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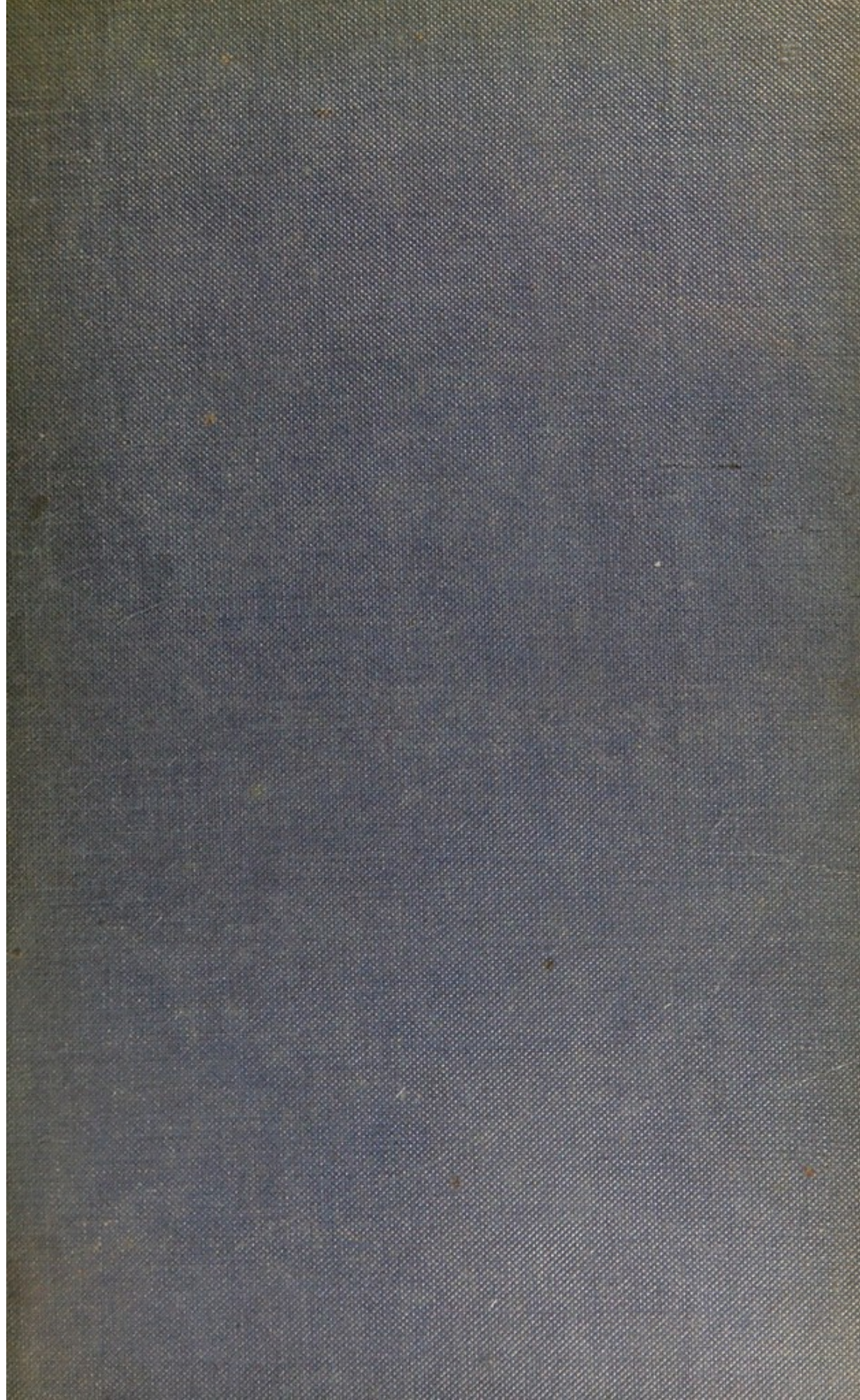
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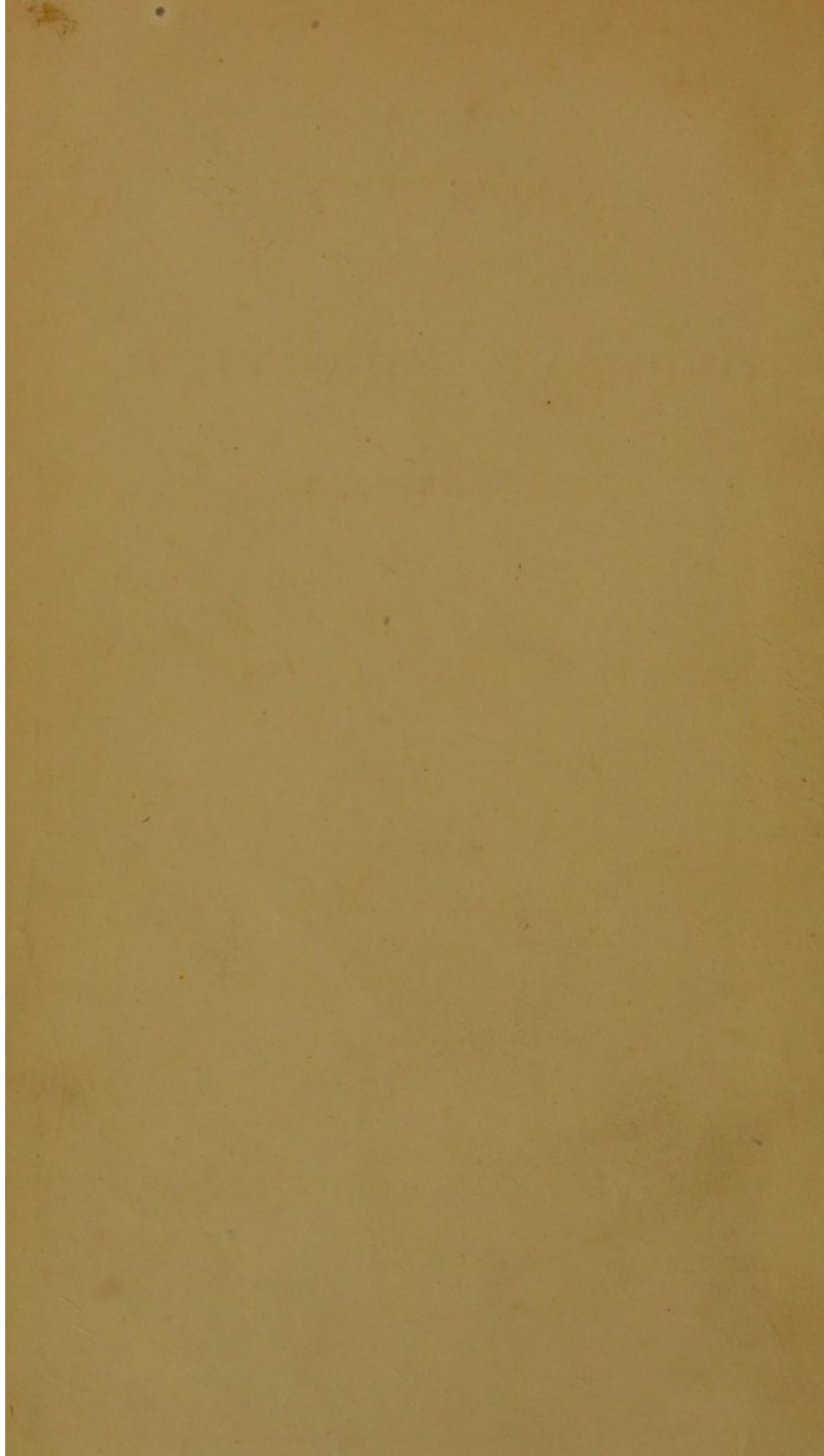
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AN

INTRODUCTION

TO

HOSPITAL PRACTICE,

IN VARIOUS COMPLAINTS:

WITH

REMARKS ON THEIR PATHOLOGY AND TREATMENT.

BY

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ERRATA.

- Page 1, line 7, *for* headache, *read* headach.
 — 8, — 21, *for* ilium, *read* ileum.
 — 53, — 26, *for* mendie, *read* meridie.
 — 80, — 24, *for* Squils, *read* Squills.
 — 91, — 25, *for* not a cause, *read* not as a cause.
 — 107, — 11, *for* Clarke, *read* Clark.
 — 113, *Note*, *for* KYHN, *read* KUHN.



PREFACE.

THE facts and observations contained in this work were principally collected during my attendance on the Physicians' practice of St. George's Hospital. The object of public hospitals is to cure or relieve patients admitted, by which the medical officers connected with such establishments obtain greater experience than the most extensive private practice can afford, and pupils essential information. Notwithstanding these advantages, clinical medicine progresses slowly in this country, and numerous valuable facts, which are constantly occurring, sink into oblivion. The medical periodicals endeavour to supply as many hospital cases and observations as possible, but, from the press of other scientific information, it must be evident that such supply is small, in comparison with the quantity of interesting matter unpublished.

“The word *κλινικός* is formed from *κλινη*, a bed.

“Clinic is also used, in antiquity, for a patient, or person merely sick, even without keeping his bed.

“Clinicus is also used for a physician; because physicians are much conversant about the beds of the sick. It was, however, principally the physicians of emperors that were called by this title.

“Clinic was used for an empirical nurse, who pretended to have learned the art of curing diseases by attending on the sick.

“Clinica, medicina, was particularly used for the method of visiting and treating sick persons in bed, for the more exact discovery of all the symptoms of their disease. Le Clerc observes, that Esculapius was the first who exercised the *clinic medicine* ¹.”

Clinical medicine, or that branch of medical science derived from the actual practice of our profession at the bed-side of the sick, is daily becoming considered of more intrinsic value in this country. A few years back, no record was kept of cases in our public hospitals by the physicians, no corporate medical body required an especial attendance on clinical medicine, and no clinical instruction was afforded; in short, the generality of students were contented to practice from precepts, obtained at lectures, or from books, instead of directing their attention chiefly to the relief of symptoms, and professional skill from observation. It may be asked, What is the most proper time for clinical study? When a knowledge of the preliminary branches of our professional education has been acquired. By these, I mean, anatomy, physiology, with the usual attendance on lectures on the practice of physic, and the auxiliary sciences. After this, a disposition to observe disease at the bed-side, and to make comparisons, in order to deduce correct inferences, is to be encouraged ². Diagnosis, or the practical discrimination of symptoms; therapeutics, or the application of remedies to particular complaints; and pathology, or the connection between the pathological appearances and previous symptoms, embrace the clinical department. This rational branch of medicine, which does not trust too much to theory, nor depend entirely on experience, which encourages the trial of new remedies, and also rejects them if their own merits are not solid, which teaches the cure or alleviation of disease from a combination of theory and practice, is indispensable to the understanding the appro-

¹ Chambers's Dictionary.

² “Fateor denique neminem tam cito feliciterque indicationes curativas in morbis detecturum fore, quam qui diuturna edoctus praxi, genios illorum præcipuos, variosque invadendi et declinandi modos, iterum atque iterum observaverit, multo magis si antecederet se exercuerit in lectione librorum præceptis et cautionibus abundantium, quales sunt nuper laudati, iisque analogi.”—BAGLIVI.

priate application of medicine to particular affections¹. I will here take an opportunity of extracting a few remarks on clinical medicine, and medical nomenclature, which I have already published in the London Medical and Surgical Journal and London Medical Gazette.

“ They who have given themselves up entirely to the systems with which medical writings abound, to the neglect of clinical instruction and observation, will find that they have deviated from the right path. A fervent imagination is apt to be captivated by some particular system, but the strong evidence of facts will ultimately eradicate any false hypothesis which the mind has imbibed. Though ingenious systems may excite admiration, still they are of little importance in medical practice. Many writers, whose superiority consisted in accurately describing the phenomena of disease, and determining the effects of remedies, prove that the extensive science of medicine cannot be confined by a systematic boundary. Such writers inculcate the necessity of observation, and defend us from obscure hypothesis. In them, observation and reason are united; the one is not alloyed by preconceived opinions, the other is modified by an attention to facts. Although many systematic writers are remembered with the greatest respect, it does not appear to be on account of the numerous hypotheses which they have constructed, but for the observations intermingled with them. It is not our wish to maintain that hypotheses have thrown no light on the phenomena of disease; many have contributed to the elucidation of disease, and we should collect from each whatever good is to be derived. There are, also, frequently discussed theories with which it is necessary to be acquainted. After such considerations, the following question naturally occurs to us; whence is our knowledge of disease to be obtained? The daily occurrences in any large hospital will easily supply an answer. From

¹ “ *Æger lecto sternitur moriturus; fractus viribus tum animi, tum corporis, in te, Medicum, defigit oculos, in te uno spem omnem boni, si quid boni fortassis etiamnum sperandum sit, reponit. Quid agendum? Dubitasne? Cunctatio ista frigiditas est, mora mors. Non est hic dubitandi locus, non philosophandi, sed agendi.*”—Sir Henry Hallford's *Harveian Oration*, read in the Royal College of Physicians, London, June 25, 1835.

the observation and experience of well-instructed medical men in the lecture-room, and at the bed-side¹. Having determined the source from whence our information is to be obtained, let us inquire into the advantages arising from clinical medicine. We learn our profession by examples. A person, entirely ignorant of the practice of physic, can here become acquainted with the phenomena of disease. These, certainly, are contained in books; it is not, however, a mere outline of a complaint with which we are to furnish ourselves, but the successive order of the symptoms, paying regard to the causes, and to the effects of remedies, which can only be acquired by observation. Rostan appreciates the exact description of authors, but remarks on the great difference between the man who says he has seen a disease, and the man who has read of it. The first is the man of the cabinet, who knows the earth only by esteemed writings; the second is the voyager, who has traversed all countries: the one is doubtful, the other is certain: the reader is obliged to believe, the voyager can judge of the description. This branch, therefore, is to be learnt by making constant observations on the appearance of diseases. We shall be induced to collect facts, to deduce profitable results, and to observe nature without prejudice. There is, also, another important subject for consideration,—that the symptoms, which usually accompany disease, are occasionally absent, or, in other words, disease is not always portrayed by symptoms. Clinical observations will correct errors, will teach us to observe diseases attentively, and to cultivate, with advantage, the soil which has been worked upon by our predecessors. In this department, nature will form an instructive book."

The following remarks may caution the student against trusting too much to the names of diseases, and overlooking the causes, by regarding only their symptoms:

"It has often been a matter of surprise to me, that the names

¹ "But it may not be unnecessary to guard the student against being seduced to pay a disproportionate attention to any one branch of the Course. To become exclusively the botanist or chemist, or even the anatomist, where the one great object is the cure of diseases, will narrow both his resources and his mind, and will make him incur the risk of failure in the end."—On the Education and Conduct of a Physician, by Sir Henry Hallford, Bart., M. D. President of the Royal College of Physicians.

which are intended to designate diseases do not explain the maladies themselves. We frequently observe that most important complaints are named after symptoms. Thus we have epilepsy, phthisis, &c. After all, epilepsy is merely a symptom of a disease which may arise from various affections of the brain. The term phthisis is incomplete, for it does not immediately lead the student to the tubercular state of the lungs. Podagra is another of the inconsistent names with which our professional nomenclature abounds. In the first place, the foot is not the only part which is liable to the attack of gout; and in the next place, if it were, the name podagra does not explain any morbid condition of the synovial membranes, or their surrounding structures. Again, rheumatism is employed to express a peculiar affection of the fibrous textures, and *asthritis rheumatica* one of the synovial tissues of the larger joints. Such terms as these are apt to mislead the student, or, at least, do not sufficiently impress the mind with the importance of considering and connecting the symptoms and pathology of disease together. We frequently hear persons explain their complaints much better than the best nosological systems. A painter, with palsied arms, has stated that "he has got the poison of lead in him:" this is the disease of which *colica (pictonum)* is merely a symptom. *Hæmatemesis* is another symptomatic name, which may enjoy a very extensive application. It occurs in several different affections. *Hæmoptysis*, also, may exist during pneumonia, aneurism, dilated heart, &c. Asthma may be symptomatic of pulmonic or cardiac derangement. While some of our technicalities indicate too little, others appear to indicate too much: for instance, the termination *itis* is appended, it is said, to very active inflammatory diseases: thus we have pleuritis, pneumonitis, laryngitis, &c. Now, we feel convinced that such terms are liable to be associated with active treatment, and it is proper that they should be so in some cases, but not in all. It is evident that they are not all equally relieved by active treatment; and we know that in certain stages of all these diseases it is inadmissible. We cannot expect that all diseases of the living body will admit of a pathological name, for they may be so com-

plicated that it would be impossible to give them a particular name; but there are numerous diseases which would allow of a much more scientific and rational appellation than they at present possess, and, as in other departments of medical science a slow improvement has been effected, so in this a slow and certain improvement may be accomplished. We need only take pattern from the names which respectively belong to substances in a modern Pharmacopœia, in comparison with those of former Pharmacopœias: the modern names indicate the composition of the substances, while many of the former were vague and unscientific.

“It is full time that medicine be constructed, as much as possible, on the foundation of organism. The organic term, if we may so express ourselves, of gastro-enteritis, is much more satisfactory, and has led to more satisfactory results, than the vague one of fever; the former, according to many, constitutes the disease, of which the latter is a symptom. The difficulty of applying exact names in all cases may appear by asking ourselves the following questions:—Who can tell the exact alterations which the fluids undergo? Who can tell the proximate cause of hysteria¹?—The field before us is immense. Of this we are certain, that organic medicine cannot be constructed on a ruinous foundation. A state of anæmia is distinguished by the name chlorosis. Tic douloureux may arise from a morbid condition of a nerve, which may be an idiopathic affection, or symptomatic of diseased bone, or an aching tooth. Anasarca designates an effusion of fluid into the cellular membrane. Typhus, chorea, and tetanus, are merely symptoms of diseases. Since the employment of percussion and the stethoscope, modern practitioners have been enabled to designate pulmonary affections much more readily and accurately. Surely some advancement in pathological knowledge has been made since the following sentence was written:—‘Neither do our diagnostics serve to ascertain exactly the seat of disease (pneumonia), nor does the difference of the seat exhibit any considerable variation in the state of the symptoms, nor lead to any difference in the method of cure².’ It may be said, that percussion was resorted to long before the

¹ Rostan.

² First Lines, vol. i. p. 227. 1802.

stethoscope was invented: this is true, but from what we can ascertain, it was not exercised in the same useful and practical manner as it is at present. "

If there is one affection, that requires the attention of a clinical student more than another, it is Insanity. Numberless pupils launch into practice without having witnessed a single case of that complaint, or having heard a lecture upon it. I attended Lectures on the Practice of Physic over and over again, in which the subject of Insanity was never introduced. As so few cases of this malady are necessarily admitted into our public hospitals, let students feel a laudable desire to obtain information elsewhere, and watch clinically the distress of melancholia².

The following method is adopted to introduce those students to a practical knowledge of treating diseases, who have acquired the usual pre-requisites of a medical education, and the necessary theoretical information. The clinical clerk to the clinical professor or physician enters into a book,

X.

The history of each case.

(I.) An account of the patient.

- (1.) Name.
- (2.) Age.
- (3.) Date of admission into the Hospital.
- (4.) Trade or profession.
- (5.) Temperament.
- (6.) Place of residence.

(II.) A description of the present symptoms, beginning with,

- (1.) The state of the principal functions.
 - (a.) Pulse.
 - (b.) Skin.
 - (c.) Tongue.
 - (d.) Excretions.

¹ Aretæus recommends both percussion and auscultation, *ἐμπυον ἔοντα, διασεύοντα γινώσκειν*.—Again, *ἦν πολλὸν χρόνον πορσέχων τὸ οὖς ἀκουάζη πρὸς τὰ πλευρά*.

² "Such as its symptoms can alone express.

* * *

This, of all maladies that man infest,
Claims most compassion, and receives the least."

Cowper's "Retirement."

(III.) An account of the previous symptoms and progress of the disease.

- (1.) The period and manner of attack.
- (2.) Probable causes.
- (3.) Remedies employed and their effects.

(IV.) The prescriptions and diet.—

Y.

(V.) Daily Reports.

- (1.) The state of the symptoms and the effects from the medicine, with new occurrences.
- (2.) The principal functions.
- (3.) The prescriptions and diet.

Z.

(VI.) Result.

- (1.) Date of the cure when performed.
- (2.) Date of the death when it occurred.
- (3.) (4.) Memoranda of post-mortem appearances.

Clinical lectures are afterwards given, either in the wards or in the theatre of the hospital, on each case, comprehending an account of the nature, progress, probable termination, and method of cure, or relief of the disease. This is a general view of the clinical scheme adopted in our schools of medicine. The following cases have not been brought forward with an intention to sustain any particular theory, nor to thrust any crude observations on the public notice. The work is the result of some attention at the bed-side of the sick, and our humble endeavour has been to advance clinical medicine. The cases, with the exception of one or two, were all seen, and notes taken of them, by myself. The work being of a practical nature, my observations are confined to the pathology and management of the diseases in question, the latter of which has been much neglected by writers on clinical medicine. Although it is impossible to escape slight errors, occasionally, in recording clinical reports, still, I trust, it will be found that untruth is avoided.



CLINICAL ACCOUNT
OF
FEVER, GOUT, RHEUMATISM,
&c. &c.

CASES OF CONTINUED FEVER.

CASE I.—G. D., æt. 22? footman, admitted into St. George's Hospital, *July* 21, 1831.—Pulse 108; tongue furred, with red edges and tip; skin hot and moist; bowels open from medicine; urine free.

Complains of weakness and no pain; intellect seems somewhat oppressed; face flushed.

Ill five days; attacked first with headache and pain in the back, which has subsided and left him in his present state.

R. Haust. Salin. c. Liq. Ant. Tart. m. xx. sextis horis,
Hydrarg. Submur. gr. v. omni nocte,
Haust. Sennæ omni mane,
Lavatio frigida calente cute,¹
Diæta parcissima.

22nd.—Bowels acted three times; abdomen softer, but still full; pulse frequent and soft; skin hot; tongue furred and dry.

23rd.—Bowels much purged during the night; he seems languid to-day; abdomen much softer; pulse 100, soft; skin now natural; tongue white and moist; urine free, passed involuntarily as well as his motions, the latter of a light yellow colour.

Adde haust. Salin. Conf. Arom. ʒj.

Intermit. pil. Calomel et haust. Sennæ.

¹ Dr. Currie considered the following particulars of the utmost importance with respect to the employment of cold effusion in fever. It may be safely used at any time of the day, *when there is no sense of chilliness present, when the heat of the surface is steadily above what is natural, and when there is no general or profuse sensible perspiration.*

25th.—The bowels have been opened three times within the last twenty-four hours; seems less languid. Pulse 90, soft; skin warm; tongue furred and dry along the middle; urine free, plentiful, and clear; slept well; no headache.

R. Hyd. c. Creta gr. iv. sextis horis,
Rep. Haust. Salin. Arom.

27th.—Perstet. 29th.—P.

Aug. 1st.—Has had two motions within the last twelve hours; but his abdomen still feels full and is somewhat tender; otherwise the same.

R. Haust. Sennæ, P.

3rd.—Tongue slightly aphthous; takes a table spoonful of red wine when he feels very low.

5th.—Motions very dark-coloured; tongue dry and red; pulse frequent, soft; skin hot.

R. Hydrarg. Submur. gr. ij. quartis horis,
vice Hyd. c. Creta.

8th.—Has commenced his calomel this morning; is more collected, sleeps soundly, and wakes refreshed. Pulse 100, soft; skin warm; tongue dry, red, and slightly aphthous; bowels open four or five times in twenty hours; motions dark-coloured and offensive; abdomen less tumid and softer.

Vini rubri ex aqua ut
antehac $\bar{z}$ ij. quotidie.

10th.—Tongue cleaner; pulse small and weak.

Vini rubri $\bar{z}$ iv. quotidie,
Beef tea, two pints.

12th.—Countenance improved; has taken more nourishment; but is still restless; no pain; abdomen much softer and much less swelled; pulse 108, soft; skin warm; tongue clean but glazed; bowels acted twice within the last twenty-four hours; motions dark-coloured; urine clear and high-coloured; intellect clearer; mouth just beginning to be sore.

Rep. Pilula octavis duntaxat horis.

15th.—Tongue more moist, slightly furred; pulse weak, 96; skin less warm; bowels open once within the last twenty-four hours; motions liquid, of a good colour; abdomen soft, not swelled; vomited his broth. P.

Arrow-root and wine instead of beef tea.

17th.—P. Broth diet.

18th.—Rep. Vin. $\bar{z}$ iv.

22nd.—R. Acid. Nitrici dilut. m. xx.
 Aquæ ʒiss.
 Syrup. ʒss. ter die,
 Olei ricini ʒij. cras mane.

29th.—P. D. ordinaria. Cured.

Severe Fever; Relapse; Hæmatirrhœa; cured.

CASE II.—G. T., æt. 18, servant, Burlington Street, admitted, Dec. 7, 1831.—Pulse 84, full; skin pungently hot; tongue red, swelled, dry; bowels very open; urine free.

Feels quite easy when recumbent; feels pain and weakness in the back and legs when he moves; no headache; pupils dilated; abdomen soft, rather full towards the lower part.

Ill three weeks; attacked with shivering, followed by slow fever. Has taken purgative medicines. Took two opening pills yesterday.

R. Hydrarg. Submur. gr. v. hac nocte
 Haust. Piment. c. Rhei Pulv. ʒj. cras mane,
 Haust. Salin. c. Vin. Ant. Tartariz. m. xx.
 sextis horis,
 Diæta parcissima.

9th.—Pulse 94, soft; skin hot, slight moisture on the forehead; tongue dry and brown; motions light yellow, offensive, liquid, passed occasionally involuntarily; urine passed freely, abdomen distended, not very tense, tender towards right ilium; delirious at night; pupils rather less dilated; says that his throat is sore; no ulceration or swelling visible, but it is very dry.

R. Hydrarg. Submur. gr. ij.
 Extract. Papav. gr. iij. quartis horis.
 Rep. Haust. Salin. quartis horis,
 Ol. Ricini ʒij. cras mane,
 Fetus abdomini, abradantur capilli.

11th.—Omittatur haustus Salinus.

12th.—Pulse 108, soft; skin warm and dry; tongue brown, but quite moist; three motions, said to be of a light colour; abdomen less tense, still some tenderness in the right ilium; seems sleepy and heavy; pupils perfectly contractile; some deafness. P.

13th.—R. Mist. Camphoræ ʒiss,
 Confect. Arom. ʒj. quartis horis.

14th.—Adde Haustui nocturno Tinct. Hyoscyami ʒss.
 Tinct. Camphoræ, C. m. x.

Note.—It appears that he was attacked with fever about seven weeks ago, the first attack of which lasted about three weeks. He was then considered nearly convalescent for about a week, after which he relapsed, and the present attack has been of three weeks' duration.

Mane Vini rubri cochleare j. subinde ex aquâ,
beef tea.

16th.—Seems rather dull and languid. Pulse 100, small, soft; skin cool; tongue much cleaner, but dry in the middle, edges moist; bowels act frequently, and sometimes involuntarily, occasionally venous blood in the motions, mixed with watery mucus. Complains much of his throat, viscid mucus adhering to the pharynx, no ulceration. Abdomen much softer and less tense, but some tenderness in the right ilium. Slept better last night, but was restless for one hour; was faint after passing the blood, which occurred immediately after the restlessness. Has frequently some faintness.

Rep. Vin. coch. magnum sextis,
Hydrarg. c. Creta gr. iij.
Pilulæ Sapon. c. Opio gr. ij. sextis.

Rep. Haust. Camphoræ,
Jusculum bovinum, arrow-root.

17th.—Rep. Haust. horâ somni, Olei Ric. ʒij. cras.

18th.—Rep. Haust. nocturn.

19th.—Feels better, except when he is moved. Pulse 92, small; skin rather warm, occasionally flushed and then cold, without perspiration; abdomen rather tense, complains of less tenderness all over it; tongue brown and dry; bowels open five times since yesterday, when he took Ol. Ricini ʒij. Is rather confused and unruly all night.

Rep. Pil. omissa pil. Sapon. c. Opio,
Cataplasma Sinap. abdomini sextis per horæ ½.

20th.—Mouth sore; omitted Pil. Calom.

21st.—Has had a very disturbed night with delirium; pulse 90, small, weak; skin cool; tongue furred, dryish; bowels open, motions dark; urine copious, healthy in appearance.

Rep. Vin. ut antea,
Hyd. c. Cret. gr. iv. hac nocte,
Haust. Anodynus horâ somni o. n.
Ol. Ric. ʒij. cras mane.

23rd.—Has had two good nights; pulse frequent and soft; skin natural; tongue furred, but quite moist; bowels open twice yesterday, motions of a lighter colour.

R. Hyd. c. Creta gr. iv. hac et crast. nocte,
 Olei Ricini ʒij. o. m.
 H. Anod. o. n.

26th.—Says that he has no pain; sleeps quietly and well. Has still some tenderness of right ilium, and some tension of abdominal parietes. Pulse 96, soft; skin warm; tongue much cleaner, but dry on the surface, moist at the edges. Bowels open four times in the last twenty-four hours, motions of a light yellow bilious colour, fetid; urine free.

Sumat pulv. alt. nocte,
 Oleum alt. diebus.

Rep. Haust. nocturn.
 Vini paxillum, si frigescat cutis.

30th.—Takes about four table spoonfuls of wine in twenty-four hours, when he is cold. Going on well.

Diæta lactea.

He continued to improve under the exhibition of occasional doses of aperients with wine, and on January the 8th was reported cured.

Fever, with Congestion in the Head and Tenderness of Abdomen, cured.

CASE III.—D. M., æt. 30? admitted under Dr. Seymour, January 19, 1832, was attacked a fortnight since with pain in the head, followed by shivering and heat of skin. At present the tongue is much loaded; there is still pain in the head; abdomen tender, especially in the right iliac region; bowels not open.

R. Hydrarg. Submur.
 Pulv. Jacobi veri āā. gr. iij.
 Opī gr. ss. horâ somni,
 Olei Ricini ʒss. cras mane.

19th.—Rep. Olei Ricini ʒss. statim,
 Abradatur capillities,
 Lavetur caput Aquâ frigidâ c. Aceto.

