lungs, and may be more often and more safely had recourse to in the former than in the latter case, I feel very strongly that the whole subject of bleeding as a therapeutic agent demands new and careful investigation, especially from a clinical point of view, and I venture in conclusion to express my conviction that in the therapeutics of the present day depletory remedies are too much neglected

and that students ought not to be allowed to enter on practice knowing nothing of the value and use of the lancet, probably not even possessing one.

Reviewing the vast progress that medical science has made during the last fifty years we cannot doubt that still further advances will be made, and by which our practice will inevitably be influenced. But the time is yet distant when the treatment of particular cases must not be determined by experience and sound judgment rather than by any other considerations. Nor will the recorded experience of the past cease to be more or less available for a succeeding age. Science will always be essential for the due discharge of our duties, but experience will long, if not always, remain the surest basis of therapeutics. Science will often enough teach us why our treatment has failed, but not always why it has succeeded. The very nature of man's constitution is such that the same influences operate very differently in different cases, and he who is unmindful of this and fails to appreciate the individual features of each patient's case will not prove a very successful practitioner. Doubtless it is much to have discovered the cause of disease, but alas! too often the cure has yet to be sought, though it is to be feared that, even in the present day, we are not altogether free from the reproach of the ancient orator—

"Medici, causâ morbi inventâ, curationem inventam putant."

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