Rep. Pulv. hâc nocte et haust. cras mane,
 Haust. Salinus Effervescens quartis horis.

21st.—Pulse 78, not strong; skin cool; tongue white; some pain in the head; bowels open.

Applic. Hirud. x. pone aures,

R. Hydrarg. c. Creta,
 Pulv. Ipecac. c. Opio āā. gr. v. mane et vespere,
 Haust. Efferves. ter die.

22nd.—Has vomited much dark-coloured mucus; pulse 64;

skin cold; still complains of pain in his head; pupils somewhat dilated.

R. Hydrarg. Submur.
Pulv. Jacobi veri āā. gr. ij.
Opī gr. ss. ter die.

23rd.—Pain in the head somewhat relieved; some green-coloured vomiting; pulse 60; skin warmer; abdomen hard but not tense; urine scanty; bowels not open.

Olei Ricini ʒvi. statim,
Rep. Haust. Efferves. tertiis horis.
Rep. Pil. Calomel.

24th.—Pulse 60; tongue cleaner; no evacuation.

Rep. Ol. Ricini statim,
Injiciatur enema purgans. P.

26th.—Pulse 84, soft; tongue clean and moist; headache continues; bowels not open.

Rep. Medicamenta,
Injiciatur enema purgans.

30th.—Some vomiting this morning; pulse 72; tongue cleaner; mouth not sore; skin warmer.

App. Emplas. Canthar. scrobiculo cordis.

Rep. Pilulæ.

R. Magnes. Sulphat. ʒijj.

—— Carb. ʒss.

Aquæ Menth. Pip. ʒiss. fiat haust. alternis auroris.

Feb. 3rd.—Pulse 78; pain in the head diminished.

Utatur Balneo tepido vespere.

Rep. alia.

6th.—Pulse 84, soft; skin cool; still complains of pain in the head; mouth not sore; tongue moist. Perstet.

7th.—Omit. pilula. Gargarisma Alumunis.

8th.—Pulse 84, soft; tongue clean; less vomiting; pain in the head greatly diminished; mouth slightly sore. P.

Rep. Pilula omni vespere.

12th.—Vomiting, principally after taking his food, still continues; tongue white; pulse weak.

Haust. Emeticus statim.

13th.—Rep. Pilula ex Hyd. Submur. Opī gr. $\frac{1}{4}$ t. d.

Emp. Canthar. scrobic. cordis.

14th.—Headache relieved; no vomiting; bowels open; pulse 74; skin warm; tongue clean and moist. P.

16th.—Pulse 72; skin cool; tongue cleaner; countenance more natural. P.

18th.—No vomiting, nor pain in the head. Fish diet. P

20th.—No vomiting; no pain in the head; pulse 84; skin natural; tongue moist.

Rep. Pil. bis die,

Haust. Sennæ statim.

27th.—No pain of head; tongue clean; bowels open; pulse 100, of good strength.

Rep. Pilulæ alternis diebus.

March 14th.—Discharged cured.

CASE IV.—Hannah B., æt. 24, admitted, *Feb. 2*, 1832, in a state of heaviness and slight stupor, with some deafness, flushed countenance, and hot skin. Did not acknowledge any pain, except in the loins and legs. Was stated by her friends to have been confined to her bed for nine days, in much the same condition; but had complained of general illness, with occasional chills, for a week previously. Within a few days she had occasionally passed blood by stool. Has been bled, and had leeches applied to the temples: was ordered,

Hyd. c. Creta gr. vi.

Pulv. Ipecac. C. gr. iv. sextis h. sum.

superbibendo haustum Salinum,

Olei Ricini ℥ss. cras.

4th.—Is lying on her back, with the legs extended in a tranquil state; breathing accelerated and somewhat stridulous. Pulse 144, not hard; skin hot and dry; lips parched and glazed; tongue moist, but covered with brown fur. Is somewhat deaf, but quite conscious when spoken to, and answers questions correctly. Is stated to have been delirious and noisy during the last two nights. Heaviness in the head, but no pain; pupils contracted; considerable pain on pressure of the abdomen, particularly in the left iliac region. Several bloody stools have been passed since admission; but she had one motion this morning, very offensive, without blood. There is some dulness on percussion throughout the left side of the thorax, with corresponding feebleness of respiration, which is quite puerile in the right lung. In the afternoon leeches and a blister were ordered to be applied to the abdomen. The dose of Hyd. c. Creta was increased.

Detrahatur urina hac nocte nisi prius sponte defluat.*

* I may here take an opportunity of remarking on the importance of attending to the condition of the bladder in fever. Patients, attacked with violent fever, are not

Was very noisy during the night. Has had two motions, of dark colour, containing a quantity of dark blood. Respiration accelerated and attended with the mucous râle, very abundant in both lungs, most so in the left. Face, lips, and hands purple; skin cold; pulse scarcely perceptible, fluttering.

Sectio, seventeen hours post-mortem.—*Head.* Considerable increased vascularity of the pia mater, without opacity of the arachnoid or effusion beneath it. No effusion, or if any, very slight, into the ventricles.

Chest.—No adhesion between the right pleuræ; a very firm attachment of the posterior portion of the lower lobe of the left lung to the parietes. This portion of lung was found consolidated and infiltrated with black blood, several smaller spots of effusion being also found in the upper lobe. None in the right lung. The bronchial membrane of both lungs was extremely turgid, and of a reddish brown colour, with a quantity of frothy mucus in the larger, and muco-puriform matter in the smaller ramifications. These appearances were more remarkable in the left lung. The heart rather soft, and left ventricle somewhat thinner than usual.

Abdomen.—There were several large circular ulcerations about the ilium and upper part of the colon. The mesenteric glands were enlarged.

Remarks.—In many cases of continued fever the head symptoms are secondary, nothing appearing in the brain to account for them. The head, chest, or abdomen may suffer according to the nature of the epidemic. The inflammation of the lungs, observable in the above case, is comprehended under the general term of fever; it has been called by some typhoid or latent pneumonia. The congested and condensed state of the left lung not being pervious to air, sufficiently accounted for the dulness on percussion.

CASE V.—Margaret J., æt. 21, single, servant, Pimlico, admitted, *March 27th*, 1832.—Pulse 90, small, soft; skin warm, moist; face flushed; lips parched; tongue brown and dry; bowels freely open; urine free.

Complains of pains all over the body, which prevent her moving her limbs; says she has no headache; abdomen hard, no tension, somewhat tender, particularly in the left iliac region, which is

unfrequently affected with retention of urine, which, if neglected, will greatly aggravate the symptoms. I was called to attend a lady, suffering from fever, Feb. 1834, in Leicester Square, in whom this symptom had been overlooked. On inquiring of the attendants, I found that it had been unnoticed for two days.

harder than the right; is very deaf, but says she is not confused.

Ailing three weeks. Has been confined to her bed a fortnight with symptoms of fever. Has taken much medicine. Has been twice bled; says she was relieved by the bleeding.

R. Calomelanos gr. v. hâc nocte,
Haust. Sennæ cras mane,
Haust. Salin. c. Vin. Antim. Tart. m. xx. sextis
horis,

Diæta parcissima.

29th.—Very low last night, and Mr. Hutchins ordered,

Adde Haustui,

Spirit. Ætheris Nit. ʒj.

—— Ammon. Arom. m. xv. et sum. quartis
horis, which was discontinued at noon; at present, pulse 120;
skin warm, moist; tongue dry, but less brown; motions said
to be of a natural colour, offensive, and copious; abdomen less
swelled, very tense, tender in both ilia, particularly the left;
urine free.

R. Hydrarg. c. Creta gr. iij. quartis horis,
Haust. Salin. c. Potass. Nitrat. ʒss. sextis horis,
Mist. Ætheris C. ʒss. urgente languore,
Cataplasma Sinapis abdomini.

April 1st.—Pulse natural; skin cool; tongue clean, moist;
bowels freely opened; motions of light yellow colour; urine free;
mouth very slightly affected; abdomen still tender about the ilia,
particularly the left; cough; expectorates freely a light frothy
mucus.

Emplas. Canthar. pectori,

Ol. Ricini ʒss. statim,

Rep. Hydrarg. c. Creta bis die tantummodo,

Rep. Haust.

3rd.—P. omisso Pulvere.

Olei Ricini ʒss. cras.

5th.—Haust. Sennæ alterno mane.

Fish diet.

7th.—Complains of sickness of stomach; tightness of head;
cough; pulse 80, soft; skin cool; tongue whitish; expectoration
loose; appetite returning; no tenderness of the abdomen; bowels
open.

R. Olei Ricini ʒiij. alt. mane,

R. Acid. Nitrici dilut. m. xx.
Syrupi ʒi.
Aquæ ʒiss. ter die.

17th.—Cured.

CASE VI.—Ruth L., æt. 29, single, Sussex, admitted, May 22nd, 1833.—Pulse 120, small; skin hot, face flushed; tongue furred in centre, red at edges; urine free; catamenia obstructed; does not recollect when they ceased.

Complains of tenderness of the abdomen; no pain in the head; lips parched; great prostration of strength; much thirst; deafness; abdomen very hard.

Ailing a fortnight; illness commenced with shivering, followed by heat. Had variola six months ago.

R. Calomelanos gr. v. hâc nocte,
Haust. Sennæ cras,
Haust. Salin. sextis horis,
Diæta parcissima.

24th.—Pulse 100, soft; skin warm; tongue furred, moist, red edges; bowels open four or five times yesterday, once this morning, motions liquid, light yellow; abdomen tense and hard; face flushed.

Adde Haust. Salin. Vin. Ant. Tart. m. xx.
Rep. Pil. hâc nocte,
Haust. Sennæ cras. P.

27th.—Tongue loaded in the centre, moist, thirst diminished; bowels freely open; pulse 88, soft. P.

29th.—Abdomen still rather hard.

R. Pil. Hydrarg. gr. v. hâc et crastinâ nocte,
Ol. Ricini ʒiij. o. n. P.
D. lactea.

31st.—Tongue clean; pulse natural; skin natural; abdomen rather tense; urine free; bowels open.

Ol. Ricini alt. mane,
R. Infus. Cascarillæ ʒiss.
Mane et meridie.

June 3rd.—Feels stronger and less deaf; pulse 100, soft; skin cool; tongue clean; bowels open; abdomen soft, but feels rather full. P.

7th.—Diæta ordinaria. P.

10th.—Cured.

*Case of continued Fever, with Congestion in the right Lung.
Cured.*

CASE VII.—Mary R., æt. 21, single, Sloane Square, admitted, June 19, 1833.—Pulse 96, full; skin moist and warm; tongue slightly furred, red; bowels open; urine free; catamenia only appeared once.

Face much flushed, right side of the chest, particularly the subaxillary portion, very dull on percussion.

Attacked on Friday with pain all over her, and in both sides of the chest, with cough and expectoration.

Has been bled and taken medicine without relief.

V. S. ad 3xij.

R. Hydrarg. Submur. gr. v. hâc nocte,
Haust. Sennæ cras,
Haust. Salin. c. Vin. Ant. Tart. m. xx. sextis
horis.

Diæta parcissima.

20th.—Blood not inflamed.

Enema Salinum statim,
Haust. Sennæ cras.

Seems easier; pulse 100, soft; skin warm and moist; tongue clean; bowels open; urine free; is much less restless.

R. Hyd. Submur. gr. ij. o. n.
Haust Sennæ o. m.
Enema p. r. n.

Rep. Haust. Salin.

24th.—Pain in the head.

Hirud. x. fronti. P.

26th.—Complains of severe pain and tenderness in the back of the neck behind the right ear; bowels open; abdomen soft; pulse 80; skin cool; tongue clean.

Hirud. x. part. dolent. postea,
Cataplasma lini.

Rep. Pil. o. n.
Haust. Sennæ alt. mane,
Haust. Salin. ut antehac.

28th.—The neck much better; pulse natural; skin warm and dry; tongue slightly furred; bowels open; abdomen soft. Complains of cough, and expectorates puriform mucus.

Haust. Salin. c. Oxymel. et
Spirit. Æth. Nitrici āā. 3j. sextis horis.

July 1st.—Convalescent. Fish diet. P.

5th.—Complains only of weakness.

Infus. Cascar. $\mathfrak{z}$ iss. t. d.

15th.—Cured.

Case of continued Fever, with pulmonary Congestion. Made O. P.

CASE VIII.—Elizabeth C., æt. 50, admitted, *July 17, 1833.* Pulse 112, very small; skin hot, perspiring profusely; tongue white; bowels very open; urine free; catamenia left her three months.

Complains of a sense of oppression across the chest, cough and spitting; expectoration of yellowish transparent mucus; tenderness all over the chest, which, however, is resonant on percussion, throughout its anterior part; abdomen full and hard.

Attacked eight days ago with spasm of chest and pain of the head, shivering, followed by heat and sweating.

R. Hyd. Submur. gr. v.

Pulv. Rhei $\mathfrak{z}$ j.

Pulv. Cinnam. C. gr. iv. statim

sumend. peractâ catharsi, sumat.

Haust. Piment.c. Conf. Arom. $\mathfrak{z}$ j. sextis horis rep.

Extract. Lactucæ gr. v. horâ somni,

App. Emp. Canthar. pectori.

Diæta parcissima.

18th.—Mist. Camp. $\mathfrak{z}$ x.

Sp. Æther. C. $\mathfrak{z}$ ss.

Oxymel. Scillæ $\mathfrak{z}$ j. sextis horis.

The above medicine was ordered yesterday, in consequence of her being exceedingly low and faint, and the cough very troublesome.

19th.—Better to-day; cough less troublesome; pulse 96, soft; skin moist; tongue furred, moist; bowels twice opened from the medicine.

Rep. Haust. Camp. c. Oxym. Scillæ, &c. sextis horis.

Pil. Lactucæ o. n.

Beef Tea.

22nd.—Increase of pain at the margin of the right side of the ribs, which interferes with inspiration, mucous rattle, with some crepitation at that part. Expectoration frothy; pulse 96, soft and small; skin rather clammy, cool; tongue furred; bowels rather costive.

Hirud. viij. parti dolent. postea,
Emp. Canthar.

R. Hydrarg. Submur. gr. i.
Extract. Conii gr. ij. quartis horis,
Olei Ricini ʒss. statim,

Rep. Haust. Camphoræ.

24th.—Much better; pulse 110, soft; skin cool; tongue slightly furred.

P. c. Pil. octavis horis tantummodo, P.

26th.—Pulse natural; skin cool and moist; tongue slightly furred; mouth slightly tender. P. omissis

Pilulis. Garg. Aluminis pro ore.

29th.—Cough better; expectoration more transparent; pulse 72, soft, weak; tongue slightly furred; bowels open; urine free; mouth still sore, and complains of pain in the loins.

R. Acid. Sulph. dilut. m. xv.

Syrup. Aurantii ʒj.

Aquæ Distil. ʒj. fiat Haust. ter die sumend.

Fish.

Aug. 2nd.—Complains only of bad nights from coughing.

Adde Haustui nocturno,

Tinct. Opii m. xv. P.

5th.—Increased tenderness over the abdomen, which is much distended. Bowels not opened; headache; pulse 80.

Magnes. Sulph. ʒij. ex Haust.

Salin. ter die.

7th.—Feels much the same.

Diæta ordinaria. P.

29th.—Convalescent. Made Out Patient.

Severe Case of Continued Fever, Eruption of Furuncles, terminating fatally.

CASE IX.—James P., æt. 22, groom, Westminster, admitted, July 17th, 1833.—Pulse 86, soft; skin warm and dry; countenance sallow; tongue slightly furred, red at the tip, moist; bowels much relaxed, hæmatirrhæa; urine free, clear.

Cough, slight expectoration; sweats at night over the head and chest. Dulness on percussion over the apex of each lung, but more so on the right; also at the lower lobe of the left under the axilla.

Was attacked two months ago with the Influenza, and expectorated blood, from which he was convalescent; on Sunday rode twenty miles, since which he has been attacked with more fever.

Has been bled and leeches.

R. Hydrarg. c. Creta gr. iij.
Pulv. Ipecac. C. gr. ij. quartis horis,
Emplast. Canthar. pectori.
Diæta lactea.
Haust. Sennæ cras mane.

18th.—Was ordered,

Hydrarg. Submur. gr. iij. quartis horis,
Haust. Sennæ statim,
Hirud. xij. temporibus,
Postea Lotio spirituosus.

19th.—Has been delirious since his admission; skin hot; tongue furred, brown, and dry; pulse 84, soft; abdomen tense and tender over the ilium; bowels loose; urine said to be free. P.

Cataplasma Sinapis abdomini.

21st.—The bowels were very much relaxed, for which the following was prescribed by Mr. Hammerton:

R. Mist. Camphoræ $\bar{\text{z}}$ iss.
Conf. Aromat. ʒ j. sextis horis.
Beef Tea.

22nd.—Bowels more quiet; pulse soft; was very delirious last night, but more composed this morning.

Rep. Calomel. octavis horis tant. P.

24th.—Mouth not sore; was hot and feverish yesterday, when the aromatic mixture was ordered to be discontinued. P.

26th.—Feels much more comfortable; pulse 80, full and soft¹; skin hot; tongue slightly furred; bowels open yesterday; abdomen hard; mouth sore.

Garg. Aluminis,
Sumat. Pil. Calomel. o. n.
R. Haust. Sennæ cras,
Haust. Salin. c. Vin. Ant.
Tart. m. xx. sextis horis.

29th.—An eruption of furuncles in various parts of his body; pulse frequent; tongue slightly furred; appetite improved.

R. Infus. Rosæ C. $\bar{\text{z}}$ iss.
Quin. Sulp. gr. iss. ter die,
Ext. Coloc. C. gr. x. alt. noct.

30th.—Became very hot and feverish, and his bowels much

¹ Here we have an instance of a pulse not more than 80, in the middle of a severe case of continued fever.

relaxed, for which the Quinine was discontinued, and he was ordered,

R. Haust. Salin. c. Conf. Arom. ℥j. quartis horis.

31st.—A sloughing ulcer on the sacrum; bowels not so open.

Cataplasma lini sacro.

Broth. P.

Aug. 1st.—Felt very low yesterday; cold shivers and very sick.

Mist. Camphoræ ℥iss.

Ammon. Carb. gr. iv.

Tinct. Opii m. iij. sextis horis,

Vini Rubri ℥ij.

Beef Tea.

2nd.—Hiccup better to-day; bowels have not acted to-day; pulse frequent but distinct; tongue slightly furred, but moist at the edges, dry in the middle; urine free; was very sick yesterday and vomited bile.

R. Pil. Hydrarg.

Ext. Papav. āā. gr. iv. hâc nocte,

Rhei Pulv. ℥j.

Pulv. Cinnam. C. gr. v. cras,

Haust. Ætheris C. ℥j. urgente singultu.

4th.—Some cough with expectoration of clear mucus.

R. Mist. Camphoræ ℥xj.

Tinct. Camp. C. ℥ss. quartis horis,

Enema Amyli Opiatum om. vespere si urgeat diarrhœa.

5th.—Died.

6th.—*Sectio.*—*Head.*—The ventricles of the brain did not contain more fluid than natural. In the base of the cranium there was a great quantity of bloody serum.

Thorax.—The substance of the lungs appeared healthy; they did not, however, collapse when the cavity of the chest was opened. There was very extensive effusion of bloody serum in the left cavity of the chest. The right contained fluid though considerably less in quantity. The inferior portion of the pleura of the left side was united by firm adhesions. The right auricle of the heart was filled with coagula, the left ventricle quite empty, and hypertrophic.

Abdomen.—The liver was healthy, spleen rather soft, of a darker colour than usual, with two ulcerations on its surface. The small intestines were very much distended with air, and contained a quantity of fluid; they were of a very dark colour, and had

sphacelated spots upon them. The lower three-fifths of the ilium were very much ulcerated; the edges of the ulcers not thickened; perforation of the intestines nearly completed in two or three places.

CASE X.—Martha C., æt. 21, admitted *Oct. 24, 1832*.—Pulse quick, compressible; skin hot, face flushed; tongue glazed at the edges, white in the centre, fissured; bowels very much relaxed; catamenia obstructed six weeks.

Complains of occasional pain in the head with slight deafness; countenance suffused; pain in the bowels, the abdomen is not tender at present; “chills and heats”; occasionally delirious.

Ill three weeks.

R. Hydrarg. c. Creta,
Pulv. Ipecac. C. āā gr. v. hora somni,
Haust. Rhei cras.
Diæta parcissima.

25th.—No pain on pressure; bowels very relaxed; delirium at night.

R. Hydrarg. c. Creta,
Pulv. Ipecac. C. āā. gr. v. ter die,
Haust. Salin. Effervescens pro re nata,
Olei Ricini ʒij. ex Aq. Menth. Pip. cras mane.
Beef Tea twice daily.

27th.—Pulse 100; tenderness in the abdomen on pressure; tongue dry in the centre, moist at the edges.

R. Pulv. Rhei gr. xv.
Magnes. Carbon. ʒj.
Confect. Arom. ʒj.
Aquæ Menth. Pip. ʒiss.
M. fiat Haust. statim sumend.

Rep. Pulv. ut antea.
Admoveatur fots abdomini.

29th.—Urine more natural; bowels frequently open, but scanty evacuations; pulse 100, soft, of better strength; tongue dry in centre, moist at edges; pain on pressure of the abdomen; less delirium at night.

Rep. Haust. statim ut antea.

31st.—Bowels less purged: dejections more natural; tongue moist; countenance improved; no delirium at night.

Haust. Rhei statim. P.

Nov. 2nd.—Abdomen much softer, pain continues on pressure;

pulse 100, of better strength; tongue natural; dejections more healthy and less loose.

R. Infus. Cuspariæ ʒxj.
 — Rhei ʒij.
 Olei Menthæ Pip. m. j.
 Sacchari ʒj. M. fiat Haust. sextis horis sumend.
 Pulv. Ipecac. C. c. Opio,
 Hyd. c. Creta āā. gr. ij. horâ somni.
 Beef Tea and Arrow-root.

Nov. 5th.—Pulse 100; some pain complained of in the left hypochondriac region; tongue clean and moist; bowels nearly natural.

Fotus Papav. Abdomini. P.

7th.—Pain in the left hypochondrium gone. P. 108; bowels regular.

Olei Ricini ʒij. ex. Aq. Menthæ Pip. cras mane.
 Fish Diet.

14th.—Convalescent. D. ordin. without vegetables.

Vini Rubri ʒij ex aqua indies.

30th.—Cured.

Remarks.—This patient was re-admitted the following year, labouring under symptoms of gastric fever, with considerable tenderness of the abdomen, for which she was bled to eight ounces, received treatment similar to the preceding, and left the hospital cured a second time. Venesection is much less frequently employed in this complaint than formerly; and it is the opinion of experienced physicians, that blood-letting is, in general, not only an unnecessary agent, but one which protracts the convalescence of the patient. Leeches and fomentations to the abdomen may be of service. The abdominal pain is very insidious, as patients seldom complain of pain until we discover it by moderately pressing the abdomen, and observing, in the countenance whether any signs of increased distress are produced from the pressure. The employment of the Hydrarg. c. Creta, in combination with aperients, is very useful, by obtaining healthy secretion from the bowels, and preventing the progress of the ulcers. If, on the contrary, the diarrhœa be injudiciously checked by astringents, the danger of the patient will be increased. The form of purgative exhibited on the 27th will be serviceable in clearing out the irritating contents of the intestinal canal, without affecting the weak state of the patient, unable to bear

stronger medicine. Great discrimination is necessary for the proper administration of purgatives in this disease.

Sequela of Fever, Chronic Peritonitis, from Perforation of the Intestinal Canal.

CASE XI.—Elizabeth D., æt. 28, single, admitted, *Feb. 20th*, 1833.—Complains of Diarrhœa, accompanied with pain in the bowels after every motion: the abdomen is very painful to the touch, sometimes feels hard; has a slight dry cough; is very much emaciated; catamenia obstructed five months; tongue moist; urine clear but scanty. Last July had an attack of bilious vomiting, since which time she has become much thinner. In November last the diarrhœa came on, which has continued to the present time with very little improvement.

March 14th.—Died 4 o'clock A. M.

Sectio.—*Chest.*—The lungs were found to be perfectly healthy; rather more fluid than usual in the pleural cavity; the heart was very small, but apparently healthy.

Abdomen.—The liver was of its natural size, very pale. The peritoneum was very much thickened, universally adherent, and in some parts tuberculated. The large and small intestines were firmly glued together by very strong adhesions. An extensive abscess was found within the cavity of the peritoneum, which communicated by several large ulcerated openings, surrounded by hard thickened edges, with the ilium; much ulceration round the ileo-cæcal valve, and also at the sigmoid flexure of the colon. The peritoneal coat of the small intestines, as well as the mesentery, was studded with Baron's tubercular accretions. The mesenteric glands were much enlarged by a scrofulous deposit.

Remarks.—This woman had, most likely, suffered from fever; the bowels became ulcerated, which occasioned the peritoneal affection and abscess. It was evidently a case of some standing. When perforation of the intestine is completed, the patient is usually carried off in a very short time.

Case of Incipient Fever, cured.

CASE XII.—Sarah D., æt. 30, nurse, admitted, *Dec. 15th*, 1833.—Pulse 100; tongue red, clean; bowels freely open from medicine; urine very highly coloured; catamenia regular.

Countenance very red; "sore throat," no ulceration or swelling of throat, painful deglutition; much thirst; severe headache.

Was seized on the 12th with pain under the sternum, ailing

ever since; no sleep; very weak on the evening of Dec. 14th, felt ill all over; suffered from sickness, pain in her back, and rigors, succeeded by headache and perspiration, alternating with shivering fits.

Dec. 16th.—R. Pulv. Emeticus statim¹,
Potassæ Carb. ʒss.
Succi Citrei recentis ʒijj. ex Haust.
Piment. sextis horis,
Haust. Sennæ cras.

17th.—Face not so full and less red; much headache, which was worse in the night; pulse 80; tongue clean; bowels freely open: "throat not so sore;" some redness of the tonsils and uvula. P.

20th.—Throat not at all sore; pulse 72; tongue clean; bowels regular; urine natural. P.

Recovered.

Case of severe Fever, with Petechiæ and Delirium, cured.

CASE XIII.—J. D., æt. 30, labourer, admitted, *Dec. 27th*, 1834.

29th.—Pulse 100, weak; skin warm, perspiring; tongue furred, brown, very dry; bowels open from medicine; urine abundant. The stools and urine are all passed under him; teeth covered with sordes; eyes suffused.

Says he is in no pain, excepting when pressure is made in the epigastrium; abdomen soft; great restlessness; some subsultus; wanders at night, and frequently gets out of bed; is very desponding, and constantly calling for his friends; delirious occasionally. An eruption of Petechiæ all over the abdomen.

Ill a week. Attacked first with pain in the head, and fever, shivering, which was afterwards followed by the other general symptoms of fever. Is not in a state to give a correct account of himself. Was ordered,

R. Haust. Salin. c. Sp. Æther. Nit. m. xxx.
Vin. Ant. Tart. m. x. sextis horis,
Olei Ricini ʒss. cras mane.

28th.—Calomelanos Pulv. Antimon. āā. gr. iij. hâc nocte,
Olei Ricini ʒss. cras.

Beef Tea.

¹ Fever cases are seldom brought sufficiently early into hospitals, to allow of the exhibition of emetics, which are advisable in the premonitory stage, to cut short febrile excitement, by checking the action of the heart and arteries, and diminishing the temperature of the body.

- 2th.—R. Hydrarg. Submur. gr. iij.
Pulv. Doveri gr. j. tertiis horis,
Mist. Camphoræ ʒiss. c. Confec.
Aromat. ʒj. sextis horis,
Lotio spirituosâ fronti.
- 30th.—Hirud. xij. fronti vespere,
Emp. Canthar. nuchæ.
- Jan. 1st, 1835.—Tongue moist, mouth slightly sore.
Rep. Pilula bis die. P.
- 2nd.—Seems much quieter. Pulse 96; skin dry.
R. Mist. Camp. ʒiss.
Conf. Arom. ʒj. sextis horis ut
antea. Gargarisma Alum.
- 3rd.—Seems more sensible and quiet; slept well and awoke
quiet; pulse 80, weak and unsteady; skin warm; tongue slightly
moist at the edges; abdomen soft, not swelled. Two motions,
light yellow, very offensive; urine free; appears very weak.
R. Vin. Rubri ʒij. ex aqua quotidie,
Decoct. Hordei ʒvss.
Mellis Boracis ʒss.
ad gargarizandum.
Hydrarg. c. Creta gr. iij. omni nocte.
- 4th.—Appears rather better; slept well during the night;
tongue cleaner; pulse 80; bowels open.
- 5th.—Seems in every respect much better, quite sensible;
pulse 76, small and weak; skin cool; tongue moister and cleaner;
bowels open four times yesterday, stools darker, not so offensive;
abdomen soft; urine free. P. omisso pulvere.
- 9th.—Better; pulse natural; tongue white.
- 11th.—R. Haust. Efferves. ex Ammonia sextis horis,
Rep. Vinum.
- 12th.—Has had sickness; bowels costive; tongue white; pulse
natural; abdomen soft.
R. Hyd. Submur. gr. iij. statim,
Olei Ricini ʒiij. post horas tres.
- 14th.—Bowels costive; abdomen full; pulse natural; skin
warm and dry.
R. Hyd. Submur. gr. v. hâc nocte,
Haust. Sennæ omni mane,
omisso Vino.
- 16th.—Tongue better; stomach soft; bowels open; pulse
natural.

R. Haust. Sennæ alterno mane.

19th.—Complains of weakness and faintness, in other respects better.

R. Infus. Gent. c. Mist. Camp. āā. 3vj.
Ammon. Carbonat. gr. vj. mane et meridie,
Extract. Coloc. C. ʒss. alt. mane,
omisso Haust. Sennæ.

21st.—Much stronger; still complains of pain in the abdomen.

Rep. Pil. Coloc. omni nocte.

23rd.—P. Diæta ordinaria.

Haust. Sennæ p. r. n.

He soon afterwards left the Hospital cured.

Remarks.—We may observe that this person, admitted with delirium, petechiæ, and other symptoms of low fever, did not become tranquil until he was under the influence of calomel. Formerly typhus-fever was treated with large doses of wine, the employment of which is much better regulated by modern practitioners. The effect of wine and other stimulants should be carefully watched. In hospital practice it may be necessary to order patients wine, who have been waiting to see the physician, and to discontinue it soon after they have been placed in a warm bed and comfortable ward, in consequence of re-action taking place. Such cases do occur, and if an *ad libitum* order for wine should be given, without a visit from some medical attendant, great distress, or a fatal result, would be occasioned. Subsultus tendinum, from a spasmodic action of the muscles, petechiæ, owing to an extravasation of blood from the capillary vessels, and the involuntary passage of the excretions, are unfavourable signs. The involuntary passage of the motions is not always unfavourable, unless accompanied by other severe symptoms; it sometimes occurs from idleness of the patient. An ochrey state of the motions, mentioned by Dr. Bright, is considered by him a sign, that the intestines are either actually ulcerated, or are on the very point of ulceration¹. Blood is found in the evacuations, in consequence of sanguineous exudation from the mucous membrane of the intestines, or from its giving way to the ulcers, no longer able to withstand the violence of the fever. Physicians suppose some specific poison to act on the mucous membrane, which produces congestion; hence the secretion of the glandulæ congregatæ or solitariæ is augmented, and they endeavour to relieve themselves

¹ Reports of Medical Cases, selected with a view of illustrating the Symptoms and Cure of Diseases. By Richard Bright, M.D., one of the Physicians to Guy's Hospital. Vol. i. 1827.

by ulceration, which condition is curable, as we can prove by the cicatrization of the ulcers. Should the ulcer proceed, perforation of the intestine will be completed and death inevitable. This penetration may occur in a week or ten days. Dr. Chambers, in his Lectures on the Practice of Physic, at St. George's Hospital, was accustomed to relate an extraordinary case of a patient, who was attacked with symptoms of fever on a Tuesday morning, on Thursday there were symptoms of penetration of the bowels, and on the Friday or Saturday he died, and his body was examined on the Sunday. Towards the termination of fever small angry swellings may be observed on the body, as in case IX.; sometimes a sudden appearance of abscesses takes place, more particularly in the parotid gland; occasionally the formation of ulcers is detected on the nates, or those parts where the patient rests, which require to be bathed and covered with plaister. Petechiæ, vibices, and miliary eruption, occur in certain conditions of the skin. Severe cerebral affections, as Typhomania, &c. may be unaccompanied by any morbid appearance.

CASE XIV.—Walter Andrews, labourer, admitted, *Nov. 5th*, 1834.—Pulse small, very frequent; tongue whitish, with red tip and edges; bowels very open, stools watery; urine free. Complains of pain in the right hypochondrium, stretching over the abdomen and left side of the thorax; some fulness and tenderness of the abdomen; sensation of tightness of the head; want of sleep. Sweats at night.

Has been ill about three months. Was first attacked with shivering followed by heat.

R. Hydrarg. Submur. gr. j.
Ext. Papav. gr. ij. sextis horis.
R. Haust. Salin. c. Vin. Ant.
Tart. m. xv. sextis horis.
R. Rhei Pulv. gr. xv.
Magnes. Carb. gr. xxx.
Ex Haust. Piment. cras mane.

Diæta parcissima.

The abdomen is tense and tender in different parts; tongue rather cleaner.

R. Hyd. Submur. gr. v. Conf. Rosæ q. s. fiat
Pil. h. n.
Haust. Sennæ cras mane,
Haust. Salin. Efferves. c.
Vin. Ant. Tart. m. xv. sextis horis.

Was attacked on the 8th, in the evening, with great pain, extending from the axilla to the hip, accompanied with great difficulty of breathing, great tenderness on pressure in the left hypochondrium, with tension. Pulse 108, rather sharp; skin hot; tongue dry but rather cleaner, of a yellow colour; bowels much relaxed. Has been relieved by leeches.

Hirud. xij. hypoch. sinistro.

Rep. Pil. Cal. c. Ant. quartis horis,
(Cal. gr. ij. Pulv. Ant. gr. iij. quartis horis),
Enema Oleosum amplun vespere.

R. Mist. Camp. Mist. Cretæ āā. ʒvi. h. n. et post
singulas dejectiones repetend.
Fotus Assidue.

14th.—Bowels very much purged; motions passed involuntarily; abdomen still tense. The pills have been omitted.

R. Mist. Cretæ ʒiss.
Confect. Arom. ʒj. sextis horis.

17th.—Was attacked last night with pain chiefly in the left hypochondrium.

Emp. Canth. lateri sinistro,
H. Salin. c. Vin. Ipecac. m. xv. sextis horis.

Pulse very frequent; at present complains of difficulty of breathing; but the pain in the hypochondrium is relieved; skin hot and dry; tongue furred but moist.

R. Hyd. c. Creta,
Ext. Papav. āā. gr. ij. sextis horis.

Rep. Haust. Salin. c. Ipecac.

21st.—Complains of great weakness. Is confused at night; the purging has returned; tongue clean; pulse 90, soft; no pain in the right side; inspires without difficulty.

R. Mist. Camphoræ ʒiss.
Confect. Arom. ʒj.
Tinct. Catechu ʒss. ter die.
Omit. Pil.

Arrow-root, with a table spoonful of port wine.

24th.—Tongue slightly furred; abdomen rather tense.

R. Pil. Hyd. gr. v. hâc nocte,
Haust. Piment. c. Rhei,
Pulv. gr. xv. cras mane. P.

26th.—Pulse 100; soft, small; skin warm, dry; tongue very slightly furred; three motions from the medicine yesterday, of a natural colour, but very offensive; no pain in the side.

R. Pil. Hydrarg. gr. v. h. nocte,
 Haust. Piment. c. Rhei,
 Pulv. gr. xv. cras,
 Rep. Haust. alter ut antea.

28th.—The bowels acted three times from the medicine; abdomen still somewhat tense; tongue still furred.

R. Pil. Hydrarg. gr. v. alt. nocte,
 Haust. Rhei ʒiss. alt. mane.

He afterwards had a rheumatic attack, and left the Hospital, cured, in July.

*Case of continued Fever, with Petechiæ and Pneumonic
 Symptoms. Cured.*

CASE XV.—George A., æt. 23, linen-draper, admitted under Dr. Wilson, Sept. 5th, 1832, with febrile symptoms; abdomen tumid, tense; great weakness; quick hurried manner; hot skin; numerous Petechiæ over his arms and body. His illness was of three weeks' standing.

R. Potassæ Carbon. ʒss. ex Haust.
 Salino c. Syrupo Papav. ʒj sextis horis,
 Olei Ricini ʒss. cras.
 Fever Diet.

6th.—Pulse 110; tongue red and dry; bowels not opened; manner less hurried; feels generally better; slept better than before.

P. et sumat. Haust. Sennæ statim.

7th.—Bowels much purged by the Senna; tongue red and parched; pulse 110; skin dry; is deaf; no pain in head; countenance less suffused; bowels less tense; petechiæ remain.

P. c. Haust. quartis horis.

10th.—Better; tongue parched; bowels open; petechiæ paler; pulse weak.

P. c. Haust. quartis horis.

11th.—A good deal of expectoration, with some blood in it; tongue parched; bowels confined.

H. Sennæ statim,
 Affusio tepida,

Adde Haustui Sp. Æther. Sulp. ʒss.

12th.—Looks anxious; tongue much parched; petechiæ nearly gone; sputa tinged with blood.

R. Potassæ Nitræ. gr. x.
Sodæ Carbon. gr. viij. ex Haust.
Cetacei sextis horis.

17th.—Manner lively; excited; not so deaf: reported to have been delirious in the night; no headach; never perspires; denies having had a motion. Pulse weak and trembling; spots still remain but fading.

R. Vini Rubri ℥ss ex aquâ tertiâ quâque horâ,
P. c. Haustu,
Olei Ricini ℥ss. post horas duas.
Beef Tea.

19th.—Says he is better; tongue still red, inclined to be dry; bowels open; feels stronger; no thirst.

Ol. Ricini ℥ss. vespere.

24th.—Better and in better spirits.

R. Quin. Sulp. gr. ij.
Infus. Rosæ C.
— Aurant. C. āā ʒvj. ter die.

26th.—Is sitting up to-day; appetite improving; bowels open.
P. Mutton Chop.

28th.—Much better; sleeps well; appetite good. P.

Oct. 4th.—A Pint of Porter.

6th.—Has caught cold; neck stiff; pulse frequent; bowels open; rigors this morning.

Omit the Porter.

Adde Haustui Potass. Carb. ℥ss.
To go to bed.

8th.—Pulse 110; has had headach since yesterday. Fever Diet.

Haust. Salin. c. Potass. Carb. ℥ss. sextis horis,
Hirud. x. temporibus,
Haust. Sennæ statim.

10th.—Has had a return of the headach; confused.

Hirud. xij. temporibus. P.

11th.—Haust. Sennæ ℥iss. statim.

12th.—Better. Appetite improving; pulse frequent. Broth Diet. P.

15th.—Considers himself much better; no complaint; weak in the knees; is hungry.

17th.—Still weak in the knees.

R. Quin. Sulp. gr. j.
 Haust. Cinchon. $\bar{3}$ j.
 Mist. Camphoræ $\bar{3}$ ss. ter indies.

19th.—Feet swell towards night; rather stronger; appetite good; perspires a great deal; pulse frequent; bowels regular.

P. c. Conf. Arom. $\bar{3}$ ss.

Vin. Rubri $\bar{3}$ iv.

Ordinary Diet.

23rd.—Has a great deal of pain in the legs at night, disturbing sleep.

P. c. Haust. Opiat. o. n.

29th.—Sleeps little, in consequence of pain in legs at night. Pulse 110; skin hot and face flushed.

Omit. Haust. Opiat.

Hyd. Submur. gr. v.

Opii gr. j. hâc nocte,

Haust. Sennæ cras mane.

31st.—Rep. Pil. Calomel c. Opio hâc nocte et
 Haust. Sennæ cras.

The pains in his legs continued to disturb his rest; but his general health improved daily. The pains were removed by bandaging; and he went out in perfect health Nov. 28.

I am indebted to my friend Dr. Nairne's MSS. for the history of the preceding case.

Observations on the Cases of Continued Fever.

I have placed the preceding Cases under one designation of Continued Fever; for the fevers described by authors (whether bilious, adynamic, typhoid, cephalic, pulmonic, gastric, or aphthous) are but varieties of one complaint, connected together by peculiar anatomical lesions. Some of the cases were of great intensity, and there seems to have been manifest benefit derived from the judicious employment of Calomel, which is not used as a purgative, but to counteract the specific influence of the fever. We may remark, that patients generally attribute their febrile symptoms to exposure to cold, and suppose that this cause alone is capable of producing fever; whereas most physicians are of opinion that it only acts as a concurrent cause. This conjecture, probably, is suggested in consequence of the disease frequently commencing with shivering. I could never detect the least probability that continued fever was occasioned by contagion. The cause is supposed to be an atmospheric poison or miasm. Mental

depression will predispose the constitution to take fever, which may be exemplified by the lady mentioned in the note, page 7, who had met with a disappointment of marriage. I attended a patient in Dover Street, May, 1833, who, besides the general symptoms of fever, complained of "violent pain in the heart," which, he said, "felt too big for his chest." I ordered him to be bled and treated with Calomel and purgatives. After he had recovered, his wife told me that a few days before I saw him he had met with a heavy loss. Some cases of ulceration and perforation of the intestines have been described. Perforation of the coats of the bowels is the most formidable accident which can supervene in low fever; for it, almost without exception, leads to a fatal termination. When the ulcers penetrate the intestines, peritoneal inflammation follows, and feculent matter escapes. M. Chomel, in speaking of the numerical results of perforated intestine in fatal cases, states, "by joining both sets of observations (his own and those of M. Louis), and taking the more extended basis thus afforded, we arrive at a common medium of one in ten, which is probably nearer the truth.¹" Occasionally we are unable to detect any organic lesion, and meet with slight congestion, more or less, in the vascular system. Some pathologists object to the term congestion, and prefer increased sanguineous accumulation. We will not enter into a discussion about terms, but will proceed to describe the fact, merely premising, that by congestion is understood increased sanguineous accumulation in particular organs.

CASE XVI.—Mary W., æt. 26, servant, Baker Street, admitted, *August 7th*, 1833.—Pulse 120; skin hot and moist; tongue covered with a yellow fur; urine free, high coloured; catamenia present a week before the usual time.

Vomiting and purging of dark offensive matter; tenderness on pressure over the abdomen, which is tense and hard; no headach; pains in the back and loins; great thirst; cannot sleep.

Has been ill a week. Attacked with headach, cold shiverings, pains in the bowels, and purging.

9th.—Pulse still 120; skin perspiring profusely; tongue slightly furred, red.

¹ Medical Gazette, p. 378, vol. xiv.

12th.—A papulous eruption has appeared over her skin, slightly elevated and varying in redness.

13th.—Passed a very restless night and was delirious; face much flushed; perspiring profusely. Died at 2 o'clock P.M.

14th.—*Autopsy.*—*Head.*—The vessels of the brain were very much distended with blood. There was no more than the usual quantity of fluid in the ventricles.

Thorax.—Both lungs were healthy but much congested; each cavity of the pleura contained a small quantity of transparent fluid.

Abdomen.—The lower portion of the ileum, the cæcum and ascending colon, were much congested, without ulceration. The kidneys were likewise congested. The other viscera were healthy.

Remarks.—Young women, who come up from the country, and undertake places where much labour is required, are very subject to the most severe forms of fever. They also become hysterical; and I have seen such cases mistaken for fever. The extreme pain alone, which they complain of, without any corresponding constitutional disturbance, will generally distinguish hysteria from inflammation or febrile affection. It is surprising to see the number of hysterical cases which have been treated for inflammation of the different viscera. I will here allude to a case of severe abdominal pain and tenderness, without inflammation, which I met with in my own practice, showing that mere intensity of pain or tenderness is no criterion of inflammation. I was sent for to see a gentleman, Aug. 30th, 1834, at Stevens' Hotel, Bond Street. I found him rolling about the bed in great agony and vomiting clear mucus. He complained of violent pain in the epigastrium, which was aggravated by pressure. He had never passed gall-stones, nor had been subject to gout. The pulse was only 72, compressible. Bowels open, urine free, but wears a bougie in consequence of stricture. I met Mr. Stafford, of Old Burlington Street, in consultation, and we agreed to prescribe for him.

R. Hydrarg. Submur. gr. iij.

Opii gr. j. M. ft. pil. statim sumend;

to be followed by

Haust Rhei post horas duas.

We visited him again in two hours. He had slept well, and the pain was entirely gone. We saw him again during the day, and in consequence of the bowels not having acted, an aperient was ordered. He complained of slight headach and drowsiness

from the effect of the opium. The next day he was quite well, and left town for Woodstock.

Pathology of Continued Fever.

“ It has long been acknowledged in the schools of medicine, that the foundation of a rational education in physic must be laid in a minute and accurate acquaintance with the appearances and treatment of the different kinds of fever.”—*Thomson on Inflammation*, p. 40.

In this department I shall confine myself principally to the post-mortem appearances, the symptoms having already been detailed in the cases.

The pathology of fever is very interesting, but our pathological inquiries will fail us in many respects; nevertheless, there are many organic changes which come under the notice of the physician. What part is most frequently affected in fever? It would be inconsistent, in a work like the present, to give all the different opinions on this subject, which may be found in the different publications on the practice of physic. Some have thought the brain the most frequent local seat of fever, others the intestines. I was taught to consider serous effusion on the surface of the brain or in the ventricles the most common pathological appearance; since I have collected numerous cases of fever, and seen a great number examined, I have been compelled to come to the conclusion, that the mucous membrane of the intestines is more frequently affected than any other part. Sometimes we are unable to discover any structural lesion after the most careful examination. We will now describe the morbid alterations, or organic changes, which may exist in the three different cavities of the body during continued fever.

Head.—Increased vascularity of the membranes of the brain, with serous or purulent effusions. Opacity and thickening of the arachnoid. Sometimes minute red spots are found in the substance of the brain, when vessels are cut through, distended with blood. Sometimes the veins connected with the brain are very turgid. Fluid in the ventricles. Effusions of coagulated lymph.

Chest.—The lungs may be full of blood, or frothy serum. In a subsequent period they become condensed from a deposition of coagulable lymph. The trachea and bronchi may exhibit patches of ulceration. These pulmonary obstructions will account for the lividity of the countenance, noticed in some cases of fever.

Abdomen.—Congestion and ulceration of the intestines. The progress of the ulceration has been previously described.

The following is a tabular view of the result obtained by M. Andral, from an examination of seventy-one cases, given in his work on Fevers:—

The stomach presented ulcerations in . . .	10 cases.
Duodenum	1
Jejunum	9
Ileum (its lower part)	38
Cæcum	15
Colon, Ascending	4
——, Transverse	11
——, Descending	3
Rectum	1 ¹

It is a question, whether this appearance of the mucous membrane of the intestines precedes, or is a consequence, of fever.

Symptoms of Perforation of the Intestines.—If the patient is able to describe his symptoms, he complains of sudden and very acute pain in the abdomen, succeeded by vomiting. The pain continues with great severity in consequence of partial and then general peritonitis supervening. The pulse is small.

The *Mesenteric Glands* are found enlarged in consequence of the absorption of the irritating discharge from the ulcers. The absorbents proceeding from the ulcers to the glands are sometimes filled with matter.

I have never seen any remarkable alteration in the *Liver*. The *Spleen* is occasionally very much enlarged, or softened, having a pulpy appearance. It is sometimes very hard.

The *Blood* may be very dark and fluid in the arterial trunks.

Treatment of Continued Fever.

Continued fever consists of three periods or stages, each requiring a different mode of treatment.

Premonitory Period.—The exhibition of an emetic at the commencement of a febrile attack will sometimes arrest the symptoms. The following powder was usually employed at St. George's Hospital.

R. Pulv. Ipecaca. ʒj.
 Ant. Tartariz. gr. j.
 M. Fiat Pulvis emeticus.

¹ Martinet's Manual of Pathology, by Quain.

It may be necessary to prescribe a few grains of Calomel at night, to be followed by a Senna draught in the morning.

R. Submur. Hydrarg. gr. v. nocte.

R. Sulphat. Magnes. ʒij.

Infus. Sennæ. ʒx.

Tinct. Sennæ.

Syrupi. āā ʒj. M. Fiat.

Haust. mane sumend.

Congestive Period.—Active treatment is always requisite during the second stage. If there be determination of blood to the head or chest, we must employ general or local blood-letting. I have seldom seen any occasion to bleed more than once, and even then it has been done with caution. We may cup the patient on the nape of the neck, or apply leeches to the temples, in order to relieve the head. With regard to cold applications to the head, previously shaved, some recommend ice, others cold lotions or cold affusion. Very good effects have been described from these different modes of practice. It was customary at St. George's Hospital to sponge the body with cold water, instead of the cold affusion recommended by Dr. Currie, which consisted in pouring cold water over the head of the patient. The former plan commonly relieved the patient. I have seldom seen the latter employed; and in the few cases which I have seen it used, very distressing symptoms arose during the time of its application, and no material benefit appeared to result, so that I have been induced to consider the practice hazardous. I have preferred the cold spirit lotion. If there be determination to the chest or abdomen, general or local blood-letting may be necessary. It may, however, be observed that the congestions of the abdomen in the preceding cases have generally yielded to purgative measures. Calomel should be given at night, followed by Haust. Sennæ in the morning. Saline medicines, with diaphoretics and cooling drinks, will constitute the remaining treatment of this stage.

Haustus Salinus.

R Potassæ Subcarb. ʒj.

Acid. Citrici vel Acid. Tartaric. ʒj.

Aquæ Menthæ viridis ʒss.

Syrup. Simp. ʒj.

Aquæ ʒj. M. ut fiat haust.

effervescens loco Potass. Subcarb. Carbonas substituenda est, acido in ipso usu adjecto.

Tartaric acid was used in the hospital, and Tartrate of Potash being formed, it was found sometimes necessary to discontinue the saline draught from its aperient quality. The Vin. Ant. Tart. may be added to the draught.

Period of lesions.—The external applications to the abdomen may consist of leeches, fomentations, or mustard poultices, if the abdominal tenderness be very urgent. Small doses of Calomel, with Extract of Poppies or Dover's Powder, should form a part of the remedial measures. Rhubarb and Castor Oil, or Enemata of Castor Oil, should be exhibited in the third stage. It would be injudicious to employ Opium in the early stages of fever, for it has a tendency to diminish the different secretions, which are already lessened in consequence of the disease. At the commencement of febrile attacks, the liver scantily secretes bile and the kidneys urine. In addition to which, the pain in the head, produced by congestion, may be much aggravated by Opium. An occasional opiate administered during this stage, when the patient is unable to repose from violent irritation, is productive of the greatest benefit. The Hydrarg. c. Creta. may be substituted for the Submur. Hydrarg. If the skin become cold, or if there be symptoms indicating the use of stimulants, we may employ them in combination with the mercurials.

R. Mist. Camphoræ 3xi.

Sp. Æth. Sulph. C. 3ss.

Tinct. Serpentariæ 3j. quartis horis.

with which wine may be employed. A reference to the cases will sufficiently explain the treatment of the patient during convalescence.

Sequelæ of Continued Fever.—The consequences occasionally resulting from this affection are,—Paralysis—Imbecility of mind—Mania—Effusions into the different cavities of the body—Adhesions between the serous surfaces of the chest—Condensed lungs—Consumption—Ulcerated intestines.

INFANTILE REMITTENT FEVER.

Cases of Infantile Remittent Fever.

CASE XVII.—Charles Wellington, æt. 3½, admitted Dec. 7th, 1831. Pulse 120; skin warm and moist; bowels open; motions dark; urine clear.

Abdomen rather swelled; emaciated; voracious appetite; coughs and expectorates thick phlegm.

Had the measles three months ago, which were of an irregular kind, and he has not been well since.

R. Hydrarg. Submur. gr. ij.
Pulv. Jacobi. gr. j. o. n.
Haust. Sennæ $\bar{z}$ ss. omni mane.
Haust. Cetacei $\bar{z}$ ss. sextis horis.
Diæta Lactea.

9th.—Prolapsus ani.

Enema aquæ frigidæ $\bar{z}$ ij. quotidie, P.

14th.—P.

25th.—The prolapsus ani has ceased, the injection has consequently been omitted; no cough.

P. c. Hyd. Submur. et Jalap. alt. nocte.

Haust. Sennæ posteris diebus mane.

Jan. 2nd, 1832.—Cured.

CASE XVIII.—Mary Armour, æt. 7, admitted Jan. 4th, 1832.—Pulse 108, sharp; skin hot; tongue dark red, clean, rather smooth; bowels very costive; urine free.

Complains of great pain of both sides of the chest, without violent cough, and expectoration of yellow mucus. Frequent shivering and flushing; pupils dilated; lowness of spirits and liveliness alternating; much emaciation.

Has been ailing a year with frequent attacks of the present symptoms; cause unknown.

R. Calomelanos gr. iij. hac nocte,
Haust. Sennæ $\bar{z}$ vj. cras.
Haust. Salin. c. Vin. Ipecac. m. x sextis horis.
D. parcissima.

6th.—Five watery offensive motions “of a natural color,” yesterday; has coughed less; no expectoration.

Rep. Pulv. hac nocte.
Haust. Sennæ cras. P.

9th.—Slight pain in the shoulder; tongue clean; skin cool; appetite good; bowels freely open.

Rep. Pulv. et Haust. Sennæ hac nocte et cras
mane

P. c. Haust. Salino.

Fish Diet.

11th.—Bowels only acted once from pill and draught.

Calom. gr. iij. alt. nocte.
H. Sennæ $\bar{z}$ j. o. m.

13th.—Omit Pil. P. c. Haust. Sennæ.

16th.—Cured.

Infantile Fever, with determination to the head. Cured.

CASE XIX.—Miss ——— æt. 4, Eaton Place, Belgrave Square. The case was attended by Mr. Tupper, Mr. Chilver, and myself.

April 23rd, 1834.—In a state of stupor; face flushed; pulse frequent; urine free; abdomen swelled; pupils sluggish. Ailing two or three days with dulness, flushings, and coldness, alternating. Reported to have had a “dysenteric attack.”

C. C. pone aures ad 3viij.

R. Hydrarg. Submur. gr. ij. secundis horis.

Haust Salin.

Lotio frigida capiti raso.

Only four ounces of blood were taken, in consequence of some leeches which had been applied; took a senna draught. In the evening, Jalapæ gr. iv. to be added to the powder, which was to be continued every four hours. On Friday there was no complaint of pain; had been perfectly sensible during Thursday. Ten motions, the two first feculent, the remainder dark green, bilious, generally scanty and streaked with blood.

Rep. Pulv. octavis horis.

Subsequently, two grains of Hydrarg. Submur. were given at night, and Ol. Ric. 3ij. in the morning, with occasional doses of Spir. Ammon. Arom. in water. There was a recurrence of dulness, with epistaxis.

Rep. Hirud. temporibus.

The diet consisted of tea, barley water or thin gruel, rennet whey, asses' milk, and chicken broth. Cured.

Remarks.—Infantile fever appears always to arise from a disordered state of the bowels. Sometimes the skin is extremely hot. The child may pick at the bed clothes, but not as adults are accustomed to do, in the latter periods of fever. Children take hold of something prominent, like a knot in the counterpane. Saline draughts are of little use. Purgative medicines are most to be depended upon. It is necessary to be very careful about diet; respecting which, practitioners are very frequently foiled in private practice. The disease may terminate in Marasmus, in which the mesenteric glands become enlarged and the abdomen tumid. The child represents a little old person.

INTERMITTENT FEVER.

CASE XX.—Robert R. æt. 45, admitted into Addenhooke's Hospital, Cambridge, *Feb. 15th*, 1830, under Professor Haviland.

Present Symptoms.—Great giddiness and chilliness, which attack him every hour or two throughout the twenty-four hours; worse during the night when in bed. Occasional pain in the back, extending to the pelvic region. Tongue whitish but moist; pulse 68, compressible; urine high coloured and thick; bowels regular.

Previous History.—Has indulged rather freely in drink, especially in malt liquor; has felt a dragging pain, proceeding from the right hypochondrium towards the left, when lying for any length of time on the left side; has vomited yellowish green matter frequently during the last two months. Feet during the same period exceedingly cold and numb at night.

17th.—Symptoms as above; complains of the numbness occurring on alternate nights.

R. Hydrarg. Submur. gr. ij.
Opii. gr. i. o. n.
Emp. Canth. regioni lumborum.
Sulp. Quinæ gr. ij.
P. Scillæ gr. i. 6 tis in pil.

20th.—Urine increased in quantity; numbness less; no fever; pains abated. P.

22nd.—Chilliness and numbness on alternate nights. P.

23rd.—Health very much improved; tongue white; other symptoms better. P.

March 1st.—Omit. Pil. o. n. Cont. Sulp. Quinæ.

2nd.—Symptoms much milder.

Emp. Canthar. dorso.
R. Decoct. Cinchonæ ʒiss.
Tinct. Guaiaci Ammon. ʒj. ter. in die.

6th.—Has very little pain; affected still by chilliness and heat as before.

R. Liquoris. Arsenic. gtt. iv. c.
Infus. Quassiae t. d.
Sulp. Quinæ gr. iv. t. d.
Ol. Ricini ʒss. hodie si opus sit.

8th.—Is rather better, complains chiefly of pain from the blister. P.

11th.—Much better, but still has slight intermittent fever.

12th.—Had another return of ague last night, but otherwise feels better.

15th.—Had a slight attack of ague last night.

18th.—Complains of numbness and perspiration.

Pulv. Cinchonæ ʒj. 4 tis.

20th.—Had an attack of ague in the night. P.

23rd.—Had another attack of ague, tongue white.

Habeat Sulp. Quinæ gr. x. ante
paroxysmum.

27th.—Had a return of ague yesterday, but less violent. He gradually recovered.

CASE XXI.—Mary Ann R. æt. 16, admitted into St. George's Hospital, *July* 18th, 1832. Pulse 94, rather sharp; skin warm, moist; tongue white and papulated; bowels costive; urine free but thick; catamenia have never appeared.

Intermittens Quartana of eight months duration; has never changed its type, although she has taken Quinine and other medicines in large quantities. Herpes labialis.

V. S. ad ʒx.

R. Hydrarg. Submur. gr. v. o. n.

Haust. Sennæ o. m.

Diæta lactea.

20th.—Blood not inflamed; pulse natural; tongue slightly white; skin cool; bowels open; urine free.

R. Quinæ Sulphat. gr. iij. ex.

Infus. Rosæ ʒiss. 4 tis horis,
absente febre.

23rd.—Had a very slight paroxysm of ague on the 19th, and none on the 22nd, the first occasion she has missed it for the last eight months. Tongue clean; bowels open.

30th.—Has had no return of the ague—going into the country.

CASE XXII.—John S. æt. 42, works at Tattersall's, lives in Sloane Street, admitted *Jan.* 30th, 1832. Has Quotidian Ague, which he states has recurred every day for the last fifteen weeks, commencing about 11 o'clock A. M. and lasting until midnight. This day week the following was prescribed.

R. Quinæ Sulp. gr. iij.

Infus. Rosæ ʒiss. 4 tis horis,
absente febre.

R. Mist. Camphoræ $\bar{z}$ iss.
 Spir. Æth. Sulp. C. $\bar{z}$ j.
 Tinct. Opii m. xxx. o. m.

Feb. 1st.—No fever since his admission. P.

4th.—No return of fever, appetite good. P.

D. ordinaria.

8th.—P.

13th.—Cured.

Pathology and Treatment of Intermittent Fever.

Cold Stage.—Capillary vessels empty—The internal venous system loaded with blood.

Hot Stage.—General arterial congestion.

The principal remedies I have seen employed during the intermission are Bark, Quina and Arsenic. In obstinate cases a combination of Bark and Arsenic has appeared to be of advantage.

R. Decocti Cinchonæ $\bar{z}$ x.

Tinct. Cinchonæ.

Syrupi āā $\bar{z}$ j.

Liquoris Arsenical. m. iv. M. Fiat Haustus,

which may be exhibited every four hours. Quina is considered an excellent antiperiodic medicine. A small quantity of Sulphuric Acid may be added to the draught containing Quina, forming a Supersulphate of Quina, which is more soluble.

R. Sulp. Quinæ gr. ij.

Acid. Sulp. dilut. m. iv.

Aquæ Distil. $\bar{z}$ xi.

Syrup. Croci $\bar{z}$ j. M.

Fiat Haust.

If the tongue be foul, it will be necessary to clear out the intestinal canal previous to the employment of Quina. Calomel will operate very well, as it acts more particularly on the liver; for Ague almost always seems to be connected with the liver, and chronic ague very frequently terminates in disease of that viscus. If the stomach be very irritable we may administer Bark in the form of enema.

R. Cinchonæ $\bar{z}$ ss.

Tinct. Opii $\bar{z}$ ss.

Decoct. Hordei $\bar{z}$ vij.

M. Fiat Enema quartis horis.

At the approach of the cold stage the following draught will be useful.

R. Misturæ Camphoræ 3xi.
Tinct. Opii m. xx.
Spirit. Æth. Sulp. C. 3ss.

M. Fiat Haust. accedente rigore sumend.

Dr. Mackintosh recommends venesection as soon as the cold stage commences. This plan seems reconcileable with the pathology of the cold stage, for if congestion takes place in the intestines, removing a little would tend to unload the viscera charged with blood and relieve the symptoms. Professor Haviland was accustomed to state in his lectures at Cambridge, that he had found it answer, not in decrepid old persons, but robust rustics, to whom the loss of a small quantity of blood was not of much consequence. He observed the affection lessened but not prevented by venesection.

SCARLET FEVER.

Case of Scarlatina Anginosa. Made out Patient.

CASE XXIII.—Margaret C. a young woman, admitted *Sep. 3rd*, 1831. Complains of sore throat, her illness began with cold, on Wednesday night last; sore throat on Thursday; the scarlet eruption, which was observed first on the hands, appeared on Saturday; hands swelled.

R. Infus. Rosæ ʒiss.
Magnes. Sulp. ʒj. 6 tis horis.
R. Infus. Rosæ ʒxij.
Syrup. ʒij. M. ad gargarizandum.
D. febrilis.

5th.—Feels better; slept well; bowels very much opened yesterday; tonsils greatly enlarged with small superficial ulcerations; tongue very red, but not so red as it has been; pulse 100; catamenia appeared on Monday and ceased on Wednesday.

P. c. Haust. Magnes. Sulp. ʒij. 6 tis horis.
et Gargarismate.

6th.—Head very painful; pain in the bones; throat better; bowels open.

R. Haust. Efferves. c. Sodæ Carb. ʒss.
Confect. Arom. ʒss. 6 tis horis.
Pulv. Cretæ C. c. Opio ʒj. hac nocte.

7th.—P. Diæta lactea.

9th.—P. c. Garg.

R. Quinæ Sulp. gr. i.
 Infus. Cinchon. $\bar{3}$ j.
 ——— Rosæ C. $\bar{3}$ ss. ter die.
 Fish Diet.

12th.—Much better; appetite good.

D. ordin.

To be O. P.

Case of Scarlet Fever with Pleurisy, cured.

CASE XXIV.—Ellen Leaney, æt. 16, admitted *Aug. 29th*, 1832. Attacked twelve days ago with sore throat and pain in her limbs, attended by febrile paroxysms, five days after which a scarlet efflorescence made its appearance all over her arms, and her legs became slightly swollen; she now complains of pain in her limbs and soreness of the throat. The efflorescence is much diminished; the ankles are still swollen; dyspnæa and acute pain in the right side of the chest; tongue and fauces red; bowels open from medicine; catamenia regular; urine free.

V. S. ad $\bar{3}$ xij.

R. Submur. Hydrarg. gr. iv. hac nocte.
 Haust. Sennæ cras mane.

R. Infus. Rosæ $\bar{3}$ vj.
 Acid. Muriat. m. xx.
 Syrupi $\bar{3}$ ij. M. ad gargariz.

30th.—Blood drawn much buffed and cupped; pulse 110; complains of pain referred to the left side of the thorax.

V. S. ad $\bar{3}$ x.

Rep. Hydrarg. Submur. hac et cras-nocte.
 Inhalet vapores Aq. tepidæ c. Aceto.

Sep. 1st.—Blood less buffed and cupped; bowels very open.

Hyd. Submur gr. iij.
 Opii gr. ss. hac nocte.
 Olei Ricini $\bar{3}$ ss. ex Aq. Menth. Pip.
 Beef Tea and Arrow Root.

3rd.—Pain still referred to the left side, increased on inspiration; tongue dry; pulse 110; skin warm; bowels open.

Hirud. xij. part. dolent. et postea
 Cataplasma commune.

R. Hyd. c. Creta.

Pulv. Ipecac. c. Opio āā gr. v.
mane et vespere.

Haust. Salin. Efferves. ter die.

5th.—Pain in the side relieved.

Emp. Canth. lateri dolenti.

12th.—No pain of the side on inspiration; pulse 100 full.

D. ordinaria.

14th.—Vini Rubri ʒij.

Convalescent.

17th.—Some cough, especially at night.

Haust. Cetacei c. Tinct, Opii m. xv.

hora somni, o. n.

Cured.

* * *

CASE XXV.—Eliza D. admitted, *Dec. 15th*, 1832. Scarlatina, the eruption occurring yesterday; much headach; dyspnæa; sore throat, but no ulceration perceptible; the internal fauces are of a deep red colour; great difficulty of deglutition; the eruption is in patches and of a vivid appearance; pulse 120; skin hot; bowels open; catamenia regular; eyes exceedingly suffused. Ailing since Monday last.

Inhalentur vapores Aquæ tepidæ c. Aceto.

Lavatio frigida sæpius indies.

R. Submur. Hydrarg. gr. ij. statim et rep. vespere.

She was also bled and took aperients.

16th. *Sunday*—The efflorescence on the face has assumed a dark colour, that on the extremities retains a vivid colour; the blood is much buffed and cupped; pulse weak; the dyspnæa was relieved by the bleeding, but has again returned this morning; is inhaling the vapor of warm water; became delirious; skin cold.

17th.—Died 9 A. M.

18th.—Sectio 1½ P. M.

Body.—Somewhat fat, presenting several bluish patches.

Head.—The cerebral veins were universally turgid with blood. The Arachnoid in a few places was slightly opaque. There was no effusion into the ventricles. The brain itself was healthy.

Chest.—The epiglottis was blunted and thickened; at the upper part of the pharynx several ulcerated spots were observed. The mucous membrane lining the trachea and lungs, was exceedingly injected. The surface of the pleura in either cavity of the chest exhibited very thin layers of coagulable lymph recently

effused; the superior portion of the lungs was healthy, the depending portion was infiltrated with serum. The pericardium and heart were healthy. A bright yellow polypus was found firmly attached to the parietes and filling the right auricle and ventricle. The interior of the polypus had a brown appearance; there was a similar but smaller one in the left auricle and ventricle. The stomach healthy. The liver much enlarged, healthy in structure. The gall bladder greatly distended with dark green bile. In the inferior portion of the ileum were found several prominent patches of glands.

CASE XXVI.—Mary P., a young woman, admitted Saturday *Dec. 7th*, 1833. Thursday last was attacked with shivering, followed by the eruption of scarlatina, having felt “heavy” for some days preceding the attack. There is some ulceration of the tonsils. Red efflorescence all over the body. Has had severe headach yesterday and the day before, but has now no pain in the head, or in any part of the body; very slight sore throat. Pulse 110, not strong; skin cool; tongue red, no crust.

R. Infus. Rosæ ʒiss.

Magnes. Sulp. ʒj. 4 tâ qq. horâ.

R. Hydrarg. Submur. gr. iij. hac nocte.

Gargarisma Decocti Hordei.

12th.—No complaint.

R. Haust. Nitri. bis die¹.

CASE XXVII.—Harriet M., æt. 28, admitted *Dec. 11th*, 1833. Was attacked on Sunday Evening with cold shivering, headach, and vomiting; forty-eight hours after this the eruption of scarlatina appeared. There is a scarlet redness all over the posterior fauces, with some ulceration. Pulse 100, very weak; tongue with scarlet edges; bowels open.

R. Decoct. Hordei C. pro gargaris mate.

Lavetur corpus Aqua c. Aceto

Inhalet vaporem Aquæ calidæ.

R. Infus. Rosæ Gallicæ ʒx.

Magnes. Sulp. ʒij.

Acid. Sulp. dil. m. iij.

Syrupi Mori ʒj.

M. Fiat Haust. 6 tis horis.

¹ The St. George's Hospital formula is—R. Potassæ Nitrat. ʒj.
Aquæ Menth. viridis ʒss.
Aquæ Distil. ʒj. M.

12th.—Pulse 84; skin hot; tongue very red; throat very slightly ulcerated and painful.

14th.—Pulse 84; skin moist; throat nearly well.

R. Acid. Muriat. m. xx.
 Infus. Rosæ Gallicæ ℥vss.
 Mellis ℥ss. ad gargariz.

18th.—Cured.

Remarks.—The preceding Cases were treated with purgative medicines, and great advantage was derived from their exhibition. Numerous instances might be produced of the success to be gained by similar practice. The profession is greatly indebted to Dr. Hamilton for having, by his clinical facts, assisted in pointing out a safe and decided line of conduct for it to pursue in Scarlet Fever. Every young practitioner must have felt distracted, who attended to the discordant opinions which were formerly entertained on the proposed methods of cure. Clinical observation has pointed out what course to pursue, contrary to opinions of great weight and authority, which had considered purgatives to be highly prejudicial. In Case 24 venesection was adopted in consequence of the pleuritic symptoms; in Case 25 the post mortem appearances of the pleura alone were not sufficient to have occasioned a fatal result, but in combination with the fever they were sufficient to account for death. The last two were mild cases; during their convalescence, a diuretic was ordered as a precautionary measure, for the termination of Scarlatina is doubtful as to the dropsical tendency, fatal dropsies having supervened upon mild cases. I may here allude to the endermic use of digitalis, proposed for the cure of dropsy, after Scarlatina, of which an account may be found in the Medico Chirurgical Review, Jan. 1835. When the parotid glands swell, or the structures about the joints give way, and suppurations occur from the violence of the fever, it very seldom terminates favourably.

Treatment of Scarlet Fever.

In mild cases, it will be sufficient to keep the patient cool and his bowels open, but in more severe cases, we should sponge the body with cold water. I have only seen blood-letting employed when some local inflammation existed in combination with the fever. Purgatives and saline medicines are also indicated. In the more severe form of the disease, or what has been termed

Malignant Scarlet Fever, if the skin be cold and pulse weak, a stimulant plan should be adopted.

R. Mist. Camphoræ ʒiss.

Ammon. Carb. gr. v. quartis horis.

The stimulating gargles must not be used too soon. We may begin with the Decoct. Hordei C. tepidum of the pharmacopœia, to be succeeded by astringent and stimulating gargles.

GOUT.

CASE XXVIII.—Margaret M. æt. 15, servant of all work, admitted *July 25th*, 1832. Skin cool; tongue white; bowels open; urine free; catamenia obstructed three months. Complains of pain of the ankle, with much œdematous swelling of the foot, pain very bad at night. (Scabies.)

Ailing three months with disordered stomach and headach. A fortnight ago pain in the leg and ankle occurred, with swelling of the ankle and foot. Her father has been very subject to gout.

(Ung. Sulphuris manibus.)

R. Ext. Colchici gr. iss.

Morphiæ Acet. gr. ss.

Ext. Coloc. C. gr. viij. o. n.

Haust. Piment. c. Potassæ Carb. ʒj.
ter in die.

Diæta e pisce.

30th.—P.

Aug. 1st.—P.

3rd.—Convalescent. Omit pil. P. c. Haust.

6th.—Cured.

CASE XXIX.—John P. æt. 42, servant, admitted *Aug. 8th*, 1832. Weakness; pain and redness of the ankles and toes; the pain is much increased when he becomes warm in bed; much thirst; very florid. The present attack is of three weeks' duration. About six weeks ago had a similar attack, from which he never perfectly recovered. Has been accustomed to travel much at night in the cold, and live well.

R. Calom. gr. iij.

Rhei gr. x. hac nocte.

H. Sennæ cras.

R. Sodæ Carbon. ʒss.

Infus. Aurant. C. ʒj.

— Caryoph. ʒss. t. d.

9th.—Pain rather less; slept well; bowels open; appetite good.

Haust. Rhei. cras. P.

D. e pisce.

10th.—Feet and ankles much better; the draught operated twice this morning. P.

13th.—Better; bowels confined.

Haust. Rhei cras.

15th.—Much better. P.

17th.—Has more pain in the ankles to-day.

R. Vini Colchici m. xl.

Magnes. Calcin. ʒss.

Haust. Piment. hâc et crast.

nocte. P. c. aliis.

Haust. Rhei cras.

28th.—Better. P. Cured.

CASE XXX.—Lydia C. æt. 53, admitted *May 8th*, 1833. Affected with swelling, without redness, of the left ankle and right hand. The symptoms are of six weeks' duration, and supervened upon heart-burn, flatulence, and want of appetite. Pulse weak; tongue white; skin hot; urine scanty and high coloured.

R. Vini Colchici ʒss.

Mist. Camphoræ ʒx.

Magnes. Ustæ ʒss. bis die.

Submur. Hydrarg. gr. iv.

Pulv. Rhei gr. vj. hâc nocte.

R. Infus. Sennæ ʒij.

Magnes. Ustæ ʒss.

Vini Colchici ʒss.

Tinct. Sennæ ʒj. cras mane.

Broth Diet.

9th.—Swelling somewhat relieved.

Rep. Calomel. cras nocte

H. Sennæ sequente mane. P.

11th.—The swelling of the foot and hand much diminished. P.

13th.—Fish.

14th.—P.

17th.—Nearly well; bowels open; tongue clean; no swelling of the joints. P.

22nd.—Cured.

Case of Gout connected with Sciatica. Made out patient.

CASE XXXI.—Benjamin B. æt. 56, coachman, Marylebone, admitted *April 24th*, 1833. Pulse 84, soft; skin natural; tongue white; bowels open; urine free.

Complains of pains in all his limbs; worse when he is warm; occasional cramp in the gastrocnemii muscles; the great toe of the right foot is swelled, smooth, red, and shining, affected with throbbing, lancinating pains, and extreme tenderness.

Has been subject to gout and rheumatism for two years. The present attack commenced last Sunday.

R. H. Sennæ c.
 Vin. Colchici m. xl. omni nocte.
 D. ordinaria.

26th.—P.

29th.—Foot much better; complains of severe pain from the hip, following the course of the sciatic nerve on both sides. Pulse natural; skin cool; tongue white, ædematous; bowels purged five times each night.

R. Misturæ Camphoræ ʒxi.
 Vin. Colchici m. xx. t. d.
 Extract. Coloc. C. ʒss. o. n.

May 1st.—Pulse very weak; leg still painful; bowels open. P.

3rd.—Has some threatening in the other foot.

H. Sennæ c. Vin. Colchici ʒss. horâ somni. P.

6th.—The gout is much better, but the medicine makes him sick; pain in the course of the sciatic nerve; tongue still white.

R. Haust. Sennæ omni nocte.

R. Morphiæ Acet. gr. $\frac{1}{3}$. o. n.

9th.—Omit medicamenta.

10th.—Gout better; sciatica of the left leg and thigh severe; feels very low, and was much purged.

Haust. Salinus c. Pulv. Doveri gr. v.
 sextis horis.

13th.—Emp. Canthar. coxæ.

R. Haust. Cinchonæ c. Tinct. Guaiaci Ammon. ʒj.
 t. d.

16th.—Severe pain in the course of the sciatic nerve.

R. Extract. Colchici Acetici gr. ij.
 Calomel. gr. iij. hac nocte.

17th.—Haust. Cinchonæ c. Tinct. Guaiaci Amm. ʒj. t. d.
 Morphiæ Acet. gr. $\frac{1}{4}$. o. n.

27th.—Swelling, pain, and redness of great toe.

R. Vini. Colchici m. xxx.
Magnesiæ gr. xv.
Infus. Caryoph.
Aquæ Distil. āā 3vj. ut ft Haust. t. d. s.
Rep. Morphiae Acetas.

29th.—P.

30th.—Much vomiting.

Rep. Haust. Colchici semel in die.

31st.—Gout much better; sciatica much the same.

R. Opii gr. j. sextis horis.
Haust. Salin. c. Vin. Ant. Tart. m. xxv.
sextis horis.

June 2nd.—Has felt giddy and sick. Pains relieved in the limbs; gout gone; pulse 84, soft; skin cool; tongue whitish; urine free.

R. Infus. Rosæ ʒiss.
Magnes. Sulp. ʒij. o. m.
Pulv. Doveri gr. viij. o. n.

7th.—Thermæ ter in septimanâ.

14th.—The bath does not relieve him.

R. Decoct. Sarsæ C. ʒij.
Vini. Colchici m. xv. t. d.

24th.—Emp. Opii coxæ sinistrae. P.

28th.—To be O. P.

Case of Gout connected with hepatic affection. Cured.

CASE XXXII.—William W. æt. 68, corpulent, Marylebone, admitted *May 22nd*, 1833. Pulse full and frequent; skin warm; tongue furred; bowels open; urine scanty, ardor urinæ; wears a bougie in consequence of stricture.

Complains of pain in all his joints; worse when he is warm; the left hand is swelled and tender, without redness; these symptoms are accompanied by flatulence, acid eructations, &c. Cough, with mucous expectoration; pain in the liver, which is enlarged.

Has been subject to gout and rheumatism for several years. The present attack commenced about a week ago.

R. Hyd. Submur. gr. v. o. n.
R. Haust. Sennæ c. Vin. Colch. ʒss. o. m.
R. Haust. Salin. c. Vin. Colchici ʒss. o. n.
D. jusculina.

24th.—D. ordin. P.

27th.—Bowels purged about four times daily. P. Omit. Calom.

29th.—The pains rather better, but complains of want of appetite and troublesome cough.

R. Aq. Menth. Pip. $\bar{z}$ iss.

Ammon. Carb. gr. vj.

Tinct. Cardam. C. $\bar{z}$ j. t. d.

31st.—Complains of distressing cough, costiveness, and stricture of the urethra. P.

Haust. Sennæ statim et alterno die. (Chirurgus de urethrâ).

June 12th.—P.

14th.—Better in every respect, except that he has pain and tenderness in the left foot.

R. Extract. Colchici Acetici gr. j. 6 tis horis.

Morphiæ Acetatis gr. $\frac{1}{3}$. o. n.

17th.—Feels much better; sleeps well at night. House medicine gives him pain.

R. Pulv. Rhei C. $\bar{z}$ ss. ex Haust.

Piment. alterno die.

P. omisso haustu Sennæ.

21st.—Let his ankles be rolled.

R. Morphiæ Acetat. gr. ss. o. n.

loco gr. $\frac{1}{3}$.

24th.—P.

26th.—Pains in the left hip, leg, and loins.

Extract. Coloc. C. $\bar{z}$ ss. o. n.

Omit. Haust.

28th.—Ext. Coloc. C. gr. xv. o. n.

July 1st.—Emp. Galbani C. lumbis. P.

8th.—P.

15th.—Rep. Emp. Opii lumbis. Cured.

CASE XXXIII.—A lady, æt. 62? Dec. 5th, 1834, wanted me to prescribe for an "inflamed hand," in consequence of a "blow" received while opening a drawer, without my seeing her. I was unable to comply with this wish, and requested an interview. The right wrist was much swelled, red, and tender from gout; the other hand and feet were also affected.

R. Submur. Hydrarg.

Pulv. Jacobi veri. āā gr. iij. formâ Pil.

hâc nocte sumend. superbibendo haustum sequentem.

- R. Potassæ Subcarb.
 Acid Citrici āā ʒj.
 Aquæ Distil. ʒx.
 Vini Colchici.
 Tinct. Opii āā m. xx.
 Syrupi Croci ʒj. m. Fiat. Haust.
- R. Infus. Sennæ ʒx.
 Tinct. Sennæ ʒj.
 Magnes. Ustæ ʒss.
 Vini Colchici ʒss.
 Tinct. Card. C. ʒj. M. fiat
 Haust. cras mane sumend.

She persevered in this plan, with the exception of the opium, and in the course of a fortnight recovered.

CASE XXXIV.—A young lady consulted me at Bath respecting a “sprain” in the ankle, April 1835. On examining the foot, the great toe and ankle were evidently affected with gouty inflammation. I found she had been accustomed to several similar attacks. Hunting had been a favourite amusement. Similar treatment to the above was adopted, and she recovered in a few days.

CASE XXXV.—Mr. N. from Northamptonshire; very plethoric habit; countenance much flushed. Complained of excruciating pain in the feet; the heels, ankles, and great toes were swelled and very tender. He was able to walk with the assistance of a stick; the urine deposited a sediment; pulse strong. These symptoms were of a few months’ duration.

- V. S. ad ʒxij.
- R. Magnes. Sulp. ʒj.
 ——— Ustæ ʒss.
 Vini Colchici m. xx.
 Aquæ Piment. ʒxj.
 Tinct. Cardam. C. ʒj. ter die.

He left town, was bled, and took his medicines. He returned to town, in a few weeks, much better. The draught was continued without the Magnes. Sulphat. and he recovered.

Remarks.—General blood-letting is very seldom necessary in Gout. Some of the preceding cases partook of an acute, others of a chronic character. Among the causes of gout are hereditary predisposition, excess in living, and a dissipated life.

λυσιτελής Βάκχου καὶ λυσιτελής Ἀφροδίτης
γεννᾶται θυγάτηρ λυσιτελής ποδάγρα. *Greek Epig.*

Drinking acid wines will also tend to produce it. Excess of lithic acid is generated in the system, and the concretions in the bursæ of the joints are lithate of soda. Gout may be transferred to an internal part, as the stomach, and the treatment will differ from an inflammatory affection of that viscus. It is therefore necessary to be cautious, and inquire into the habits of the patient. When gout retrocedes to the stomach, stimulants and anodynes are necessary, with sinapisms; whereas in gastritis, antiphlogistic measures are indicated. It alternates with other diseases, as quinsy. In some respects it resembles inflammation of the lungs when transferred to the chest. Blisters and fomentations should be employed. I visited a patient, in Nelson Square, a few days back, under the care of my father, Sir Charles Aldis, who, previous to his usual attack of gout, had urgent pulmonary symptoms, which, upon a superficial view, might seem to indicate venesection; these have disappeared, and are succeeded by a severe attack of gout in both feet. I have seen this affection frequently coincident with sciatica; which has been cured by the remedies employed in gout. With respect to the general treatment of the complaint, we may recommend, during the paroxysm, a few grains of calomel at night, to be followed by the Haust. Sennæ, with colchicum in the morning; or, we may order the pill to be immediately succeeded by a draught, containing colchicum. This medicine should be employed with caution. I remember to have seen dangerous symptoms in a young female, to whom a drachm of colchicum had been ordered, by a practitioner, to be taken every four hours. Sometimes a single drachm, in aged persons, will occasion much distress. Purgatives and the employment of colchicum are often objected to, in private practice, by persons suffering from gout, notwithstanding their manifest utility. The colchicum is sure to be blamed if any unpleasant symptom happens during its exhibition. Opiates will be necessary to relieve the pain. Magnesia may be added to our prescriptions to correct acidity. Some physicians prefer potash to magnesia or soda, because no known calculus contains this alkali, which is therefore considered less hurtful. Sir Charles Scudamore has strongly recommended a lotion, composed of one part of alcohol and three parts of Misturæ Camphoræ, first rendered agreeably

lukewarm by the addition of a sufficient quantity of hot water. Sir Henry Hallford, in a paper read before the Royal College of Physicians, recommended a saline draught with Mist. Camphoræ, Vini Colch. m. xxxv.—xl. with syrup of poppies at night. In the morning, saline draught, with about m. xx. Vin. Colch., and if the bowels do not act, c. Sulp. Magnes. ʒj. This treatment to be followed by a pill, composed of the acetous extract of colchicum, Pulv. Doveri gr. j. vel ij. and Ext. Coloc. C. During the intervals of the paroxysms, great advantage may be derived from an occasional stomachic. Liniments of camphor and opium may be useful in relieving the pain or stiffness succeeding the acute stage. The synovial membrane of the joint is affected and becomes thickened.

ACUTE RHEUMATISM.

CASE XXXVI.—George Thomas, æt. 30, horse-dealer, admitted, *July 20th*, 1831. Acute rheumatism of all the joints, of a week's standing. Pulse 96, full and hard; skin dry; tongue furred with a white coating covering the surface of it.

V. S. ad ʒxiv.

R. Hydrarg. Submur. ʒss.

Opii gr. ij. o. n.

Haust. Sennæ o. m.

D. parcissima.

21st.—Blood highly inflamed; swelling less; tongue still much furred; has perspired much; pulse 80, soft; skin moist; strong action of the carotid arteries, and undulation in the jugular veins.

V. S. ad ʒxij. P.

22nd.—Blood much less inflamed; tongue cleaner; pulse much softer, and 72; undulation continues.

25th.—Better.

R. Hydrarg. Submur. gr. v.

Pulv. Opii gr. iss. o. n.

Rep. Haust. Sennæ o. m.

28th.—P. omissâ Submuriate.

29th.—P.

Aug. 1st.—Diæta ordinaria.

5th.—Return of the old complaint in his legs, arms, and hands, with some fever.

R. Hydrarg. Submur. gr. vj.

Pulv. Opii gr. ij. o. n.

Haust. Sennæ o. m.

8th.—Complains only of weakness and soreness of the joints ; no fever.

P. om. Submur.

10th.—Thermæ ter in septimana.

19th.—P.

22nd.—Some return of pain in the shoulders and back.

R. Hydrarg. Submur. gr. v.

Opii gr. iss. hac nocte.

29th.—Rep. Medicina.

Going out cured.

Case of Acute Rheumatism, with Cerebral Affection; cured.

CASE XXXVII.—Thomas Lynn, æt. 18, servant, admitted, June 20th, 1832. Pulse 104, soft; skin hot; tongue white, red edges and tip; bowels open; urine natural.

Severe pains of the limbs, with slight diffused swellings; pain much aggravated by motion; palpitation; tenderness of the chest; breathing very frequent.

Ill a week; worse when hot and perspiring.

V. S. ad 3xij. statim.

R. Hydrarg. Submur. gr. viij.

Opii gr. ij. hora somni hac et crastina nocte.

Haust. Sennæ o. m.

D. parcissima.

22nd.—Blood slightly mottled, not immediately relieved by bleeding. Has sweated; pains relieved; can expand his chest with less pain; heart quiet. Pulse 96; tongue white; skin dry, but cool; bowels open; urine free.

R. Opii gr. ij. hac et crast. nocte.

Haust. Sennæ o. m.

25th.—The pains left him on Saturday morning, (the day before yesterday,) since then he has been delirious, noisy, and untractable; much thirst; tenderness and pain of chest; tenderness of abdomen, but no tension. Pulse 110, large and soft; skin hot; tongue dry; bowels open twice to-day; urine not free; eyes suffused with redness; teeth covered with sordes.

R. Hydrarg. Submur.

Pulv. Antimon. āā gr. ii. 4 tis horis.

Haust. Sennæ o. m.

Applic. Lotio frigida spirituosa capiti raso.

Cataplasma Sinapis pectori et epigastrio.

27th.—Seems much relieved; redness of the eyes has disappeared; heaviness in the head; no pain. Pulse soft; skin warm.

Rep. Pil. octava quaque hora.

Haust. Sennæ o. m.

29th.—Free from pain in the head; sensorium in a healthy state; no pain in the limbs. Pulse 85, soft; skin moist, cool; tongue cleaner, but rather dry; bowels open two or three times in twenty-four hours; mouth not sore; abdomen rather tense and hard.

Olei Ricini $\bar{3}$ ss. statim.

July 2nd.—Much better; appetite returned.

Rep. Pil. o. n. tantummodo.

Haust. Sennæ alt. mane.

Diæta e pisce.

6th.—D. ordin. Omit Pil. P.

9th.—Let his ears (full of wax) be syringed.

Cured.

Remarks.—I have not called this case acute rheumatism, with *metastasis* to the brain, as objections have been raised against the term. It has not been clearly proved that metastasis does take place to the dura mater, and from thence to the brain. The brain, perhaps, is predisposed to inflammation from the irritation caused by the rheumatism.

CASE XXXVIII.—Hester L., æt. 35, admitted, June 25th, 1834. Diffuse rheumatism of a week's duration, affecting principally the left hand and shoulders; pains are relieved by warmth. Pulse 106, not weak; bowels freely open; tongue white, loaded. Was ordered yesterday—

Calomel gr. v.

Jalapæ gr. xij.

Pulv. Ant. gr. iij.

Syrupi q. s.

Fiant. Pil. iv. statim sumend.

H. Sennæ cràs.

26th.—V. S. ad $\bar{3}$ xij.

R. Mist. Guaiaci $\bar{3}$ iss. 4 tis horis.

Bibat ad libitum Decocti Hordei. C.

Opii gr. j. o. n.

28th.—Blood much buffed and cupped; pains greatly relieved. P.

July 1st.—Much improved.

Fish Diet. P.

3rd.—P.

5th.—Convalescent. P.

11th.—R. H. Cinch. c. Acid Sulp. dil. m. xx.

14th.—Cured.

CASE XXXIX.—Susan H., æt. 40, single, servant, Bloomsbury, admitted, Oct. 8th, 1834.

9th.—Pulse 90, soft; skin cool; bowels confined; urine free; catamenia regular.

Acute rheumatism, of the diffuse kind, occupying the right hand and knee; the hand is much swollen and red. The pains are relieved by warmth and sweating.

Has been ill a fortnight. The rheumatism first commenced in the left hand and knee, which afterwards shifted to the right. Three days ago suffered from cough and tightness across the chest. Attributes her complaints to sleeping in a damp kitchen. Has previously suffered from rheumatism nine years ago. Was ordered yesterday—

V. S. ad $\bar{z}$ xij.

Hyd. Sub. gr. vj.

Morphiæ Muriat. gr. ss. o. n.

H. Sennæ o. m.

Diæta parcissima.

10th.—Bowels not acted upon; much acid perspiration; blood drawn much buffed and cupped.

R. Magnes. Sulp. $\bar{z}$ ss. ex.

Aq. Menth. Pip. $\bar{z}$ iss. mane et mendie.

13th.—Pains and swellings much better; pulse natural; skin cool; tongue slightly white; mouth not sore.

R. Calomel gr. iij. tant.

Morph. Mur. gr. ss. o. n.

Rep. Haust. Mag. Sulp.

D. lactea.

15th.—Pains nearly gone. P.

18th.—Complains of slight pains, particularly at night.

Rep. Pil. omissâ Hyd. Sub.

Rep. Haust. Aperiens.

20th.—Pulse 80, soft; skin cool; tongue slightly white.

Rep. Pil. Morph. o. n.

Infus. Rosæ C. $\bar{z}$ iss.

Quinæ Sulp. gr. j.

Mag. Sulp. ʒj. om. mane et meridie.
D. ordinaria.

22nd.—P.

24th.—Complains of an aching pain in the muscles of the right arm, also in knees and feet.

Lin. Sap. c. Opio partibus dolore affectis.

Hyd. Submur. gr. iij.

Morph. Mur. gr. ½. o. n.

27th.—The right knee painful and slightly swelled. Pulse 96, soft; skin moist.

Rep. Pil. Morph. c. Cal. hac et crast. nocte.

31st.—Pulv. Doveri gr. vj. o. n.

Haust. Mag. Sulp. o. m.

Nov. 3rd.—Cured.

Remarks.—It appears, from the preceding cases, that fibrous acute rheumatism may be cured either by venesection, with a combination of calomel, and opium, and purgatives, or by venesection, with the Mistura Guaiaci, opium, and barley water, to promote perspiration. I will not pretend to decide which is the more efficacious of the two modes of treatment, but content myself by stating the circumstances under which I have seen the latter employed. When the complaint was relieved by heat and perspiration, the Mistura Guaiaci was ordered, with opium, at night, to prevent the medicine from purging the patient, after venesection had been premised. When the pains were aggravated by heat and perspiration, calomel and opium have been prescribed, or opium alone. A grain of opium has been given every four hours. In mild cases, saline medicines, with Dover's powder, alone were sufficient. Colchicum was always very uncertain. Occasionally, salines, with antimonials, the Vin. Antimon. Tart. m. xx., were added to the treatment of calomel and opium. It was seldom found necessary to repeat the bleeding more than once or twice, although the blood might have presented a thicker buffy coat than in ordinary inflammation. When the rheumatism affected the abdominal integuments, fomentations, or blisters, were of service. If the perspiration was very acid, when tested by litmus paper, it seemed to be an indication of cure to counteract this acidity,

R. Potassæ Carbonatis ʒj.

Aquæ Pimentæ ʒiiss. 4 tis horis.

with which an opiate was given at night. The fibrous organs, as

aponeuroses, fibrous capsules of joints, ligaments, tendons, &c., suffer in acute rheumatism.

SYNOVIAL RHEUMATISM.

CASE XL.—Thomas M., æt. 45, carter, Paddington, admitted, *April 18th*, 1833.

19th.—Pulse 96, weak; skin warm; tongue white; bowels open; urine free. Complains of pains in all his limbs, more particularly in the left knee joint, which is much swelled, and tender; the pains are not altered by change of temperature.

Has been subject to rheumatism for two years. About a week ago, says he brought up about half a pint of florid blood; a few days after, the left ankle swelled, this receded, and the left knee swelled. Attributes his complaints to cold.

18th.—Applic. Hirudines xv. genu dolenti,
postea Lotio spirituosa.

R. Haust. Nitri c.
Vini Colchici ʒss. ter die.

R. Haust. Sennæ cràs.
Diæta parcissima.

19th.—R. Extract. Acet. Colchici gr. ij.
Pulv. Doveri gr. vj.

Ft. Pil. ij. horâ somni sum. P.

Vespere Rep. Hirud. xx. genu.

20th.—Emp. Canthar. femori inferiori.

21st.—No pain in the knee, which is less swelled; no sleep.

R. Pulv. Ipec. C. gr. x. o. n. P.

22nd.—Complains of sickness, loss of appetite; no sleep; left knee swelled, but not tender; no fever.

R. Morp. Acet. gr. ss.

Ext. Coloc. C. gr. v. o. n.

R. Mist. Guaiaci ʒiss. ter in die.

The knee was afterwards bandaged; he took bark, with ammonia and aperients. On May 21st, he left the hospital cured.

CASE XLI.—John C., æt. 25, waggoner, admitted, *Oct. 2nd*, 1833. Pulse 108, full and rather hard; skin dry; tongue whitish, œdematous; bowels costive; urine free, high coloured. Complains of swelling of the hands and wrists; synovial membranes chiefly affected, worse at night, very much aggravated by motion. Ill nearly a twelvemonth. Hands first affected.

V. S. ad 3xij.

R. Haust. Salin. c. Vin.

Colch. m. xx.

Vini Antim. Tart. 3ss. sextis horis.

D. lactea.

4th.—Joints less swelled; wrists still swelled; pain in the right elbow, very severe. Pulse 90, soft; skin cool; tongue clean.

Hirud. viij. utrique carpo. P.

9th.—Swellings of the wrists less.

Rep. Hirud. viij. utrique carpo. P

9th.—P. D. ordinaria.

11th.—Pains and swelling much better. P.

14.—Thermæ ter in hebdomada. P.

18th.—P.

21st.—P.

23rd.—Vomits his medicine; bowels open.

R. Ext. Colch. gr. ij. o. n.

Decoct. Sarsæ C. Oj.

Ext. — 3j. quotidie.

25th.—The medicines agree with him.

28th.—P.

Nov. 4th.—No complaint.

P. Omissa Pil.

Cured.

Remarks.—Local blood-letting is commonly sufficient, but when the synovial system becomes more generally affected, as in the latter case, venesection is rendered necessary. A spirit lotion should be employed. In this form of rheumatism, colchicum will be found very efficacious, probably, from its resembling gout. In the less acute stage of the disease, blisters are to be applied *near* the affected part, which may be remarked in Case 40. When lymph is effused, it will be requisite to have recourse to calomel and opium. The saline depositions consist of the carbonate of lime.

SPASMODIC CHOLERA.

Severe Case of Malignant Cholera, cured.

CASE XLII.—John L., æt. 50, *July 9th*, 1832. Has been in one of the surgical wards of the hospital for the last month. Is of a hypochondriac and melancholy turn. Was seized, at twelve o'clock, with violent vomiting and purging, followed by cramps of the legs and arms.

R. Hydrarg. Submur. gr. v.
Opium gr. j. statim.

R. Aquæ Pimentæ 3j.
Magnes. Carbonat. 3j.
Confect. Arom. 3ss.
Confect. Opium 3j. M. Fiat
Haust. post horas duas sumend.

The vomiting, purging, and cramps continued at 4 P. M.

R. Olei Cajuputi 3ss.
Mucilag. Acaciæ 3j.
Mist. Cretæ 3iss. M. Fiat Haust.
statim sumend et post horarum trium intervallum.

R. Hydrarg. Submur. gr. v.
Opium gr. j. statim et post horas tres.
Cataplasma Sinapis amplum abdomini. Spiritus
Vini Gallici 3ss. subinde.

8 P. M.—R. Tinct. Opium 3ss. statim.
Burnt brandy.

10 P. M.—Almost all the medicines given, up to this period, have been vomited; he is now in a state of collapse. Complains of pains in his limbs, and severe cramps. The evacuations are copious and of the consistence of water-gruel. Tongue brown, and densely furred; pulse almost imperceptible; urine scanty.

R. Spirit. Æth. Sulp. 3j.
Tinct. Cinchonæ C. 3ij.
Ammon. Carb. gr. vj.
Mist. Camphoræ 3x. 2 da quaque hora.
Spirit. Vini Gallici 3ss. subinde
Catap. Sinap. abdom. pedumque plantis.
Hydrarg. Submur. gr. x.
Opium gr. jj. statim.

The draught has been taken every half hour, and retained; brandy has been administered every quarter of an hour. The hands and arms are of a purplish hue.

10th.—Rather improved; complains only of pains in the legs, and cramps. Not so much vomiting nor purging; hands and arms less purple. Pulse small and weak; skin moist; tongue still much furred, and brown.

Rep. Haust. c. Mist. Cretæ vice
Mist. Camp.

Rep. Spir. Vini Gallici subinde.



8 P. M.—Tinct. Opii m. xx. statim.

Beef Tea.

11th.—R. Hydrarg. c. Creta.
Pulv. Ipec. C. c. Opio. āā gr. v. t. d.
Infus. Cuspariæ 3x.
—— Rhei ʒij.
Olei Menth. Pip. m. j.
Sacchari ʒj. M. Fiat. Haust. bis in die.
Beef Tea, Arrow-root.
Spirit. Vini Gallici subinde.
Olei Ricini ʒvj. cras mane.

12th.—Has not vomited since yesterday; feels more comfortable, and complains only of lightness in the head; is slightly delirious at times. Pulse 70, soft, compressible; skin moist; tongue still brown and furred; urine increased in quantity, and voided freely.

Intermittatur Sp. Vini Gallici. P.

13th.—Pulse 84, soft; skin warm; tongue dry; bowels open; urine abundant; no vomiting.

Omitt. Haust. Cuspariæ

Rep. Pulv.

Haust. Salin. Effervescens t. d.

Vespere

Adde Haustui Tinct. Opii gtt. x.

14th.—Bowels very loose; tongue brown and dry.

Injiciatur Enema.

Arrow-root, parts 4.

Brandy, part 1.

Rep. Pulv.

R. Confect. Aromat. ʒj.

Mist. Camphoræ 3x.

Tinct. Opii m. v. 4 tis.

Intermitt. Haust. Effervescens.

15th.—Has had much purging; no vomiting since yesterday, till this morning, when he ejected some arrow-root immediately after taking it.

Tea, gruel, and broth are retained.

An Enema of Starch c. Tinct.

Opii m. xxx. was administered this morning.

Pulse 80, of good strength; skin warm; tongue more moist; dejections frequent, and bilious; several hours' sleep during the night. P.

16th.—Pulse 84, good strength; skin warm; tongue moister and red; urine free; very torpid; kept down his food.

Rep. Pulv. bis in die.

Olei Ricini o. m.

Depil. Caput.

Lotio Spirit. fronti et temp.

17th.—Urine clear, abundant; surface not hot. P.

Hyd. Submur. gr. ij.

Sacchari gr. iv. b. d.

Rep. Mist. Æth. Sulp. c.

Tinct. Cinchonæ, &c.

19th.—Pulse 100, of good strength; one feculent motion last night; speaks clearer; takes his food.

Rep. Haust. bis in die.

21st.—Convalescent. P.

Mutton Chop, daily.

31st.—Cured. To go out to-morrow.

Case of Scarlet Fever, succeeded by Malignant Cholera; cured.

CASE XLIII.—Jane B., æt. 14, Pimlico, admitted, *July* 16th, 1832, with Scarlet Fever.

24th.—Was attacked, immediately after our visit yesterday, with vomiting, and shortly afterwards with purging. The former has been incessant up to the present time. The purging lasted until 9 P. M., and then ceased about 9 this morning, when it came on again, but less severely. The matters, passed upwards and downwards, consist, principally, of a clear yellowish fluid. The pulse continued to fall from the commencement of the attack; at midnight it was scarcely perceptible; it is now about 100, firm. No urine passed since two o'clock yesterday. Was ordered, yesterday,

R. Spir. Vini Gallici cochleare j.

Tinct. Opii m. v. subinde.

Fotus Epigastrio assidue.

Hydrarg. Submur. gr. v.

Opii gr. j. statim sumend.

R. Sp. Æth. Sulp. 3j.

Tinct. Cinch. C. 3ij.

Ammon. Carb. gr. vj.

Mist. Camphoræ 3j. 3 tiis.

Vespere Catap. Sinap. epigastrio.

Calom. gr. v.

Opii gr. j. statim.

25th.—Still vomiting whatever she takes into her stomach, mixed with white serous fluid. Thirst urgent. Pulse 90, firm; skin hot, dry; countenance somewhat collapsed; dark areola round the eyes; bowels open, feculent and bilious; tongue red and warm. Has just passed urine for the first time during the last forty-eight hours. Has retained one pill of calomel and opium.

R. Submur. Hydrarg. gr. ii.
Opii gr. ss. 3 tia quaque hora.
R. Potassæ Chloratis gr. vii.¹
Sodæ Muriat. ʒj.
— Carbonat. 3ss.
omni semihora ex aqua.
Soda-water.

27th.—Countenance somewhat more lively, but the vomiting and purging still continue; has voided about a quart of urine within the last twelve hours. Complains of insatiable thirst; tongue red, clean, glazed, rather moist.

R. Mist. Camphoræ ʒj.
Confect. Arom. ʒj.
Tinct. Opii m. iij. 4 tis horis.
Omittantur alia.

28th.—R. Haust. Efferves. Ammoniat. c.
Tinct. Opii m. iij. 4 tis horis.

29th.—Adde Haustui nocturno Tinct. Opii gtt. x.

30th.—In every respect better, but still looks haggard; the eyes sunk; tongue clean, glazed; skin warm and dry; one motion to-day, which is dark; has vomited bilious matter.

R. Calom. gr. j. 4 tis horis. P.

Aug. 1st.—Much better.

Rep. Pulv. octavis horis.

3rd.—Convalescent. Omitt. medicamenta.
Ol. Ricini p. r. n.

CASE XLIV.—William N. æt. 51, carpenter, admitted Aug. 16th, 1831.—Was seized this morning with violent pain in the stomach, accompanied by vomiting and purging; cramps of the arms, legs, and abdominal muscles, which still continue; pain

¹ Dr. Stevens' Saline treatment.

on pressure of the abdomen; feels languid and sleepy; tongue whitish, furred; extremities cold; pulse very weak, and intermittent.

R. Olei Cajuputi m. xv.
Muc. Acaciæ 3ij.
Mist. Camphoræ 3x. M. statim
et 2 da quaque hora repetend.
Foveatur abdomen assidue.
Diæta jusculina.

Vespere R. Hydrarg. Submur. gr. v.
Opii gr. j. 6 tis horis rep.
Haust. Cajuputi 6 tis horis intermediis.

17th.—Motions like gruel, scanty; cramps better, but is still affected, also in the thighs. Pulse full, soft, 90; skin dry, natural; tongue white; urine not free since yesterday.

Haust. Sennæ cras mane. P.

18th.—Bile apparent in the motions; cramps subsided; altogether much recovered.

P. 8 vis horis.

24th.—P. Cured.

CASE XLV.—Sarah S. æt. 56, married, Windsor, admitted, under Dr. Hewett, Aug. 15th, 1832.—Pulse 80, compressible; skin warm; tongue slightly yellow, moist; bowels “very open,” dysuria.

Complains of weight at the chest, and pain in the left thorax, which is aggravated by deep inspiration; no cough; pains in the limbs relieved by warmth; no other complaint.

Three days ago reports that she had violent vomiting and purging of darkish green matter, attended with cramps and spasms of the legs. Has been subject to rheumatism for three years.

* * * *

22nd.—Was attacked suddenly in the afternoon with violent vomiting and purging of greenish matter; great distress; purplish hue of the forehead; the vomiting was incessant.

R. Confect. Opiat. ʒss.
Spir. Æth. Sulp. 3j.
Mist. Camphoræ 3xi.
Syrup. Aurant. 3j. M. Ft. Haust.
statim et omni horâ repet. per quatuor vices.

Sp. Vini Gallici in Soda Water.

Sinapismus Epigastrio.

Turpentine, camphor, &c., were administered about 7½ P. M. had an injection into the veins of the right arm, consisting of

Muriat. Sodæ ʒij.

Carb. Sodæ ʒj.

Aquæ ʒxxx. at 114°. Fahr.

Died 11½ P. M.

Dissection 15 hours post mortem.

The body presented nothing externally, excepting the hands, which were very blue.

Head.—On penetrating the dura mater, a considerable quantity of clear fluid escaped. There was a slight milky deposit under the arachnoid membrane. The vessels of the brain were universally turgid with dark blood. The lateral ventricles empty. The cineritious substance contained several bloody puncta.

Thorax.—Lungs appeared healthy externally; on raising them a few slight adhesions, between the pleura pulmonalis and pleura costalis, appeared. On cutting into the bronchi, a considerable quantity of sanguineous fluid, with floating flakes of lymph or mucus was found; heart healthy.

Abdomen.—The mucous coat of the stomach contained numerous indentations without redness or softening, and without exposing the muscular coat. The intestines, generally, were highly vascular, presenting continued arborescent patches of vessels. The mucous membrane had a salmon-coloured tint throughout. About a foot and a half from the colon, two small patches of enlarged congregated glands were observed. The stomach and intestines contained a considerable quantity of brownish slimy fluid. Spleen and liver natural. Mesenteric glands not enlarged. Semilunar ganglion healthy. Left kidney completely disorganized, apparently consisting of several cysts. It was not cut into in consequence of being preserved for the museum. Right kidney healthy. Bladder contracted, containing about half an ounce of urine.

Remarks.—The first patient passed through a fever of the typhoid character, which usually supervenes upon the stage of collapse, if the patient survives. In the last case, the rose or salmon-coloured appearance of the mucous membrane of the intestines, with enlargement of the glands, was observed. Some have supposed an inflammation of these glands to be the proxi-

mate cause of cholera, but none of the pathological appearances seem to have thrown any light upon the subject. From the history of the case, she had, no doubt, been attacked with the complaint previous to her admission into the hospital, and this was a relapse.

Treatment of Cholera.

When the patient is in a state of collapse, stimulants may be employed internally, as brandy, æther, &c. Cajuput oil, improperly considered a specific in this affection, and some of the other essential oils, are useful stimuli. Opium will be a very powerful agent, from its stimulating and antispasmodic properties. Effervescing draughts to allay sickness. Should the liquid medicines be rejected, opium and camphor may be given in the form of pill. I have seen the following remedies very serviceable in relieving the sickness and diarrhœa:—

R. Mist. Cretæ ℥iss.
Spirit. Ammon. Arom. m. xx.
Tinct. Opii m. v. 4 tis horis.
Vini rubri ℥ij. secundis horis.

The external stimulation, applied at the hospital, consisted in placing the patient in a warm bed, near the fire, and using frictions of hot flannel. Bottles of hot water were applied to the feet. Mustard cataplasms were placed on the epigastric region. Some recommend strong nitric acid, and even boiling water, to stimulate the abdomen, but most practitioners are opposed to such violent measures. Liniments of camphor, &c., will answer the purpose much better. Cold water alone has met with success in some cases. It is necessary to be careful in the administration of stimulants, and narcotics, particularly the latter, for, no doubt, patients have suffered by being overloaded with them. I have seen scruple doses of mercury given, and more frequently smaller quantities, as five grains, with half a grain of opium every half hour, or a grain every quarter of an hour, washed down with hot brandy and water. In those forms of the affection, when vomiting was not a prominent symptom, mustard emetics are reported to have cured the disease, by causing reaction, when the patient was in a state of collapse. A table spoonful of mustard will suffice; much more has been given, but inflammation of the stomach is likely to result, should large doses be retained. A table spoonful of salt has had a similar effect, by

causing vomiting. Dr. Stevens administers the neutral salts, particularly the muriate of soda, and nitrate of potash, on this principle, that blood owes its healthy redness to the natural salts confined in it, which he has found deficient in cases of cholera.

JAUNDICE.

CASE XLVI.—Maria E. æt. 20, single, servant, admitted *June 29th*, 1831.—Icterus; pain in the right hypochondrium; sickness at stomach, particularly after taking anything; lowness of spirits; inability of lying on the right side on account of pain. Pulse 100, full and hard; skin cool and moist; tongue red; bowels open, motions nearly white; urine free, dark coloured; catamenia regular.

Ailing five weeks with pains in the limbs; yellowness of skin observed three weeks ago, but felt no pain in the right hypochondrium until within the last fortnight.

V. S. ad $\frac{3}{4}$ xij.

R. Calomelanos gr. iv.

Ext. Coloc. C. gr. x. o. n.

Infus. Aurant. C. $\frac{3}{4}$ iss.

Magnes. Sulp. $\mathfrak{d}$ ij. mane et meridie quotidie.

Diæta jusculina.

July 1st.—P.

4th.—Slight hardness of the epigastric portion of the liver; less yellowness of skin; motions still white. Pulse frequent; skin natural; bowels open three times.

R. Pil. Hydrarg. gr. v. loco Submur.

15th.—Motions of a more healthy appearance, still clay-coloured. Complains much of headach, chiefly in the forehead; worse when she sits up. Pulse natural; skin cool, moist.

Emp. Canthar. nuchæ P.

18th.—Hirud. viij. temp. P.

Rice milk.

21st.—Motions better in colour. The leeches did not relieve her; yellowness less; mouth slightly sore.

P. omiss. Pil. Hydrarg.

Garg. Alum.

22nd.—Motions still muddy and offensive; mouth sore; headach.

Adde Haustui Extract. Taraxaci $\mathfrak{d}$ j. P.

25th.—Jaundice nearly gone; still complains of pain in the back of the head; worse when she sits up. Pulse very frequent and soft; skin cool.

Rep. Emp. Canthar nuchæ.

Resumat Pilulam Hyd. o. n. P.

29th.—P.

Aug. 10th.—Infus. Gentianæ C.

Aquæ Distil. āā ʒvj.

Magnes. Sulp. ʒij.

mane et meridie quotidie.

Pil. Hyd. gr. v. omni alt. nocte.

15th.—Going out cured.

CASE XLVII.—Ann B., æt. 67, admitted, Aug. 1st, 1832. About three weeks ago was taken with vomiting; pain and swelling of the joints, which lasted about a fortnight, leaving her weak, with occasional pain in the head and side, which still continues. The skin, countenance, and conjunctivæ of a deep yellow tinge; lies best on the right side; pain in the left side; sickness; bowels regular; urine high coloured.

R. Haust. Salin. Effervescens c.

Sodæ Tartarizatae ʒj.

Tinct. Sennæ ʒj. 6 ta hora.

R. Calomelanos gr. iij.

Extract. Coloc. C. gr. viij. h. nocte.

9th.—Rather easier to day; bowels not open; vomited this morning.

P. c. Haust. 8 va hora.

Liniment. Opii regioni epigastricæ.

Extract. Coloc. C. ʒss. h. n.

Broth Diet.

10th.—Feels rather better; bowels well open; appetite returning. P.

Beef Tea.

13th.—More sickness to-day; feels very low. Pulse 90, variable; skin still very yellow; bowels open, motions white.

R. Calomel. gr. iij.

Pulv. Rhei gr. v. hac nocte.

Haust Sennæ cras.

R. Potassæ Sulphatis ʒj. ex Haust.

Cetacei Aqua Cinnam. āā ʒss. t. d.

15th.—Less pain and yellowness, and less dejection of spirits.

Rep. Pulv. hac nocte.

H. Sennæ cras.

24th.—Much better. P.

27th.—Was very sick last night; vomited the contents of the stomach, which were of a bitter taste; urine not so deeply tinged; feels chilly at times; pain at the pit of the stomach after eating. P.

Sep. 3rd.—Better. To go out on Wednesday.

R. Sodæ Tart. ʒss.

Infus. Aurant. C. ʒj.

Aquæ Piment. ʒss. b. d.

H. Sennæ ʒj.

CASE XLVIII.—Jesse B., æt. 26, admitted *May 29th*, 1833.—Jaundice of six days' duration, supervening upon pain at the stomach; skin and conjunctivæ very yellow. Pulse 100, small and soft; bowels costive; fæces white; urine dark coloured.

R. Pil. Hydrarg.

Pulv. Rhei āā gr. v. o. n.

R. Sodæ Tartariz. ʒiij.

Sodæ Carbonat. ʒss.

Aquæ Menth. Pip. ʒij. o. m.

Broth Diet.

June 1st.—Skin warm; tongue moist; bowels opened. Jaundice rather diminished.

R. Haust. Salin. Efferves. ter die.

3rd.—R. Hydrarg. Submur. gr. iv.

Ext. Coloc. C. gr. viij. M. Fiant.

Pil. iij. statim sumendæ.

4th.—Yellow colour of the skin greatly increased.

Rep. Hyd. Submur. hac nocte.

Haust. Sennæ cras mane ad sedes.

Haust. Salin. Effervescens ter die.

6th.—Some vomiting tinged with blood. Pulse 100; skin perspiring.

Rep. Pil. crastina nocte.

Haust. Sennæ sequente mane.

Plain dressed vegetables—Asparagus, or Spinach, or Cabbage daily. Beef Tea.

8th.—More bile in the motions, which are very abundant; urine specific gravity 1020, not coagulable by heat or nitric acid. P.

10th.—Yellow colour of the skin and conjunctiva much diminished.

Rep. medicamenta alternis diebus.

R. Sodæ Subcarbonat. Ḑss.

Infus. Gent. C. 3x.

Tinct. Gent. C.

Syrup. Aurantii āā 3j.

M. Fiat Haustus bis die sumend.

c. coch. magno uno Succī limonis recentis.

12th.—Urine very abundant, less dark; pain in the right shoulder.

V. S. ad 3x.

Infricet. Linim. Hydrarg. 3j. o. n. P.

14th.—Fæces of a more healthy colour; urine less loaded with bile. The blood deposits yellow bile, on standing, on the sides of the vessels. Sp. gr. of the serum 1025. P.

17th.—The sp. gr. of urine 1005, much lighter colour, but turbid. Fish Diet. P.

19th.—Rep. Submur. Hydrarg. h. n.

Haust. Sennæ cras mane.

27th.—Capiat Pil. Hydrarg.

Ext. Coloc. C. āā gr. v. alt. noct.

Haust. Sennæ c. Potassæ Tartratis 3iij.
alt. auroris.

July 4th.—Countenance greatly improved. Fæces deeper coloured. D. ordinaria.

6th.—Ext. Coloc. C. gr. vij.

Submur. Hyd. gr. iij. statim.

12th.—Much better. P.

15th.—Jaundice nearly entirely disappeared. P.

24th.—Cured.

Case of Jaundice. Gall Stones. Cured.

CASE XLIX.—John J., æt. 30? admitted Sep. 10th. 1834. Affected with jaundice of a week's duration, commencing with pain at the scrobiculus cordis, shooting across the epigastrium. Pulse 80, soft; urine very high coloured. Has not suffered from any other complaint.

R. Ext. Coloc. C.

Pil. Hydrarg. āā gr. v. o. n.

R. Potassæ Tartratis ʒiij.

—— Carbon. ʒss.

Aquæ Fontanæ ʒij.

M. Fiat Haust. Effervescens c. coch. maximo

Succi limonis o. m. sumend.

11th.—Bowels opened with difficulty, after two injections ;
fæces abundant. P.

12th.—Bowels open this morning, stools reported dark coloured,
but is *suffering severe pain at the pit of the stomach*. Pulse 84 ;
*skin cool*¹.

R. Tinct. Opii m. xx.

Aquæ Menth. Pip. ʒiss,

statim et urgente dolore repetend. P.

13th.—R. Submur. Hydrarg. gr. iij.

Extract. Coloc. C. gr. x.

donec plene, &c.

14th.—Bile passes freely ; yellow colour of the countenance
greatly diminished.

R. Calomel. gr. iij.

Ext. Coloc. C. gr. v. o. n.

Haust. c. Potass. Tart. ut antea o. m.

Fish Diet.

20th.—His mouth became affected, for which Garg. Alum.
was ordered. Cured.

Case of Jaundice, with Cerebral Affection, terminating fatally.

CASE L².—Ann Carter, æt. 16, single, was admitted on
September 18th, 1833.—Pulse 80 ; skin suffused with bile ;
tongue clean ; bowels open ; urine scanty, of a deep yellow
colour ; catamenia irregular. Is said to have had very low
spirits lately ; has been crying nearly every day ; *her head is*
very confused, and she cannot answer well for herself. Her
mouth is parched and dry ; much thirst ; pain in the hepatic
region ; *very severe headach* ; pain on inspiration ; “ nasty taste

¹ The slow state of the pulse, in comparison with the intensity of pain, may here be
remarked. It is sometimes considerably below the natural standard, or scarcely ever
above 100, during the passage of a gall stone, and forms a very good diagnostic mark
of such an occurrence, in conjunction with jaundice, and violent pain in the epigastric
region.

² Vide Medical Gazette, Vol. xiii. p. 833., and Medico Chirurgical Review, April,
1834.

in the mouth." Has been ill with jaundice a fortnight; is very sick, and vomits frequently; great weight over her eyes; sees every thing of a yellow colour; *is very drowsy*.

19th.—The water to be drawn off. *Insensible*; has brought up much blood, at different times, this morning; her breathing is very laborious; and the whole of her body is of a deep yellow colour.

Died at two P. M.

Note.—She became quite insensible last evening, having been very much confused, and nearly *comatose*, since her admission. Bowels open last evening; motions reported as very pale, of a light clay colour.

Sectio.—The dura mater was deeply stained with yellow; also the glandulæ pacchioniæ. The convolutions of the brain were flattened. The lateral sinuses were filled with blood. *No effusion, nor undue vascularity, in the substance of the brain*. The inner lining membrane of the upper part of the trachea very vascular. A large earthy concretion, about the size of a chestnut, in the bronchial gland, at the bifurcation of the trachea. The liver soft, flaccid, and unusually small; its substance, in parts, stained with bile; there was no fluid bile in it. The ductus communis choledochus not obstructed, but larger than usual. The left kidney of a bright yellow colour, the right not so yellow. Heart small. Inner coat and semilunar valves of aorta very yellow. Inner membrane of the stomach granulated, and suffused with bile. Spleen healthy. Pancreas not stained.

Remarks.—I published this case, in the Medical Gazette, in consequence of a paper on jaundice, accompanied with coma, by Dr. Griffin, in the Dublin Journal of Medical and Chemical Sciences. There was nothing in the brain to account for the violent head symptoms during life, which appear to have depended on a deranged state of the liver, just as they sometimes coincide with a morbid condition of the kidneys, or the mucous follicles of the bowels, in common continued fever. It is worthy of remark, that Mr. Twining, in his Clinical Illustrations of the more important Diseases of Bengal, states, page 258, "In some cases I have known robust patients die with symptoms of oppressed brain, within thirty-six hours after the sudden appearance of intense jaundice; for the accession of which last-named disease no cause could be assigned." The connection between jaundice and affections of the brain attracted the notice of phy-

sicians at a very early period. Stupor, with delirium, has been reckoned a fatal symptom in jaundice from the time of Hippocrates¹. Dr. Macleod, Dr. Marsh, Dr. Gregory, and Mr. Gilbert Burnett have noticed the occasional connection of jaundice with affection of the brain, or nervous system.

Treatment of Jaundice.

The indications are to relieve the pain by opium and other narcotics, and to keep the bowels open by purgatives. The tenderness in the region of the liver may be relieved by venesection, or local detraction of blood. Warm fomentations and warm baths are useful. Taraxacum, and various other medicines have been lauded.

R. Infus. Aurantii C. ʒiss.
Magnes. Sulp. ʒij.
Extract. Taraxaci ʒj. ter die.

Those salts have generally been preferred, in which tartaric acid enters.

ERYSIPELAS.

CASE LI.—Honorina L., æt. 19? servant, admitted, under Dr. Chambers, *November 17th*, 1832.—Pulse 120, hard; skin hot; tongue white, red edges; bowels open from medicine; urine thick. Erysipelas of the right side of the face spreading to the left.

Attacked with the disease four days ago,

Lotio Spirituosa faciei.
R. Haust. Aquæ Ammon. Acet. c.
Vin. Ant. Tart. m. xv.
Spirit Æth. Nitrici. m. xx. 6 tis horis.
Broth Diet.

18th.—Haust. Sennæ.

19th.—V. S. ad ʒx.

R. Calomel. gr. iv.
Rhei Pulv. ʒj.
Pulv. Cinnam. C. gr. iv. cras mane. P.

21st.—Blood drawn somewhat inflamed; fainted after about four ounces were taken. The Erysipelas is vesicating on the right cheek, and has spread to the ear, and is still spreading over the left side of the face. No delirium; but little sleep. Has

¹ Pemberton on the Abdominal Viscera. See Morgagni de Sed. et Causis Morb. Epist. xxxvii. Art. 6.

vomited some watery mucus, mixed with green bile; motions dark and watery. Pulse frequent, rather full, but compressible; tongue white, moist; skin warm; bowels freely opened; urine free; abdomen tumid and hard.

- R. Ammon. Carb. ʒj.
 Aquæ Distil. ʒj.
 Sacchari. ʒss. M. Fiat Haust.
 Effervescens c. Succ. Limonis ʒss. 4 tis horis.
 R. Hydrarg. Submur. gr. iij.
 Pulv. Rhei gr. xv.
 — Arom. gr. iij. statim. P.

22nd.—Adde Haust. Tinct. Cinchonæ C. ʒij.

23rd.—Her pulse was rather weak yesterday, and her skin cold, for which she was ordered the Tinct. Cinchonæ C.; she is to-day free from fever. The erysipelas is not spreading. Tongue moist; urine was drawn off, by the catheter, yesterday, to the extent of sixteen ounces. The catheter to be used every four hours. P.

26th.—Bowels open; urine free; going on well. P.

30th.—(D. ordinaria).

Dec. 3rd.—Complains of soreness and pain in the chest; no fever.

- R. Hydrarg. Submur. gr. iij.
 Rhei Pulv. ʒj.
 Pulv. Cinnam. C. gr. iij. statim.
 R. Quinæ Sulphatis gr. ij.
 Tinct. Cardam. C. ʒj.
 Infus. Rosæ ʒx. ter die.
 Fish Diet.

10th.—Cured.

CASE LII.—Susannah C., admitted ? 1833.—Pulse 120, very weak; tongue white, with glazed red edges; bowels open; urine free.

Was attacked on Friday last with severe headach, the next day an erysipelatous eruption appeared, which is still present, entirely confined to the face, but apparently beginning to spread; she still complains of severe headach.

- R. Decoct. Cinchonæ ʒx.
 Liq. Ammon. Acet. ʒij. t. d.
 11th.—R. Decoct. Cinchonæ ʒiss.
 Tinct. ——— ʒj.

Pulv. Cinchonæ ʒj.

Ammon. Carb. gr. vi. t. d.

11th.—The eruption has not spread, and is less red. Pulse 110, weak.

12th.—Tongue moist; pulse much stronger, 100. The eruption has not spread; bowels confined.

Haust. Sennæ statim.

14th.—Convalescent, with some remains of swelling.

Haust Sennæ cras mane.

16th.—Face still a little swelled, desquamating; pulse stronger. P.

* * * *

Cured.

Case of Erysipelas occupying the face and back. Cured.

CASE LIII.—Mary Anne G., æt. 20? admitted, under Dr. Macleod, *November 27th*, 1833. Affected with Erysipelas of the face and forehead, and accompanied by considerable swelling, which is stated to have begun about eight days ago; face red; eyes closed; moaning.

App. Lotio Spirituosa partibus inflammatis.

R. Liq. Ammon. Acet. ʒij.

Syrupi ʒj.

Aquæ 3x. M. Fiat Haustus 4 tis horis.

R. Hydrarg. Submur. gr. v. horâ somni.

Olei Ricini ʒss. cras mane sumend.

28th.—Bowels acted once, scantily, since admission. Face and head more swollen and more painful; vomits every thing except the medicine; occasionally delirious. Pulse 104, soft; skin hot; tongue dry, furred, brown in the centre.

P. c. Lotione et Calom. et Ol. Ric.

Rep. Haustus.

29th.—Passed a tolerably good night. Bowels open; urine free; eruption on the face and forehead declining, and desquamating; apparently not spreading over the scalp; tumefaction diminishing, and can now partially open her eyes; at present moaning and restless. Tongue dry, crusted; pulse 90, soft. Answers questions when put to her distinctly, but continues in a state of partial stupor.

R. Calomel. gr. ij. ter die.

P. c. Haust. et Lotio.

Rep. Ol. Ric. ʒss. cras mane.

30th.—Bowels much relaxed yesterday afternoon. Pulse 90, soft; is very low and languid. The eruption is disappearing entirely from the face, but has appeared, in a slight degree, at the back of the neck.

The Calomel was omitted.

R. Liq. Ammon. Acet. ʒij.

Ammon. Carb. gr. v.

Mist. Camphoræ ʒx. 6 tis horis.

Habeat Vini rubri ʒj. ex aquâ calidâ 6 tis horis.

Beef Tea Oj.

Dec. 1st.—Face and forehead rapidly desquamating, and the swelling nearly gone; inflammation spreading down the back of the neck, between the shoulders. Passed a restless night, but with less delirium. Pulse 115, soft; tongue dry, rather glazed; bowels purged several times in the night and this morning.

P. c. Haust. omiss. Carb. Ammon.

Rep. Vinum.

To have the margin of the inflamed skin, on the back, painted with a strong solution of Argent. Nitrat.

2nd.—A line was made round the inflamed part, with solid caustic, about a quarter of an inch in width, but deficient in various points. The inflammation has spread, both where the line was most perfect, and where the skin was untouched. Pulse 92, soft; skin cool; less restless.

R. Decoct. Cinchonæ ʒj.

Vini Rubri ʒss. 4 tis horis sumend.

R. Rhei ʒj.

Magnes. ʒss.

Zingib. gr. v.

Aquæ ʒiss. M. Fiat Haust. cras mane sumend.

Lotio frigida collo.

3rd.—Pulse 96, soft; skin hot; tongue glazed, red; bowels open. The eruption is spreading down the back and over the shoulder; does not take any food. Complains of acute pain in the right ear. The erysipelas has not spread beyond the line of the solution of caustic¹.

P. c. Haust. 6 tis horis.

Vini Rubri Lusitanici ʒss. alternatis 6 tis horis.

Note.—The wine only was given.

¹ The solution consisted of 12 grains of caustic to an ounce of water. A fresh and more perfect line ($\frac{1}{2}$ an inch wide) than the former one was painted with a camel's hair brush on the back.

5th.—Bowels not so much relaxed, for which an opiate had been administered. Tongue glazed, some white papulæ on the sides.

6th.—Erysipelas is spreading a little on the right shoulder; much discharge from the ear, which is more easy.

9th.—The eruption is dying away.

10th.—Desquamation of the face and back nearly completed.

Note.—She took tonics for subsequent debility; on the 17th. her general health was nearly reestablished, and she soon afterwards recovered.

Pathology and Treatment of Erysipelas.

Occasionally there may be increased vascularity of the membranes of the brain, or effusion into the ventricles, but very often there is no pathological appearance in the head. Many speak of Erysipelas as a local inflammation, whereas it is a constitutional disease, the eruption being merely a symptom, and does not appear until after constitutional symptoms have occurred. Some recommend bleeding, others only bark or stimulants in the treatment. It is, however, a more rational plan, and one which involves a good principle, in this and all other affections, to take a general survey of the treatment, and be guided by circumstances.

Venesection, or local blood-letting, is seldom required. The bowels should be opened by the means adopted in the preceding cases. Incisions¹ are not employed on the face, for the cellular membrane there is not so likely to suppurate as in other parts of the body, excepting the eyelids, which may be punctured. A spirit, or a lotion, consisting of

R. Infus. Rosæ

Liq. Ammon. Acet. āā partibus æqualibus,
is the best local application. Testaceous powders, flour, &c., are almost altogether discontinued. Small punctures², the nitrate of silver³, and small strips of blister⁴, have been advocated in the external treatment. If the pulse be strong, and the skin hot, we should commence with saline medicines; if we do not see the patient until the third or fourth day, and symptoms of debility are apparent, bark and wine may become necessary.

¹ Recommended by Hutchinson and Lawrence.

² Dr. Dobson.

³ Mr. Higginbotham.

⁴ Dupuytren.

DROPSY.

Case of Universal Dropsy ; cured.

CASE LIV.—George M., æt. 35, soldier, admitted *Nov. 23rd*, 1831.—Universal dropsy, of a month's duration, with severe pain in the region of the liver. Pulse 120, hard ; urine high coloured, scanty ; bowels have been, and still are very open.

R. Pil. Hydrarg. gr. iij.
 Pulv. Digitalis.
 Pulv. Radicis Scillæ exsiccatae āā gr. j.
 Fiat Pil. bis die sumend.
 Infricetur Liniment. Hydrarg.
 toti abdomini mane et vespere.
 (Diæta jusculina).

24th.—V. S. ad. 3xij.

Opī gr. j. o. n.

25th.—Blood slightly buffed ; urine very high coloured, and scanty ; pulse 84 ; legs much swelled and inflamed.

Beef Tea.

Lotio Spirit. cruribus.

Aquæ Anethi. 3ij. p. r. n.

27th.—A pint of gin punch daily, made with Tartrate of Potash.

D. ordin.

28th.—Urine increased in quantity ; legs less swelled. P.

30th.—Swellings of legs diminished ; appetite improved ; mouth not sore ; pulse 84, weak.

R. Infus. Digital. 3ij.
 Aquæ Piment. 3x.
 c. Pil. Hydrarg. super præscriptis.

Dec. 2nd.—Urine much increased in quantity ; anasarca decreasing. Pulse 100 ; rather purged.

Adde Opī gr. ½. sing. Pil.

5th.—Scrotum much swelled ; legs less. Pulse 110, weak ; skin cold.

Lin. Camphoræ C. scroto.
 Omit. Pil. Capiat
 Opī gr. j. ter die.
 Rep. Haust. c. Infus. Digit. b. d.
 Infricet Lin. Hydrarg. 3j. toti abdom.
 omni nocte.

8th.—Swelling of legs and scrotum somewhat diminished; urine very abundant; pulse 110, not weak.

10th.—Anasarca much diminished. Pulse 110, weak.

13th.—Much purged; swellings continue to diminish.

Adde Pulv. Kino C. gr. iij. sing. Pil.

17th.—Still much purged. Pulse 84.

Intermittatur Pil.

R. Haust. Cetacei c. Tinct. Opii m. xxx. hora somni.

19th.—Bowels still purged. Pulse 84.

Adde Tinct. Opii m. v. sing. Haustui
ex Infuso Digitalis.

21st.—Purging diminished; urine clearer; much flatulence.

R. Assafœtidæ Æss. bis die forma Pil. P.

22nd.—No relief from the distress of flatulence; otherwise the same.

R. Confect. Rutæ Æss. t. d.

Omit. Assafœtid.

28th.—Still much swelled; legs less. Pulse 100, not strong; tongue moist and red; bowels still too much purged.

R. Infus. Digitalis ʒij.

Liquoris Oxymur. Hydrarg. ʒij.

Tinct. Canthar. m. xx.

Sp. Armor. ʒj.

Aquæ Piment. ʒj. M. Fiat

Haust. bis die¹.

R. Haust. Cetacei c. Tinct. Opii m. xxv. hora somni.

31st.—Bowels loose; urine plentiful; swelling less; countenance more natural. Pulse 110, not strong. P.

This medicine was continued with abatement of the symptoms.

Jan. 21st, 1832.—Urine very much increased in quantity; anasarca and ascites greatly diminished. Pulse 110, weak. P.

26th.—Nearly five pints of water passed during the night. P.

30th.—The dropsy has entirely disappeared; legs stiff. Pulse 110, not strong. P.

Fiat frictio c. Linim. Camphoræ C. o. n.

¹ I have seen the following formula often exhibited, with the greatest advantage, in cases of dropsy.

R. Infus. Digitalis ʒij.

Liquoris Hyd. Oxymur. ʒij.

Tinct. Canthar. m. xxx.

Aquæ Piment. ʒj. bis die.

Feb. 5th.—To go out when the weather is fine. P.

15th.—Discharged cured.

CASE LV.—Hannah F., æt. 48, single, servant, admitted *June 19th, 1833.*—Pulse 108, rather sharp; skin moist and warm; tongue clean, but œdematous; bowels regular; urine scanty; catamenia desunt three months.

Œdema of the legs; ascites; palpitation of the heart during sleep, which causes her to wake; cough with expectoration. Liver enlarged and hardened.

Ill three months. Three or four years ago observed she was getting short breathed, which has been gradually becoming worse.

R. Hydrarg. Submur. gr. v.

Elaterii gr. $\frac{1}{4}$.

Extract. Coloc. C. gr. v.

Capsici gr. j. o. n.

R. Haust. Nitri. c.

Spirit. Ætheris Nitrici. 3j. t. d.

(D. lactea).

21st.—The heart acts more extensively than natural, but without increased sound, or impulse; some undulation in the veins of the neck. The upper part of both sides dull. P.

24th.—Sumat Haustum Efferves. urgente nausea, sumptis pilulis. P.

26th.—P.

28th.—Swellings much diminished; no sickness after the pills, which acted five or six times. Pulse frequent, soft; skin cool and moist; tongue clean.

July 1st.—Pil. alterna nocte tantummodo.

Rep. Haust.

5th.—(Fish). P.

8th.—(D. ordinaria). P.

12th.—Free from swellings; complains of nothing but weakness.

R. Infus. Cascarillæ 3xj.

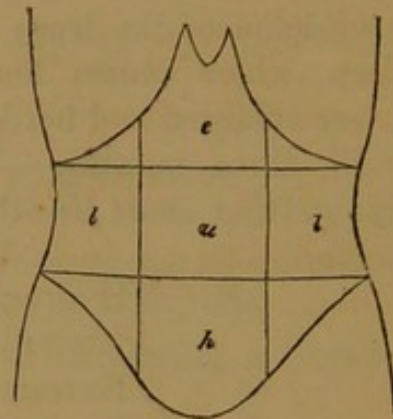
Spirit. Ætheris Nit. 3j. t. d.

Cured.

Diagnosis of Abdominal Dropsy by Percussion.

Taking the following outline of the abdomen as a guide, we will proceed to mention some of the diagnostic marks of certain dropsical swellings occurring in its cavity.

e, the epigastric region—*l l*, the two lumbar regions, forming a part of *u*, the umbilical region—*h*, the hypogastric region.



Diagnosis of Non-encysted Ascites by Percussion, the patient being in the recumbent posture.

In every case of non-encysted ascites which I have either seen examined, or examined myself, percussion produced resonance in some portion of the region *u*, in consequence of the floating intestine. If percussion be made laterally, in the direction of *l l*, the lumbar regions, there will be dulness, in consequence of the gravitation of the fluid. In order to proceed a step further in the diagnosis, we should percuss the lumbar regions, directing the patient to change his or her position, viz. supposing the *right* lumbar region to be dull on percussion, the patient lying on the back, if the patient be directed to lie on the left, the right lumbar region will become resonant in consequence of the fluid gravitating to the left side. If the patient be in the erect posture, dulness will be produced by percussion in *h*, the hypogastric region, in consequence of the gravitation of the fluid, the level of which may be ascertained by percussing in the direction of *u*, until resonance is obtained. Encysted ascites will of course form an exception to this rule.

Diagnosis of Ovarian Dropsy by Percussion, the patient being in the recumbent posture.

The sounds produced by percussion in ovarian dropsy, the

patient being recumbent, are the reverse of those produced in non-encysted ascites; for there will be dulness in the direction of *u*, occasioned by the tumor (allowing the disease to be somewhat advanced), and resonance in the direction of *l l*, from the situation of the intestine below the ovarian swelling. Similar sounds are produced in pregnancy, so that difficulty arises in distinguishing between ovarian swellings and pregnancy, from percussion alone. Ovarian swelling and ascites may co-exist; in such a case there will be dulness at both *u* and *l*, the latter varying with the change of posture.

Pathology and Treatment of Dropsy.

This affection may be considered under the following divisions:—

1. Active Dropsy.
2. Cachectic.
3. Organic.

The first generally attacks persons of a plethoric habit, and is connected with an active state of the capillary vessels. Transparent fluid, or effusions containing fibrinous matter, are exhaled. The pulse is strong, and the œdema hard. The patient should be treated by bleeding, purgatives, and spare diet. The second occurs in constitutions injured by some disease, as syphilis, &c., or by the abuse of mercury. The treatment in this form is entirely opposed to that in active dropsy. Preparations of bark and other tonics will fulfil the indication.

R. Infus. Gent. C. ʒiiss.
Tinct. Digitalis m. vj. ter die.

Or,—R. Nitratis Potassæ ʒss.
Aquæ Distillat.
Infus. Gentianæ C. āā ʒvj.
Spirit. Juniperi C. ʒj. ter die.

The supertartrate of potash may be used as a purgative.

R. Confect. Sennæ
Potassæ Supertart. āā ʒj. bis die.

The third is caused by impediments to the circulation in some important viscera, as the heart, liver, &c.

Hepatic Dropsy.—If there be much tenderness in the hepatic region, with a strong pulse, venesection or cupping is necessary. If the liver be indurated, mercurials must be employed either internally or externally. Hydragogue cathartics and diuretics are indicated with a view to evacuate the fluid. Dr. Kolk has

used Iodine with advantage, in cases of dropsy connected with enlarged liver¹. If these means fail to remove the ascites, and the patient becomes oppressed by the load of fluid, the operation of tapping should be performed.

Dropsy often co-exists with a granular state of the kidneys, with a tuberculated peritoneum, and various abdominal enlargements. Iodine or Liquor Potassæ are the best remedies in the two latter, which may be used separately or in combination.

R. Liquoris Potassæ
 Tinct. Iodinæ āā m. x.
 Aquæ Piment. ʒiss. M. Fiat
 Haustus ter die sumend.

Many practitioners boast of the large doses of Iodine which they have given without any mischief arising; it will, however, be proper to watch this medicine carefully, for I have seen its specific effects produced in small doses and in a short space of time.

Pulmonic Dropsy.—Obstructions to the pulmonary circulation may produce dropsy, but it is surprising to observe how great an impediment sometimes exists in the lungs from cavities and tubercular depositions in consumptive cases, without dropsical symptoms supervening. If the fluid be effused in consequence of a deposition of lymph in the lungs, mercury will be of service with diuretics and purgatives. The cough may be relieved by the addition of Oxymel of Squils, Tinct. Opii, &c.

R. Nitrat. Potassæ ʒj.
 Oxymellis Scillæ ʒss.
 Aquæ Distillat. ʒxj.
 Syrupi ʒss. 6 tis horis.

Similar formulæ to the above will be found useful in dropsy, arising from pulmonary consumption.

Cardiac Dropsy.—Dropsy is caused, occasionally, by very slight disease of the right side of the heart, from obstruction in the returning vessels, while arterial obstruction may exist, to a very great extent, without dropsy. The treatment will consist in diuretics and hydragogue cathartics.

HYPOCHONDRIASIS AND INSANITY.

CASE LVI.—A student in the Temple and member of the

¹ An Inquiry into the Medical Properties of Iodine, more particularly in Dropsy, by C. J. B. Aldis, B.A., Trinity College, Cambridge, 1832.

University of Cambridge, requested my advice in consequence of his being unable to read, as he *was afraid of having the tooth-ach*, and in case I could not prevent it, he inquired to what dentist he should apply to have several of his teeth taken out! He cried much and was very low spirited. I privately informed his father of the circumstance, who resided in the country, and recommended change of air. I have seen him frequently since, but he has never alluded again to the subject.

CASE LVII.—I was sent for to see a gentleman, a member of one of the Universities, residing in Wigmore Street, who stated himself, in his letter, to be very ill. His pulse was quiet; tongue white; no sleep. I ordered him a few grains of Calomel at night, to be followed by Haust. Sennæ in the morning, and a draught composed of Ether, Tinct. Hyoscyami, and Mist. Camphoræ. Suspecting that something had occurred to disturb his mind, I recommended change of scene and amusement. He informed me that he had rendered himself responsible to pay a large sum of money.

Remarks.—Cases of hypochondriasis should be carefully watched, as they may terminate in insanity, to the great distress of a family, which result it will be frequently in the power of a medical attendant to counteract by judicious medical and moral treatment of the individual. Hypochondriasis and the early symptoms of insanity are unfortunately often ridiculed in families, not from deficiency of feeling on their part, but with a view to dissipate ennui, or any erroneous impression which might absorb the mind of the person affected, at the same time being unacquainted with the nature of the complaints. In some cases of hypochondriasis I have only remarked a very white and loaded tongue, and that the patient was unable to sleep. The most useful medicine, as far as I have been able to ascertain, is the Decoct. Aloes C. or a few grains of Pil. Hydrarg. Pulv. Rhei alternâ nocte and Sulp. Magnes. ʒij. Carbonat. Magnes. ʒss. Aq. Piment. ʒiss. alterno mane, may be administered. Small doses of Morphia will be of advantage.

Case of Acute Mania, relieved.

CASE LVIII.—George E., æt. 22, admitted Dec. 30th, 1833.—31st.—Pulse 92, rather weak; skin warm; tongue white; bowels open from medicine; urine free.

Countenance anxious and flushed; says that he has no pain anywhere; ails nothing but weakness.

Was attacked eight days since with chilliness, rigors and flushings, giddiness in the head and delirium. Was bled, which relieved the pain in the head and giddiness. Was ordered yesterday—

R. Calomel.

Ext. Hyoscyam. āā gr. v. hora somni.

Haust. Sennæ cras.

Hirud. xij. temporibus.

Lotio Spirituosa ibidem.

R. Mist. Camphoræ 3xj.

Tinct. Hyoscyami m. xxv.

Spirit. Ammon. foetid. 3ss. 6 tis horis.

Complained yesterday of great soreness, which is much better to-day. The head relieved by the leeches.

Note.—He walked up to the hospital with a friend on the day of his admission, and the only symptoms were a white tongue, with flushed countenance, but it appeared, afterwards, that he had attempted to cut his throat. It is a case of Acute Mania, with, perhaps, slight congestion of the brain. He was sent to bed and watched.

Jan. 1st.—Pulse 90, soft; skin natural; face flushed; mind still much unsettled.

R. Morphiæ Acet. gr. ss. horâ somni. P.

3rd.—Seems much quieter, but not collected; slept better. Pulse 108, soft, slight sharpness; skin cool; tongue slightly white, moist; bowels open.

R. Morphiæ Acet. gr. ¼.

Oxymellis 3ss.

Mist. Camphoræ 3xj. 6 tis horis,

aucta quantitate Morphiæ Acetatis ad gr. ss. in haustu nocturno.

D. ordinaria.

6th.—Emp. Canthar. nuchæ. P. c. medicamentis.

8th.—Face flushed and puffy (from the leeches). Pulse 100, soft; skin cool; bowels open.

Hirud. xij. temporibus.

Haust. Sennæ cras. P.

10th.—Quieter and more composed. Pulse 96, rather full, but soft; leeches relieved his head; bowels open; urine free; complains of griping.

R. Rhei Pulv.

Conf. Arom. āā ʒj.

Aq. Cinnam. ʒss.

Mist. Camphoræ ʒj. ter die.

13th.—Bowels open ; no pain of the head.

Rep. Haust. Rhei P. c.

Morphiæ Acetat. gr. j. o. n. loco gr. ss.

17th.—Pulse frequent, soft ; skin cool ; face flushed ; little sleep last night.

Hirud. xij. fronti et temporibus.

Calomel. gr. v. hac nocte.

Haust. Sennæ o. m.

20th.—Relieved by the leeches. P.

24th.—Feels more comfortable, and is more confident in himself. Has no fever nor headach, but does not sleep at night.

R. Tinct. Hyoscyam. m. xx.

Tinct. Opii m. x.

Mist. Camphoræ ʒxj.

Fiat Haust. o. n. sumend.

(D. ordin. alternis diebus).

27th.—Sleeps better ; has more confidence in himself ; low spirited. Pulse frequent, soft, full ; skin warm and moist ; tongue slightly white.

31st.—Improved. To go out.

CASE LIX.—A member of one of the universities, who has been under my care, derived great benefit from medical and moral treatment. In the acute stage, cupping was employed, and during the paroxysms, Opium, or Morphia and, occasionally, coercion. Sir Henry Halford visited him, and, in addition to the Morphia, ordered a few grains of Extract. Hyoscyam. with Pulv. Jacobi veri ter die. In this case Opium was equally as efficacious in soothing the patient as Morphia. During the intervals of the paroxysms his attention was engrossed by something, which might engage the mind, in order to prevent the intrusion of delusive impressions.

Pathology and Treatment of Insanity.

It has generally been supposed that some peculiarity of the brain disposes to madness ; but this peculiarity has never been clearly ascertained. Morbid appearances are seldom discovered in the brain. Sometimes the vessels are turgid with blood, and the membranes may be thickened, or the ventricles may contain more than the usual quantity of serum or lymph. The treat-

ment of Insanity is divided into the medical and moral. In the medical treatment of Acute Insanity I have seen advantage derived from local bleeding, cold applications to the head, purging, and narcotics. All these remedial measures judiciously employed will materially relieve the symptoms. Some practitioners have not a very favourable opinion of narcotics. A patient, during the paroxysm, may have sleepless nights, may be making a constant outcry; if we can prevail upon him to take some narcotic he may sleep well and wake refreshed, by which the period of the paroxysm will be considerably diminished. Such cases are of frequent occurrence, and I am inclined to give my humble testimony in favour of narcotics. Dr. Seymour read a paper before the Medico Chirurgical Society of London, in which he reported some cases cured by the administration of Morphia. I have seen much irritation occasioned by blisters. If the patient refuses to take food, about a pint and a half or two pints of milk, or beef tea, should be injected, twice a-day, by Weiss' or Read's syringe. I remember a practical observation, which fell from Mr. Thomas, the apothecary of Bethlem Hospital, viz. that medical men had brought patients to him, who had not taken any sustenance for a week: he forced them to take it, but the cases terminated fatally in consequence of this delay. Much might be said on the moral treatment of Insanity, and whenever I have visited establishments where this was adopted, with medical advice, I have considered that every thing was done to secure the recovery of the curable, and to promote the comfort of the incurable. During a late visit which I made at Balebrook House, Bath, where pauper lunatics, and others of a higher condition in life, are admitted, Dr. Spry's nephew assured me of the great proportion of the poor who were cured, in comparison with the rich, in consequence of the former allowing their attention to be diverted by some useful occupation. One stout lad was pointed out to me at work among some other lunatics, who was accustomed to break every thing he was able when unemployed. It is rational to suppose that this destructive habit may in time discontinue, or be diminished. Much may be expected from the proper employment of medicine, aided by suitable occupation and diversion of the mind, removing at the same time all causes of excitement. When the departure from sound mind renders the patient furious, close confinement or coercion, proportioned to the violence of the symptoms, becomes necessary.

DELIRIUM TREMEMS.

CASE LX.—Henry B., æt. 48, coachman, admitted *Feb. 15th*, 1833.—Complains of pain in the head and chest; answers questions correctly, but frequently talks incoherently. Pulse 130; tongue white, moist, tremulous; bowels not open to-day. Has been a hard drinker.

R. Tinct. Opii m. xxx.
Spirit. Ammon. Arom. 3ss.
Aquæ Piment. 3iss. statim et octavis horis repetend.

Vespere repet. Haust. 4 ta quaque hora
omiss. Spirit. Ammon. Arom.

16th.—Has slept during the night; remains quiet in bed; inclined to sleep. Pulse less frequent, soft; tongue moist, whitish, not tremulous; last night very unruly. P.

Haust. Sennæ cras.

(D. ordinaria).

17th.—Pulse quick; tongue moist whitish; bowels open; intellect quite perfect.

P. c. Haust. 6 tis horis.

Haust. Sennæ cras.

21st.—“Very well.” P.

23rd.—Reported steadier; memory still fails him. Pulse 70.

P. c. Haust. 8 vis horis et

Haust. Sennæ p. r. n.

25th.—Not quite right in the head.

March 6th.—Cured.

CASE LXI.—Thomas W., æt. 39, Orchard Street, admitted *Nov. 7th*, 1832.—Pulse 84, soft; skin cool; tongue clean, but œdematous; bowels costive; urine variable in quantity, now scanty and clear.

Complains of flatulency and pain in the left side of abdomen, with eructation; his articulation is slow and hesitating; has dreadful headach, and much heat in the forehead. There is numbness in the hands and feet; has been in the habit of drinking.

R. Hydrarg. Submur. gr. v.
Extract. Papav. gr. iv. o. n.
Haust. Sennæ o. m.
(D. lactea).

8th.—R. Misturæ Camphoræ ʒiss.

Spirit. Ammon. Arom. ʒss. t. d. P.

9th.—Says his head aches with violence. Pulse very weak; skin cool.

P. Rep. Pil. o. n.

Haust. Aromat. 4 ter die.

Omit. Haust. Sennæ.

12th.—Complains of want of sleep, otherwise the same. Says his bowels are open; pulse natural; skin cool. Complains of a sense of pain at the top of the head.

R. Morphiæ Acetat. gr. ss.

Extract. Coloc. C. gr. v. o. n.

Rep. Haust.

16th.—Slept much better. P.

19th.—The head is better; complains of pain in the left side.

Rep. Haust. ut antehac.

Pil. Galb. C.

Ext. Coloc. C. āā gr. v.

Morphiæ Acetat. gr. ss. o. n.

23rd.—Complains of increase of pain in the head of a heavy character, chiefly under the os frontis; worse when he is recumbent, and aggravated by shaking the head. It comes on in the night. Pulse 96, full and soft; skin cool; tongue whitish; bowels very open; urine scanty.

Emp. Canthar. pone utramque aurem. P.

26th.—Still complains of pain in the head; worse when recumbent; sleeps ill.

Hirud. x. temporibus.

P. c. Morphiæ Acetat. gr. j. o. n.

30th.—Sleeps well; relieved by the leeches. Pulse natural; skin cool; tongue whitish; bowels regular. P.

Dec. 31st.—Convalescent.

CASE LXII.—J. P. admitted *April 11th*, 1832.—An habitual drunkard; constant tremor; eyes much suffused. Pulse exceedingly weak; tongue loaded with foul deep fur, red at edges.

R. Opii gr. j. 4 tis horis.

Spirit. Vini Gallici ʒij. ex aqua indies.

Haust. Sennæ cras mane.

Injiciatur enema domesticum vespere.

(Beef Tea—Arrow-root).

12th.—Much porraceous vomiting; much nervous trembling. Pulse 120, weak; skin cold.

R. Camphoræ gr. iij. singulis pilulis.

Superbibat Haust. Salin. Effervescentem. P.

14th.—Much agitation; obliged to have a strait waistcoat. Tongue foul and dry.

R. Acetat. Morphiæ gr. ss.

Aceti Distillat m. iij.

Aquæ Piment. 3x.

Tinct. Cardam. C. 3j.

M. Fiat Haust. 4 tis horis sumend.

R. Olei Crotonis m. j.

ex Aquâ Menth. Pip. 3x. statim.

16th.—Much less tremor; appetite returning. Tongue clean and moist; pulse 110, weak, but regular. P.

(D. ordinaria).

18th.—Tongue clean and moist; pulse 100, soft; two violent attacks of trembling followed by diminished sense. Was ordered—

R. Tinct. Opii m. xl.

Haust. Piment. horâ somni.

25th.—Spasms and tremors have entirely disappeared. Pulse natural, weak. P.

27th.—No complaint of spasms; pulse natural, but weak.

30th.—R. Submur. Hydrarg. gr. v. h. n.

Haust. Sennæ cras. P.

May 4th.—Tongue clean; complains of pain in the epigastric region, with pains in the legs. P.

6th.—Complains of restlessness and want of sleep at night. Bowels confined, for which he has taken aperient medicine this morning.

Haust Opiat. o. n.

7th.—Impaired motion of the lower extremities, which prevents his walking altogether without assistance, and then very imperfectly. Pulse 110, weak; skin perspiring.

Emp. Canthar. Spinæ dorsali et

Curetur ulcus ope Unguent. Hydrarg. P.

21st.—Motion of the lower extremities very greatly improved. P.

28th.—Rep. Emp. Canthar. Spinæ dorsali.

June 4th.—Power of the motion of the lower extremities increased. P.

22nd.—Cured.

CASE LXIII.—William T., stable-man, plethoric habit, admitted *April 8th*, 1833.—Ideas confused; pain and tightness in the head, increased when he coughs; was very delirious and unruly on the day of admission; giddy when out of bed. Pulse 80, weak; skin warm; bowels open; tongue clean; pupils contracted.

Ailing four days. Is in the habit of drinking ale and spirits, more particularly the former.

R. Pil. Saponis c. Opio gr. v. 4 tis horis.

9th—P. c. Pil. Saponis c. Opio gr. v.

Haust. Sennæ cras.

Calomel gr. v. h. n.

11th.—Improving; feels drowsy.

P. c. Pil. 8 vis horis.

13th.—“Better;” feels drowsy; ideas collected; pain in the head trifling; cough frequent.

Haust. Sennæ statim.

R. Haust. Cetacei c. Tinct. Scillæ m. xx.

Tinct. Camp. C. 3ss. 6 tis horis.

16th.—P. Haust. Sennæ hodie. (Fish).

19th.—Reported that his “head is not quite right.” Answers readily; bowels open.

P. c. Pil. 8 vis horis.

24th.—To be out patient.

CASE LXIV.—George B., æt. 48, butler, plethoric, admitted *Feb. 5th*, 1834.—About a fortnight ago met with a slight accident on his back, for which he called in a medical man, who made him live very low, and leeches him; whilst under treatment, was attacked with general tremor of all his limbs; saw every thing double, and moving round; imagined that he saw “little devils,” and all sorts of things moving before his eyes. Had no headach. Has generally enjoyed very excellent health up to the date of the present attack. Some dizziness and noise in his ears; at present in a state of general tremor. Bowels regular; urine natural.

States that he has led a regular life, rarely using spirits or wine, but that he is in the habit of living well, and takes about two quarts of beer in the day. Has slept badly for the last three weeks, having had hardly any sleep for ten days, owing to continued trembling, &c.

R. Opii gr. iij. statim et repetend.
post horas iv. nisi prius
supervenerit sopor.

6th.—H. Sennæ.

R. Mist. Camp. ℥iss.
Spirit. Ammon. Arom. 3j.
Syrupi 3ss. t. d.

Took both the doses of Opium last evening, which gave him a sound sleep. Is very much better. Pulse 100; tongue white and moist; skin natural. Feels thirsty; manner still a little tremulous.

P. c. Haust. et habeat
Opii gr. j. 8 vis horis et augeatur
dosis si opus sit.

7th.—Expresses himself as feeling nearly well; appetite good; no thirst. Bowels open; tongue whitish and moist. Does not feel at all drowsy. There seem to be no traces left of delirium tremens.

8th.—Pulse 88; tongue moist, whitish. “Expresses himself as feeling as well as he ever was in his life.”

10th.—Cured.

CASE LXV.—John P., æt. 33, admitted *Sep. 4th*, 1833.—Was brought here in the evening in a state of raving delirium, and quite unable to give any account of himself; was very restless in the night, and required confinement; was bled before admission.

About a week ago he had a cold and sore throat, when he left off his usual quantity of beer, after which the delirium commenced. Pulse weak; urine high coloured.

R. Calomel. gr. ij.
Ext. Coloc. C. gr. v. 6 tis horis,
superbibendo Tinct. Opii m. xxx.
ex Haust. Piment. ℥iss.

5th.—Is quieter this morning.

R. Pulv. Opii gr. iij.
Extract. Aloes gr. iij. Fiant
Pil. ij. statim.

7th.—Very much better; much quieter; answers questions; slight pain in the head. Bowels confined; urine scanty and high-coloured. Twitching of the muscles in his sleep.

R. Haust. Sennæ statim.

R. Aquæ Menthæ Pip. 3xj.
 Magnes. Sulphat. 3j.
 Tinct. Cardam. C. 3j. M. Fiat Haust. t. d.

11th.—Quite well.

I did not take a complete report of the following case, excepting the treatment, and a few circumstances connected with it.

CASE LXVI.— — Foster, æt. 31, under butler, admitted Feb. 4th, 1834.—Delirium Tremens.

R. Ammon. Carbonat. gr. viij.
 Liquoris Opii sedativi m. xv.
 Misturæ Camphoræ 3iss. 4 tis horis.
 Gin. 3ij.
 Beef Tea Oiss.
 (D. ordinaria).

5th.—R. Opii gr. ij.
 Hydrarg. Submur. gr. ij. statim.
 Emplast. Canth. nuchæ.
 C. C. inter scapulas ad 3x.

6th.—R. Morphiæ Acetat. gr. $\frac{1}{2}$. statim,
 forma pilulæ, et rep. $\frac{1}{4}$. 4 tis horis.
 Gin. 3iv.

Note.—The cupping did not relieve him at all. Was very restless, throwing the bed-clothes off, got out of bed, and endeavoured to leave the ward; no sleep; no pain in the head; hands tremulous when held up for the pulse to be felt. Tongue tremulous.

6th.—Nocte 10 o'clock.

Note.—Symptoms as before; no sleep; laughing fits.

R. Opii gr. ijss.
 Hydrarg. Submur. gr. iv. statim et
 horâ 4 tâ repetend si opus sit.

8th.—H. Sennæ.

14th.—*Note.*—Was up and eating his dinner quite composed and rational; took a pill, 8 vis horis. Had no recollection of what occurred during the paroxysms.

CASE LXVII.—I visited a patient a fortnight back, who was affected with delirium tremens; he had been cupped two or three days before, and he expressed himself as "more nervous and tremulous in consequence. He was accustomed to see a great number of rats at night, which disturbed his sleep." He took

Tinct. Opii m. xxx. with Æther. Sulp. o. n. He slept well the following night, and saw only a few rats. The succeeding night he saw only three rats, but one was made of gold. These ugly objects disappeared in a few nights, and he considered himself recovered.

Remarks.—From cases which I have seen and collected of this complaint, I would rather depend upon the treatment by Opium or Morphia, than upon the mere stimulating plan, or upon a combination of both forms of treatment, rather than upon either alone. When detraction of blood was employed in the preceding cases, an aggravation of the symptoms followed, which contradicts the opinion of those who consider the disease to depend on congestion or inflammation of the brain. I have only seen a few fatal cases, and in those the brain was exsanguine with, perhaps, some exudation of serum, more or less. Many practitioners contend that the exhibition of the accustomed stimulus will cure the patient, and is the best method of treatment, for inebriety, being generally succeeded by enervation of the system, they consider that the employment of the habitual stimulus will restore the proper functions of the brain. The depleting plan appears to me to oppose entirely the pathology of the disease, and it is surprising how it could have obtained so many advocates. We admit that congestion or inflammation of the brain might occur, but it must be looked upon as an accidental occurrence, and not a cause of the affection.

VARIOUS

DISEASES OF THE CHEST AND HEART,

Commencing with the Throat, &c.

CYNANCHE PAROTIDÆA.—PAROTITIS.—INFLAMMATION OR IRRITATION OF THE SALIVARY GLANDS, ESPECIALLY THE PAROTID.—MUMPS.

CASE LXVIII.—Margaret D., admitted *Feb. 15th, 1832.*—Cynanche Parotidæa, which has lasted three or four days; pain on inspiration. Pulse 110; skin not hot. States that she was first attacked ten days ago with pain in the left side, pain and

throbbing in the head, for which she was bled, leeches, and blistered. Catamenia absent.

R. Hydrarg. Submur. gr. iij. hac nocte.
Haust. Sennæ cras mane.

R. Haust. Salin. Effervescens ter die.
Utatur pediluvio vespere.
Lotio spiritiosa tepida parti affectæ.
(D. febrilis).

16th.—Swelling of the glands diminished; bowels have not acted. Tongue white.

Rep. Haust. Sennæ statim. P.

17th.—Rep. Pulv. hac nocte.

Haust Sennæ cras mane.

18th.—Pains of the head greatly relieved; glands nearly well.

R. Magnes. Sulphat. ʒiij.

———— Carbonat. ʒss.

Aq. Menth. Pip. ʒiss. Fiat Haust. o. m. s.

20th.—Swelling of the submaxillary glands entirely disappeared. P.

(Fish Diet).

29th.—Discharged. Cured.

Treatment of Cynanche Parotidæa.

Fomentations may be employed externally. A cooling cathartic, and avoiding exposure to cold, are commonly sufficient. Mild diaphoretics may be used with advantage. Should metastasis take place, a strong liniment must be applied to the part where the disease originally existed.

CYNANCHE TONSILLARIS.—ANGINA TONSILLARIS.—TONSILLITIS.—PARISTHMITIS.—AMYGDALITIS.—INFLAMMATION OF THE TONSILS.—QUINSY.

CASE LXIX.—Sarah P., æt. 42, married, admitted May 1st, 1833.—Pulse 100; tongue covered with a dark fur; bowels open; urine scanty. Complains of pains all over the throat, very sore, and tonsils much swelled; cannot sleep; cough very troublesome, with little expectoration.

Has been ill a week and taken no medicine.

Emp. Cantharidis parvulum utroque laryngis lateri.

R. Hydrarg. Submur. gr. v. statim.

Enema commune post horas tres.

R. Magnes. Sulphat. ʒj.
 Infus. Rosæ C. ʒiss. ter die.
 (Broth Diet).

2nd.—“Great deal better.” Pulse soft; tongue parched, dry fur behind. “Something broke” in her throat this morning, after which she spat blood and matter.

3rd.—Able to swallow better.

R. Infus Rosæ ʒvj.
 Tinct. Myrrhæ ʒss.
 Syrup. ʒij. M. Fiat Gargarisma.

She continued the bark, with a gargle composed of bark and tincture of myrrh.

13th.—Quite well.

CASE LXX.—Sarah M., æt. 26, widow, admitted *July 17th*, 1833.—Pulse 120; skin moist and warm; tongue much furred with aphthæ on its surface; bowels open from medicine; urine free; catamenia regular.

Throat very sore. Tonsils swelled and inflamed with ash-coloured spots on their surface; great pain in swallowing.

Has been ill three days; was quite well previously; has had Scarlatina, and all the family in which she lived; has had Erysipelas.

R. Decoct. Hordei C. tepidi ad gargarizandum.
 Infus. Rosæ C. ʒiss.
 Magnes. Sulphat. ʒj. 6 tis horis.
 (D. parcissima).

18th.—Haust. Sennæ statim.

19th.—Throat better. P.

22nd.—Throat nearly well; has no other complaint except weakness.

Adde Haustui
 Sulphat. Quinæ gr. iss.
 Fish.

Note.—She remained in the house on account of headach, and was made out patient Aug. 5th.

CASE LXXI.—John W., æt. 14, stable boy, admitted, *Jan. 17th*, 1834.—Pulse 90, soft; skin cool; bowels open from medicine; tongue loaded, brownish in the centre, red at edges. A fortnight ago was attacked with sickness at the stomach, headach

and thirst, which in two or three days was followed by a scarlet eruption on the skin, which continued for three days. His throat became sore at the time, and has continued so ever since. At present the tonsils are much swollen, of a bright red colour, with some spots of ulceration. At the time he was brought into the Hospital yesterday, he could scarcely swallow, but is now considerably relieved from the leeches and tepid inhalation.

16th.—Applic. Hirudines x. circa fauces postea Cataplasma.

R. Hydrarg. Submur. gr. iv. statim.

Enema Salinum.

Inhalet vaporem aquæ calidæ

(D. febrilis).

18th.—Rep. Calomel Inhalatio et Cataplasma.

Haust. Salinus 4 tis horis.

Vespere Rep. Enema.

Emp. Canthar. parvum gutturi.

20th.—Rep. Haust. Salinus.

Broth.

25th.—Convalescent. P.

Treatment of Cynanche Tonsillaris.

If the constitutional excitement be considerable, or delirium or coma supervenes, venesection will be necessary; in milder cases the local application of leeches will be sufficient. It is very common to see the throat, in private practice, surrounded with flannel, which must be discontinued. The employment of emollient gargles is attended with the most beneficial consequences; by washing away the coagulated mucus, and causing an increased discharge from the glands, they promote a resolution of the complaint. They also relieve the pain and tension of the throat. Should the patient be unwilling to employ emollient gargles, Mudge's inhaler will be a beneficial substitute. Emetics, if given early in the disease, have often removed it, and seldom failed in affording relief. Saline purgatives are to be exhibited, and the antiphlogistic regimen, according to the degree of excitement, must be enjoined. When the patient was unable to swallow, the absorption of a few grains of Calomel placed on the tongue have appeared to me to be of service. In two or three days we may give an acid gargle and small doses of Sulp. Magnes. If, notwithstanding our endeavours to encourage resolution, symptoms of suppuration should commence, we must promote it

by fomentations and poultices: when pus is formed, the tonsils should be punctured; the abscess, however, frequently bursts of itself. There is, perhaps, no disease wherein the patient, in some cases, appears to be so near death, and in which so sudden relief is obtained.

CYNANCHE LARYNGEA—LARYNGITIS—INFLAMMATION OF THE LARYNX.

The nature of the construction of the larynx, the small aperture through which the air passes to the lungs, and on which life depends, and the violence of the inflammation, sufficiently prove the importance of this affection.

CASE LXXII.—Catharine Q., æt. 17, single, servant, Sloane Square, admitted *July 10th*, 1833.—*11th*.—Pulse 72, soft; tongue furred, moist; skin warm; bowels open; urine free; catamenia regular. Suffers from her throat; great difficulty of deglutition; voice reduced to a whisper; much tenderness on pressure of the larynx; respiration not free; no pain in the chest; much pain all over the head; nothing perceptible in the throat on inspection.

Ill three weeks; attacked with pains in the limbs and head; the wrists and head were swelled; the swellings subsided, and the larynx became affected a week back.

Applic. Hirud. x. gutturi externo cràs repetend.

R. Hydrarg. Submur. gr. ij.

Pulv. Jacobi gr. ij. omni nocte.

Haust. Sennæ omni mane.

11th.—Not relieved.

Garg. Boracis.

12th.—Power of intonation restored, but still has much pain in swallowing. Pulse 80; skin warm and moist; tongue white; bowels open.

Emp. Canthar. summo sterno. P.

15th.—No power of intonation; posterior fauces somewhat inflamed; difficult deglutition. Pulse small, weak; skin cool; bowels open.

Decoct. Hordei tepidi ad Gargarizand. P.

19th.—Throat much better,

She subsequently had an attack of Synovial Rheumatism, and left the hospital Aug. 12th, cured.

CASE LXXIII.—Maria D., æt. 30, admitted *Nov. 21st*, 1833.
—Came in yesterday afternoon with loss of voice and great pain in the throat.

V. S. ad $\bar{3}$ viiij.

R. Hydrarg. Submur. gr. ij. 4 tis horis.
Haust. Salin. c. Vin. Ant. Tart. $\bar{3}$ ss. 6 tis horis.
Applic. Hirud. xij. vespere.

22nd.—Pain and tightness over the chest relieved; slight cough, and slight pain on swallowing. Pulse 90, small and regular; bowels open; tongue furred; very thirsty; slept badly; urine free.

Attributes her illness to catching cold, and getting wet in her feet last Saturday.

R. Hydrarg. Submur. gr. ij. 2 dis horis.
P. c. Haust. 6 tis horis.

23rd.—Still complains of pain in the situation of the trachea, with dyspnæa; voice hoarse and whispering; little cough; some expectoration, consisting of small, rather indurated, portions of mucus. Pulse 92, soft; skin hot; bowels open. Gums unaffected.

Hirud. xiv. gutturi externo.
Emp. Canthar. Sterno.
H. Sennæ cras.

25th.—Gums sore; throat better; has recovered her voice; tongue furred. The pill was omitted yesterday, and Garg. Alum. ordered.

26th.—Mouth very sore; no pain in the throat; some thirst. Bowels rather confined; pulse 90, rather hard; skin moist.

R. Magnes. Sulphat. $\bar{3}$ ss. cras.

30th.—Convalescent.

Pathology and Treatment of Cynanche Laryngea.

The epiglottis, glottis, and larynx are found inflamed, and lymph is effused. In the chronic form of the disease, the lining membrane is thickened without redness; ulcerations also occasionally appear. Many practitioners recommend bleeding until the patient faints; but, unless the constitutional disturbance indicated general blood-letting, I have seen much more benefit derived from the local application of leeches. Purgatives are to be exhibited, with small and frequent doses of calomel. If the

inflammation, in spite of all remedial measures, should have increased so as to threaten suffocation, recourse must be had to the operation of Tracheotomy.

Treatment of Chronic Laryngitis.—Blisters summo sterno and leeches should be employed. Tartar emetic ointment will form an useful counter-irritant. Alterative doses of Mercury, with Sarsaparilla—Steel—some anodyne extract will be necessary to relieve the cough—mild aperients. This disease is very liable to terminate in Laryngeal Consumption.

CYNANCHE TRACHEALIS.—CROUP.

CASE LXXIV.—James H., æt. 12, admitted Nov. 13th, 1831.—Wheezing respiration; croupy sound on coughing; shrinks on pressure about the larynx; deglutition difficult; frequent rejection of liquids through the nose; cough very frequent, at present dry, but said to be followed by yellow sputa, and white filamentous masses; pain under the sternum; orthopnœa; enlarged strumous glands along and near the larynx. Pulse very feeble and frequent; skin cool; tongue red at edges, densely furred; bowels open. Both cavities of the chest resonant on percussion. Respiration vesicular in the left cavity of the chest, submucous râle over the right. Had a convulsive fit yesterday after prolonged coughing.

His mother says, "His breathing was quite right until about three weeks ago, when he was attacked with pains in the loins and knees, and in four or five days by pain under the sternum."

Thermæ statim postea

Applic. Hirud. xx. circa tracheam et pectus.

R. Hydrarg. Submur. gr. ij.

Sacchari Albi gr. vj.

M. Fiat Pulvis 4 tis horis.

Olei Ricini ʒij. alterno mane.

D. febrilis.

15.—Is now lying with his head flat on the right side; says the substernal pain is much easier but not entirely gone; croupy cough; sputa viscid and transparent mucus, with occasional puriform matter; fauces much less vascular; breathing mercurial. Pulse 108, soft, small; skin moderately warm and moist; tongue clean; bowels open.

Rep. Hirud. xvj. circa laryng.

P. c. Pulv. 8 vis horis.

R. Haust. Salin. c. Liq.

Antim. Tartariz. ʒj. 4 tis horis.

16th.—Augeatur dosis Liq. Ant. Tart. ad ʒij. in sing. Haust.

P. c. Hydrarg. Submur.

Rep. Hirud. xij. tracheæ.

17th.—Respiration more difficult; sputa copious, containing purulent matter with grey and partially transparent mucus; mouth sore. The inspiration is prolonged with a wheezing sound, and succeeded by a rapid expiration, the noise of which is like that of the air rapidly rushing (when the valve is opened) into the glass of the exhausting receiver; the cough is very loud.

Omit. Hydrarg. Submur.

P. c. Haust. aucta quantitate

Liq. Ant. Tart. ad ʒiij. 4 tis.

18th.—App. Emp. Lyttæ.

19th.—Breathing very much relieved.

Adde Sulphat. Magnes. ʒss. sing. Haustui.

20th.—Is sleeping tranquilly and with but little noise in respiration.

Haust. Sennæ statim.

Augeatur dosis Sulphat. Magnes. ad ʒj. in sing.

Haustu.

During convalescence he had an attack of Synovial Rheumatism, and was discharged cured Jan. 4th.

Pathology and Treatment of Cynanche Trachealis.

The mucous membrane of the larynx and trachea is much injected, and is lined with a yellowish false membrane, which may close up the rima glottidis and cause suffocation. Dr. Home, who wrote the first systematic account of croup in this country, supposed the preternatural membrane to be formed by the inspissation of an excessive secretion of mucus. The cure of this complaint must be attempted by general and topical blood-letting. "Infants are best bled from the external jugular vein. What quantities may be safely drawn at once must be determined by circumstances; but the following tabular statement of

quantities of blood, which I have taken away myself at different ages, may, perhaps, be of some use as a guide:—

	oz.	oz. aver.
From a child of 2 months old, from . . .	1	to 1½
4 months	1½	to 2
8 months	2	to 3
12 months	3	to 4
18 months	4	to 5
3 years	8	to 10
6 years	10	to 12 ¹ ."

Mild cathartics and blisters should be employed. Small doses of calomel to be frequently repeated. If the false membrane be already formed, I cannot believe it could be absorbed by the aid of calomel, but should rather consider this remedy, as an agent, calculated to prevent an increase, or extension of the disease. At the commencement of the complaint, much more benefit will be derived from its exhibition.

SPASMODIC CROUP.

This is opposed to the former, which may be termed inflammatory croup. It usually attacks patients suddenly in the night time, and is unaccompanied by the symptoms of pyrexia, which commonly distinguish the former; there is often an intermission of the disease. The warm bath and antispasmodics compose the treatment.

CATARRH.—Cold.

In a confined sense, this term is applied to an inflammation of the mucous membrane of the nose and posterior fauces; but in a more extended one, to slight inflammation of the larynx and bronchi.

CASE LXXV.—Thomas F., æt. 20, admitted *Oct. 24th*, 1832. —Pain in the left side of the chest on inspiration of a fortnight's duration; general pains in the limbs, more severe at night. Pulse 120, sharp; tongue clean; bowels open.

¹ The Principles and Practice of Obstetricy, by James Blundell, M.D., with Notes and Illustrations, by Thomas Castle, M.D. F.L.S. p. 832.

V. S. ad $\bar{z}$ xij.

R. Haust. Salin. c. Pulv. Doveri $\bar{\Theta}$ ss. horâ somni
omni nocte.
(Low Diet).

25th.—Blood drawn, buffed and cupped. Pulse 84, not weak.
Hirud. xij. lateri dolent. postea
admoveatur Cataplasma.

R. Haust. Salin. c. Ant. Tart. gr. $\frac{1}{8}$. 4 tis horis.

R. Submur. Hydrarg. gr. iij.
Extract. Coloc. C. gr. vij. hac nocte.

27th.—Up and dressed. P.
Emp. Canth. lateri.
(D. jusculina).

A slight attack of rheumatism supervened, and on Nov. 20th he was reported "Going out cured."

Treatment of Catarrh.

In most cases I have found a saline draught, with Pulv. Ipecac. C. $\bar{\Theta}$ ss. at night, and an occasional aperient, sufficient for the cure of this affection. Venesection, with diaphoretics, has been necessary when the oppression and pain in the chest were urgent.

INFLUENZA.—CATARRHAL FEVER.

During the epidemic Influenza, which prevailed in the spring of 1833, several cases were admitted into St. George's Hospital. The patients complained of the usual febrile symptoms, with pains in the head, abdomen, and limbs. There was frequently great weight on the eye-balls, with wateriness of the eyes. The conjunctiva sometimes was much suffused or inflamed. Hoarseness, cough with or without expectoration. General depression was a very marked symptom. The treatment consisted in the Liquor. Ammon. Acet. with Pulv. Ipec. C. In some cases the Pulv. Jacobi was given and followed by Liq. Ammon. Acet. and Æther Sulph. A small dose of Calomel, followed by Ol. Ricini. In some cases venesection had been employed previous to admission into the Hospital, which appeared to have aggravated rather than mitigated the symptoms.

DISEASES OF THE LUNGS.

ACUTE BRONCHITIS.—PERIPNEUMONIA NOTHA.
CATARRHUS SUFFOCANS.—INFLAMMATION OF
THE EXHALING SURFACE OF THE BRON-
CHIAL TUBES.

CASE LXXVI.—Mary Ann D., æt. 28, servant, admitted *April 27th*, 1832?, complaining of very severe pain of the left side of the chest, shooting across to the other side, with very frequent cough, accompanied by expectoration, which is of a dark brick colour.

Was seized five days previously with pain under the left breast, and cough, for which she was ordered to apply a blister twice.

R. Haust. Salin.
Haust. Nitri āā 3vj.
Pulv. Ipecac. C. gr. iij. 6 tis horis.
R. Magnes. Sulphat. 3vj.
Infus. Rosæ 3iss. statim.
(D. parcissima).

28th.—Hirud. viij. lateri et postea
Emplast. Canthar.

R. Calomel. gr. iij.
Pulv. Ipec. C. gr. v. h. n.
Haust Salin. c. Oxymel. Scillæ 3j.
Magnes. Sulphat. 3ss. t. d.

29th.—P.

May 2nd.—Pulse 100; tongue clean and moist. Fish. P.

6th.—Convalescent.

(D. ordinaria).

Haust. Sennæ cràs.

8th.—Cured.

CHRONIC BRONCHITIS.

CASE. LXXVII.—John H., æt. 51, labourer, admitted *Feb. 29th*, 1832.—Pulse 120, rather full; skin now cold; tongue red, clean, moist; bowels open; urine free.

Complains of pain in the left side, aggravated by inspiration; much wheezing, with mucous rattle on both sides, but chiefly on the left; lies best on the left side; cannot lie on the right on

account of cough; expectoration of thick, frothy, clear matter, without blood.

Has been ailing, since October, with shortness of breath and cough, but has been much worse during the last ten days.

V. S. ad $\bar{3}$ xij.

R. Haust. Salin. c. Vin. Ant. Tart. m. xx. 6 tis horis.

Haust. Sennæ cràs mane.

(D. parcissima).

March 2nd.—Blood would not flow from the arm; expectoration purulent; rhonchus universal over the chest.

Emp. Canthar. lateri sinsitro. P.

5th.—(D. lactea.) P.

He continued to improve, and on April 2nd was discharged.

CASE LXXVIII.—Richard O., æt. 61, shoemaker, admitted *September 26th*, 1832.—Pain in the chest referred to the sternum, not increased on inspiration; perspires freely; cough comes on in fits at night; copious expectoration of thick mucus. Pulse 100, soft; bowels open.

Has been unable to work for two months; has been subject to cough for some time. Attributes his complaints to drinking.

Applic. Emp. Canthar. regioni dolenti.

R. Balsami Peruviani $\bar{3}$ ss.

Muc. Gummi Acac. $\bar{3}$ ij.

Mist. Amygdal. $\bar{3}$ x.

Syrupi Papav. albi $\bar{3}$ j.

M. Fiat Haust bis die sumend.

Haust. Anodynus c. Tinct. Opii m. xv. hora somni.

29th.—Olei Ricini $\bar{3}$ ss. p. r. n. P.

Oct. 3rd.—Pulse languid; expectoration abundant, puriform.

R. Misturæ Ferri C. $\bar{3}$ j. bis die.

Haust. Cetacei c. Tinct. Opii m. xx. o. n.

Haust. Sennæ p. r. n.

6th.—(D. ordinaria). Vini Rubri $\bar{3}$ ij. ex aqua indies.

12th.—Expectoration nearly gone. Pulse 80, soft; skin perspiring. P.

19th.—Some cough and expectoration returned. Pulse 80 soft.

Emp. Canth. Pectori. P.

22nd.—Expectoration abundant; watery mucus. P.

31st.—Return of expectoration.

Resumat usum Haust. c.

Balsam. Peruv.

Nov. 2nd.—Expectoration less abundant.

R. Florum Benzoes.

Extract. Papav. āā gr. v.

Fiant. Pilul. ij. singul. haust. sumend.

5th.—Expectoration diminished, of a more healthy character. P.

9th.—R. Haust. Cetacei c. Tinct. Opii. m. xx.
hora somni. P.

20th.—A small quantity of mucous expectoration. He went out soon afterwards cured.

Case of Chronic Bronchitis, with diseased Heart.

CASE LXXIX.—Stephen H., æt. 37, gardener, Mortlake, admitted April 26th, 1833.—27th.—Pulse 96, unsteady; skin warm; face perspiring profusely; tongue white, furred; bowels open; urine free; ardor urinæ.

Complains of constant cough; sensation of choking; short-breathed, particularly on exertion; expectoration of thick matter, which is disengaged with difficulty; emaciation; decubitus preferred on the back; can lie on the left side; much headach from the cough; tightness across the chest. Mucous rattle.

Note.—Upper part of both lungs resonant anteriorly; countenance yesterday had a bluish tint.

Ailing seven years, but has been able to work at intervals; expectorated blood seven years ago.—The present attack commenced three weeks ago; has coughed up blood lately.—Has lived in the West Indies, and been accustomed to drink. Attributes his complaints to cold.

26th.—Applic. Emp. Canthar. amplum pectori.

R. Haust. Nitri ʒj.

Mist. Ammoniaci ʒij.

Aceti Scillæ.

Spirit. Ætheris Nitrici āā ʒss. 6 tis horis.

R. Calomelanos gr. iij.

Extract. Coloc. C. gr. x. hac nocte.

May 1st.—P.

3rd.—Still expectorates large quantities of muco-purulent matter, viscous and frothy; still much mucous rattle, with fre-

quent but loose cough. Pulse 80, soft; skin natural; sweats at night, chiefly over the head and chest; tongue white. P.

(Fish).

6th.—Increased sound under the sternum; cough better, but still troublesome; expectoration puriform. Pulse quiet; skin cool. P.

10th.—Feels very low—(A glass of wine with water, daily).

12th.—R. Haust. Cinchonæ ter die.

13th.—Action of the right side of the heart vehement.

Adde Haustui

Spirit. Ammon. Arom. P.

(Mutton Chop daily).

15th.—Short-breathed; copious bronchial expectoration.

Emp. Canthar. amplum sterno.

17th.—The expectoration is of a bilious character. Pulse small and weak.

Haust. Ætheris C. ʒj.

Mist. Ammoniaci ʒss. ter die.

June 3rd.—P. Relieved.

Remarks.—It was remarked that such a case as the preceding would have been treated formerly by venesection. Such treatment must be hazardous, for general blood-letting might cause so much debility as to render it difficult, or almost impossible to expectorate the accumulated mucus. Bleeding is sometimes a very nice point to decide upon in chronic bronchitis, and I have seen experienced practitioners very cautious on the subject, even when inflammatory symptoms were present. In acute bronchitis it may be necessary to bleed the patient once or twice. Diaphoretics are also indicated. If the expectoration be disengaged with difficulty, and the patient in a weak state, leeches or cupping will be preferable. A large blister may be applied to the chest. In the third stage, when the bronchial secretion is generally very abundant, narcotics, combined with expectorants, will be of service. Some practitioners recommend small and frequent doses of opium instead of a full dose at longer intervals, in consequence of patients having been choked by the superabundant collection of mucus during the sedative effect of the opium. I have seen full doses of opium given in the third stage of bronchitis repeatedly without any injurious result. I attended a gentleman in Bernard Street, Russell Square, during the years 1832, 1833, and 1834, who had three different attacks of bron-

chitis. He took small doses of narcotics when the cough and secretion became troublesome. At length these symptoms became so harassing that I gave him full doses of opium, which he took for a fortnight at a time, and always with relief. Although it may be judicious to recommend small and frequent doses of opium as a general rule, still cases do occur in which relief of the symptoms can only be obtained by full doses of opium. If the skin becomes cold, and the patient sinks, camphor, with ether, ammonia, and wine are to be exhibited.

ASTHMA.

CASE LXXX.—A gentleman, æt. 50, complained of violent attacks of asthma, recurring about two o'clock every morning during very hot weather. I visited him frequently during the attacks. He was accustomed to sit upright in bed, and breathed with great difficulty. The face was bathed in perspiration. Occasionally he would open the window in order to obtain fresh air. The paroxysms lasted about two hours, when he fell asleep, and there would be no return of the complaint until the following morning. The affection came on immediately after a disappointment he had met with at an election. Blisters, expectorants, anodynes, and aperients were administered with relief. He changed his residence, and I think derived much benefit from the amusement afforded him in furnishing his house. He has had no return of the complaint.

Remarks.—Asthma, which merely means difficulty of breathing, enjoys a very extensive application. Various diseases of the lungs, heart, and great vessels are included under the term asthma. I considered the preceding case as nervous or spasmodic, in consequence of the regularity of the attacks, and the total intermission of the symptoms between the periodical returns. The disease, probably, depends on some affection of the eighth pair of nerves. From experiments made by Sir Benjamin Brodie, Dr. A. P. W. Philip, and Mr. Cutler, it appears that the nervous influence of the lungs was greatly impaired by dividing the eighth pair of nerves. Some asthmatics are relieved by warmth, others by cold. I knew one gentleman, a surgeon, who was obliged to have a fire during the warmest day in summer; and another gentleman, a solicitor, who slept with his window open in winter. Expectorants, aperients, &c., may be employed.

- R. Pil. Scillæ C.
 — Galb. C. āā gr. v. ter die.
 R. Infus. Sennæ
 Decoct. Aloes C. āā ʒvj. p. r. n.
 R. Mist. Camphoræ ʒxj.
 Mucilag. ʒj.
 Tinct. Benzoës C. ʒss. ter die.

The *Lobelia Inflata* has been much praised.

- R. Tinct. *Lobeliæ Inflat.* ʒss.
 Mist. Camphoræ ʒxj.
 Mucilag. ʒiss. 6 tis horis.

During the paroxysms, we should employ camphor, ether, and hyoscyamus.

PULMONARY CONSUMPTION.

Pathology and Treatment of Pulmonary Consumption.

The lungs do not collapse. There is more than the usual quantity of black pulmonary, or carbonaceous matter. *Vomicæ*, lined with a membrane, are generally found at the apices of the lungs. Small granular bodies, termed miliary tubercles, are observed. The pleura may be perforated and occasion pneumothorax. A portion of the lung may be condensed by tubercular infiltration. A cicatrix is sometimes met with from the cohesion of the sides of the *vomicæ*. Earthy concretions, composed of the phosphate, or carbonate of lime, (the former more frequently than the latter,) are occasionally discovered. Different theories on the nature of tubercular formation have been brought forward, and in consequence of the contrariety of opinion which exists on the subject, we shall not introduce it into this work. Some of them are more rational than others, but all are open to great objections. Portions of the intestines may be ulcerated, and perforated.

When tubercles are forming in the lungs, they may be sufficiently irritating to induce inflammation. When this occurs, it will be necessary to employ venesection. But we must be careful that we do not bleed as in common inflammation of the lungs. About eight ounces of blood may be abstracted. This will afford relief, and although the progress of the tubercles might be retarded by a repetition of the bleeding at intervals, nevertheless, the debility, induced by such practice, would endanger the life of the patient. We must not, therefore, bleed

as in ordinary inflammation, but merely to relieve urgent symptoms. The bowels should be kept open, and Vin. Ant. Tart. or Vin Ipecac. administered with a view to subdue the inflammatory symptoms. Some anodyne medicine should be exhibited to relieve the cough. Tubercles, however, may pass through their course without inflammation. In such a case, expectorants and tonics should be employed, provided there are no hectic or other symptoms contra-indicating the use of the latter. Change of climate may be advisable in the early stage; or, if the patient cannot afford a long journey on the continent, different towns in England may be recommended. Dr. Clarke's work on Climate will supply all the requisite information. If the patient expectorate blood, venesection must be generally employed. Many persons, who expectorate blood, are often very unwilling to have any withdrawn; and it is our duty to urge the operation when we find it necessary. Some ask, Why should I, who am already expectorating blood, lose any more? It is frequently necessary to diminish the volume of the circulation, in order to relieve hæmoptysis, and the longer any part is allowed to continue a morbid action, the greater will be the difficulty in arresting it.

CASE LXXXI.—A patient came up to me from the country to have his chest examined. The upper part of both lungs was dull with loud resonance under the acromial extremities of both clavicles, almost, on one side, amounting to pectoriloquy. He complained of expectoration of blood, troublesome cough, and nocturnal perspirations. His father and another relation had died from pulmonary consumption. I ordered him to be bled, to take Acid. Sulp. dilut. in Infus. Rosæ with Tinct. Opii, and an aperient of Sulp. Magnes. He went into the country and returned to town in about a fortnight. He stated that his cough was easier, but the expectoration of blood was not abated. I asked him if he had been bled, and had taken his medicine regularly. He said that he had taken his medicine regularly, but he had not been bled. He consented, however, to the operation, and was relieved. I mention this case to show the importance of urging patients to be bled, in hæmoptysis, when it is necessary. If the above means fail to stop the hæmorrhage, we should employ the superacetate of lead with opium, or Ruspini's styptic. The patient must be kept cool and quiet.

In the third stage we may attempt to relieve the symptoms by expectorants and tonics.

But symptoms may occur, in the third stage, requiring a different mode of practice.

PERIPNEUMONIA.—PNEUMONIA.—PNEUMONITIS.
—INFLAMMATION OF THE LUNGS.

CASE LXXXII.—Abel M., æt. ? admitted *Jan. 11th*, 1833.
—Inflammation of the chest of four days' duration; inspires with difficulty, but without pain; has been bled four times; mouth sore from mercury; has had a blister on. Pulse 110, weak; tongue whitish; bowels regular.

R. Haust. Salin. Effervescens ter die.
Haust. Cetacei c. Tinct. Opii m. xx. h. s.
Haust. Sennæ cras.

12th.—V. S. ad $\frac{3}{4}$ xij.

R. Haust. Nitri.
Haust. Salin. āā 3vj.
Tinct. Digit. m. x.
Vin. Ant. Tart. m. xx. 6 tis horis.

13th.—Great difficulty of breathing.

V. S. ad $\frac{3}{4}$ xij. dext. brach.

R. Ant. Tart. gr. $\frac{1}{2}$.
Aquæ Fontanæ $\frac{3}{4}$ ij.
Syrupi. 3j. 4 tis horis.

R. Opii gr. j.
Pulv. Jacobi veri gr. iv.
Conf. Rosæ Caninæ q. s. Fiat
Pil. h. s. s.

14th.—Pulse 100, weaker; bowels very open; urine natural. Some perspiration; blood drawn yesterday slightly buffed, not cupped; medicine does not make him sick; inspires with more freedom; expectoration looser. P.

15th.—Haust. Opiat. h. s.

17th.—The medicine has not made him sick, but has caused much perspiration; expectoration more abundant, (glairy mucus,) mixed with a slight quantity of blood; pain greatly diminished.

R. Opii gr. j.
Pulv. Jacobi veri gr. iij. h. s. o. n.

19th.—Inspires freely. Pulse 84, of good strength; tongue clean and moist; bowels open.

Rep. Haust. c. Ant. Tart. gr. $\frac{1}{2}$. bis die.
Opii gr. j. hora somni.

22nd.—Pulse 68. No pain; inspires freely; slight cough.

(Fish Diet).

24th.—Convalescent. Haust. Sennæ alt. auroris.

Remarks.—This man was salivated, and bled four times previous to admission, and twice after. It might be asked, Why was not the bleeding repeated as the pain continued? Why was opium substituted for venesection? It has been observed by practitioners that, occasionally, you may go on bleeding in pneumonia, until the patient is almost bloodless, and still the pain continues. In cases where no more blood ought to be taken, so much having already been withdrawn and the pain continues, opium has been found very useful. It will allay pain and irritation, and, consequently, prevent the progress of inflammation.

CASE LXXXIII.—Michael G., æt. 22, admitted *June 12th*, 1833.—Complains of pain in the right side, extending to the shoulder, which is increased on inspiration, and with a tendency to cough, which he checks on account of pain. Has pain also at the pit of the stomach, which is increased on pressure; frequent vomiting of green coloured matter. Pulse 106, full; tongue large, loaded, dry and tremulous; bowels much purged from medicine; urine plentiful, high coloured; countenance anxious; yellowish tinge of countenance.

His complaints came on three days ago with shivering. Attributes his complaints to going into the Serpentine river, on Sunday, whilst very hot.

Fiat V. S. ad $\frac{3}{4}$ xiv.

R. Hydrarg. Submur. gr. ij. 4 ta quaque hora.

Haust. Sennæ cras mane nisi prius responderit alvus.

(Fever Diet).

13th.—Rather less pain in the side, but complains of a stitch in the right axilla when he coughs; cough frequent, with some expectoration of mucous, slightly tinged with blood. Tongue rather less loaded; thirst still considerable. Has vomited two or three times, the egesta being, apparently, the fluids drank. Blood drawn has a large firm coagulum, but is neither buffed nor cupped.

Applic. hirud. xvj. lateri dextro.

Rep. medicamenta.

15th.—Complains of acute pain over the greater part of the

right side of the chest, particularly of the axilla and lower margin of the ribs. Percussion, in these situations, particularly under the arm, gives a very dull sound, and the stethoscope detects crepitating râle. Rather more cough, with some expectoration of fawn-coloured mucus. Pulse 110, large; skin hot; tongue posteriorly loaded, and of a dark slate colour anteriorly, cleaner, and red at edges. Bowels freely open; urine scanty.

Note.—Can lie only for a short time on the right side, dyspnœa.

V. S. ad $\frac{3}{4}$ xvj.

App. Emp. Lyttæ magnum lateri dextro.

Rep. Calomel.

Haust. Cetacei coch. magnum subinde.

16th.—Tongue covered with a very black fur in centre, cleaning at the edges. Pulse 80, soft; much less pain on inspiration; cough less troublesome; gums slightly affected.

Note.—Blood not inflamed; coagulum large.

Diminuatur dosis Hydrarg. Submur. ad. gr. j.

17th.—*Note.*—Sputa mucous, not tinged with blood.

18th.—Takes in a pretty full inspiration, without pain or cough. Pulse 80, large; skin warm; tongue very much cleaner, the dark coating having entirely disappeared; bowels open. Gums tender; cough less troublesome. Expectoration of yellow and dark mucus, easy but copious.

Omit. Hyd. Submur.

Rep. H. Cetacei et Mist. Cathartica.

(Milk Diet).

20th.—No pain in the chest; takes a deep inspiration without pain; some cough; expectoration free; mucous becoming clearer. P.

22nd.—Convalescent.

R. Pil. Hydrarg. gr. iij. o. n. s. P.

(Fish Diet).

24th.—To be out patient.

Pathology and Treatment of Inflammation of the Lungs.

In the first stage of the disease, the lung is in a congested state. When a section is made, frothy mucus, mixed with blood, oozes out. In the second stage, a deposition of coagulable lymph takes place, when the lung becomes hard and condensed. This has received the name of hepatisation. The lung sinks in water,

and the manner in which it sinks is a measure of the degree of hepatisation. An impediment to the free circulation of the blood is caused by the deposit of lymph or fibrine, which produces dropsy. In the third stage there will be diffuse suppuration of the lung, occasioned by a puriform deposit into the interstitial tissue. The next grades of intensity of the inflammation consist of pulmonary abscesses, which may be either encysted or sloughy; circumscribed and uncircumscribed gangrene.

This disease occurs by no means so frequently *per se* as we might be led to suppose. We often hear of inflammation of the lungs, but, during several years of my attendance on the physicians' practice at St. George's Hospital, I should say, that pneumonia, unconnected with any other complaint, was very rare. We know also, in private practice, that individuals are liable to attribute their pulmonary affections to inflammation of the lungs, when no such disease exists.

I have no doubt, from what I can learn, that several persons have died from pneumonia in consequence of improper venesection. Only eight ounces of blood have been taken away, from time to time, without any diminution of pain, until the patient has been literally dribbled to death. We should commence by taking away from ℥xij. to ℥xx. of blood, which may be repeated in six hours, if the heat of skin and dyspnoea continue. Pneumonia has got well under the employment of Tartarized Antimony alone, but it must be recollected that the physician who adopted this plan was an exceedingly good stethoscopist, and, probably, detected the symptoms earlier than many of his observers, who doubted the efficacy of his practice. Diaphoretics should be employed in the first stage. The Vin. Ant. Tartariz. in a saline draught. The former is sometimes usefully combined with Sulphat. Magnes. Cupping, or leeches to the chest, may be indicated. When the direct inflammatory tendency has subsided, and the patient is troubled by incessant cough and irritation in the lungs, it will be necessary to give an opiate. When we have reason to suppose that coagulable lymph is effused, we must have recourse to calomel and opium. Digitalis and colchicum will be found useful auxiliaries. Should gangrene take place, the patient will require support.

PULMONARY APOPLEXY.

Two Cases of Apoplexy of the Lungs, connected with diseased mitral valves.

CASE LXXXIV.—Mary Ann B., æt. 28, single, admitted Jan. 4th, 1832.—Pulse very frequent and weak; skin cool; tongue white; bowels well opened by medicine; urine free and natural; catamenia regular.

Complains of pains of all her limbs without, swelling, increased by warmth, or by motion; great debility; sickness of stomach.

Was attacked on Saturday with chilliness and pains in her limbs. Had rheumatic fever five years ago.

Is subject to bilious vomiting.

13th.—Died at noon.

14th.—*Sectio Cadaveris*.—There were no adhesions of the pleuræ, nor effusion into their cavities; several small carbonaceous spots in the surface of the lungs. Towards their apices, when cut into, were discovered a few small deposits of a kind of osseous matter, some of which were contained in regular cysts of an almost cartilaginous hardness, and but little broken down. Small portions of the lungs, around these cysts, were hardened, apparently by the deposit of fibrinous lymph, and by the deposit of blood, having the appearance of pulmonary apoplexy. There were three or four of these masses in the upper lobe of the right lung, and two or three in the left.

Heart.—*The whole circumference of the mitral valve was thickened by a number of warty excrescences. The heart otherwise healthy, as well as the large vessels, &c.*

CASE LXXXV.—Mary G., æt. 33, admitted July 17th, 1833.—Has had seven children, the last born five years ago; the swelling in her legs began three weeks ago. In the winter she felt a severe beating of the heart when she went up a hill or up stairs, and about two months back, a lump began to grow at the pit of the stomach, which affected her breathing. Great action of the heart; dyspnœa; cannot lie down in bed. Pulse intermittent and very irregular, 65, very weak; bowels not open; urine with a reddish brown sediment; catamenia irregular.

A large hard protruding tumor, occupying both hypochon-

driac and epigastric regions, descending to the right lumbar and umbilical region. Two nights ago a purple eruption broke out upon them.

Note.—I examined the heart with the stethoscope, and found very strong impulse of the right ventricle; there was no bruit, and no increased sound. She suffered from great dyspnœa, and hæmoptysis. On September 3rd she made use of a sentence similar to one employed in Aretæus to express the redundant secretion from the skin. She complained the perspiration was so great last night that it “seemed as if she had been dragged through a river¹.”

9th.—Died at 10 P. M.—*Sectio.*—1 P. M.

Thorax.—There was found in the left side of the chest about a pint of bloody serum, and also a small quantity in the right; the left lung adhered firmly to the ribs, and had imbedded in it a hard rugged substance, of the size of a large marble. The lungs were, in many parts, hepatised, of a grey colour, in circumscribed masses and portions so gorged with blood, that it resembled black currant jelly. (“Apoplexy of Lung.”) The heart was very large, and firmly adhering, at its apex, to the pericardium. Both ventricles were much dilated, and the parietes of the right somewhat thickened. *The mitral valves were much thickened with a deposit of ossific matter near their opening.* The appendix of the left auricle contained a quantity of hard laminated coagulum, which had nearly lost its colouring matter.

Abdomen.—The liver was very much enlarged and of an unhealthy structure. The os uteri was very much congested, and the substance of the womb, both in cervix and fundus, much enlarged and hardened, of an uddery consistence². Its cavity was very small. There were many dark superficial ulcers in the upper part of the vagina.

Remarks.—A paper was read at the Royal College of Physicians, London, in 1829, showing the dependence of pulmonary apoplexy on disease of the mitral valves. Three cases, which occurred at St. George’s Hospital, were brought forward to support the author’s views. Hæmorrhage from the lungs is very common in apoplexy of the lungs; the blood is propelled from the right ventricle of the heart through the pulmonary artery, it is then

¹ Καὶ ἀπὸ πάντων ὡς ἐν ποταμῷ ἐς τὰ ἔξω ἢ φορῇ.—Aretæus, p. 42. KYHN.

² Not schirrous, because not gristly, a state of the womb, I believe, not described in books.

brought to the left auricle by the four pulmonary veins, and from thence it enters the left ventricle. The mitral valve, when thickened with warty vegetations, &c., is incapable of performing its office, the blood regurgitates, hæmorrhagic indurations are formed in the lungs, and expectoration of blood is the consequence.

HÆMOPTYSIS.

CASE LXXXVI.—James M., æt. 40, ostler, admitted *Nov. 17th*, 1832.—Pulse 60, soft; skin natural; tongue white, furred; bowels open; urine free.

States, that this morning he felt a “tickling” in his chest, and, after coughing, expectorated a teacup full of dark coloured blood; has no pain in the chest; felt a tightness across the chest this morning, which has been relieved by V. S.; cough and white expectoration; nocturnal perspirations.

Has been subject, for the last two years, to attacks of dyspnoea, which have generally occurred in the morning soon after getting up; cough during the same time; exertion and walking up stairs have excited paroxysms of dyspnoea. Has been in the army, and lived abroad for some time, where he indulged in drinking.

V. S. ad $\frac{3}{4}$ xij.

R. Infus. Rosæ $\frac{3}{4}$ iss.

Vini Ipecac. m. xxv.

Magnes. Sulp. 3j. 6tis horis.

20th.—Much mucous expectoration, with some blood.

Adde sing. Haustui

Sulph. Alum. $\mathfrak{ss}$.

22nd.—Mucous expectoration without blood. P.

26th.—Expectoration without blood; mucus in small quantity; cough severe.

R. Haust. Cetacei c. Tinct. Opii m. xv.
hora somni. P.

28th.—P.

Hæmoptysis cured.

CASE LXXXVII.—Joseph S., æt. 31, Grosvenor Place, admitted *July 24th*, 1833.—Pulse 110, full; skin warm; tongue brown; bowels costive; urine free.

Hæmoptysis; great pain in the left side of the chest, aggra-

vated by inspiration; inability of lying on the left side, always producing cough; great thirst.

Ailing two months. Attacked last night with tickling in the throat, during which the spitting of blood took place, has brought up about three pints of a florid colour. States that he has had frequent slight returns.

Has been bled just before admission, ad $\bar{3}$ viiij.

R. Infus. Rosæ $\bar{3}$ iss.
 Alum. Sulph. gr. x.
 Acid. Sulp. dilut. m. x.
 Syrupi $\bar{3}$ j. M. fiat Haust.
 statim sumend. et $\bar{3}$ tiis horis repetend. donec
 cessaverit hæmoptysis.
 (D. parcissima).

26th.—Hæmoptysis much less. Pulse 96, soft; skin warm; tongue furred; bowels open; mucous expectoration, tinged with dark coloured blood. P.

28th.—R. Hydrarg. Submur. gr. iiij.
 Extract. Coloc. Comp. gr. v.
 Fiant Pil. ij. h. s. s.

29th.—Much less hæmoptysis. Pulse 94, soft; skin cool; bowels open; tongue whitish. P. 6 tis horis.
 (Milk Diet).

30th.—Rep. Pil. horâ somni.

31st.—Complains only of violent cough.
 Adde Haustui Tinct. Opii m. v.
 H. Sennæ alt. mane.

Aug. 2nd.—Has lost his voice, and complains of a sense of weight across his chest; expectoration slightly tinged with blood. Pulse 80; tongue furred; skin cool, moist.

H. Sennæ statim.
 Emp. Cantharidis summo sterno. P.

5th.—Bowels costive; cough much the same; expectoration tinged with bile; abdomen hard and distended.

P. c. Haust. omiss. Tinct. Opii.
 H. Sennæ o. m.

7th.—Feels much better; cough rather troublesome; no blood in the expectoration; appetite returning.

Fish Diet. P.

9th.—Much better. To be out patient.

The Affections with which Hæmoptysis may be connected.

Expectoration of blood will sometimes be occasioned by mere exhalation of that fluid from the bronchial membrane. The expectoration of bronchitis, consumption, and pneumonia, contains blood. When the lungs are compressed by the effusion of pleuritis, hæmoptysis may occur. Various diseases of the heart are among its causes. It sometimes occurs as a vicarious discharge, when the lungs perform, as far as possible, the function of the uterus. If the menstrual secretion be suppressed, the lungs are overcharged with blood, and an effort is made to evacuate it by these organs.

PLEURITIS.

CASE LXXXVIII.—Mary G., admitted ?, 1832 ?, single, of full habit.—Severe fixed pain in the lower portion of the left side of the thorax, aggravated by forced inspiration, but not always followed by cough; decubitus more easy on the left side. Pulse 100, soft; skin warm; tongue rather clammy; bowels free.

Was first attacked, about ten days ago, with a shooting pain in the left side of the chest, preceded, for a day or two, by occasional chills, and not followed by cough until four days afterwards. Was bled yesterday, with relief. (Bronchocele).

V. S. ad 3xij. statim.

Hirud. xvj. lateri dolent. post horas tres.

R. Haust. Salin. c. Liq. Antim. Tart. 3ij. 4 tis horis.

R. Hydrarg. Submur. gr. iv.

Jalapæ gr. xij. e melle statim.

12th.—Blood not inflamed; much relieved; pain partially remaining. Skin warm and moist; tongue yellow, furred; bowels open once.

Haust. Sennæ statim et 3 tiis horis donec, &c.

Rep. Pulv. cras mane.

H. Effervescens.

14th.—No pain remaining.

Was treated for the Bronchocele.

Pleurisy cured.

Case of Pleuro-Pneumonia. Cured.

CASE LXXXIX.—Charles D., æt. 34, carman, Vauxhall Road, admitted *May 20th*, 1833.—Pulse 100, strong, compressible; skin hot; conjunctivæ yellowish; tongue loaded, moist; bowels open from medicine; urine free, high coloured.

Complains of acute pain over the region of the heart, shooting to the back, aggravated by deep inspiration, which is checked by cough; expectoration of frothy mucus, streaked with blood; violent pain in the occiput; decubitus preferred on the back; cannot lie on the left side. (*Herpes labialis*).

Was taken on Saturday last with shivering, followed by heat and profuse perspiration; the pain in the chest occurred on Sunday afternoon. Has been an out patient of Mr. Keate's for an affection of the right thumb, which has been amputated.

R. Calomelanos gr. iv. h. s.
Olei Ricini ʒss. cras mane.
H. Salin. Vin. Ant. Tart. ʒss. 6 tis horis.

22nd.—V. S. ad ʒxxj. statim. post horas sex, nisi subsiderit dolor, repetend.

H. Salin. c. Vin. Ant. Tart. m. xx. 6 tis horis.
H. Sennæ cras.
Emp. Canth. lateri dextro.

23rd.—The bleeding was not repeated. The blood drawn in the second porringer much buffed, but not cupped. Much relieved by the bleeding. Much nausea.

Note.—The blood taken just before, at the same bleeding, was neither buffed nor cupped.

P. c. Vin. Ant. Tart. m. x. tantummodo in haustu.

24th.—Has still a stitch in the side on inspiration; left thorax, under the axilla, very dull on percussion; rest of the left more resonant than before. Pulse soft and frequent; skin moist and cool.

App. Hirud. x. lateri sinistro.
R. Hydrarg. Submur. g. ij. 3 tiis horis
ad tertiam vicem dein 4 tis horis. P.

27th.—P.

29th.—Pain much better; pulse soft.

Rep. Pil. sextis horis. P.

31st.—P. (Milk Diet).

June 3rd.—Complains of return of pain in the subaxillary

region of the left side; some uneasiness on lying on the left side. Pulse 84, soft; skin moist; tongue furred; bowels open.

Emp. Canthar. lat. dolent.

Rep. Pil. o. n. tant.

Garg. Alum. P.

7th.—P. c. Pil. et H. Salin.

(D. e. Pisce).

14th.—P. Garg. Alum.

17th.—Pil. b. d. P.

21st.—Complains of sense of pain, with stricture across the chest; fluttering; palpitation of the heart extensive, with increased sound, but without impulse; the left lung much more resonant.

Note.—Some of the symptoms were attributed to Erethismus from the mercury, and not pericarditis.

R. Mist. Camp. 3xj.

Sp. Amm. Arom. 3ss.

Tinct. Hyosc. m. xx.

6 tis horis.

24th.—The heart quieter, beating more than natural, but in its proper place.

P. c. Vino.

(Cured).

Remarks.—In the diagnosis of serous effusion into the chest I have seen percussion alone fallacious, but it is very useful, and, combined with ægophony, appears to be a sure indication. Piorry does not consider ægophony a certain sign of serous effusion into the chest¹. The treatment is very similar to that of peripneumony.

DISEASES OF THE HEART.

PERICARDITIS.

CASE XC.—George H., æt. 15, admitted *Dec. 21st*, 1831.—Pulse 112, full, soft; skin cool; tongue pale, furred, yellow; bowels costive; urine free and clear.

Complains of pain under the sternum and left mamma; violent action of the heart, with bellows sound² accompanying the sys-

¹ Clinique Medicale, p. 53.

² Dr. Latham states that bruit de soufflet is always a concomitant of rheumatic Pericarditis. I remember only one case in which the bruit was not audible. The man's name was Hill, admitted July 5, 1832, whose sectio proved it to be acute Pericarditis. The heart acted violently during the stethoscopic examination.

tole of the left ventricle¹; slight increase of impulse. Left ventricle extended laterally and inferiorly. Strong pulsation of carotids. Difficulty of breathing on first lying down, or on changing his posture. Dyspnœa on going up stairs.

Had a severe attack of rheumatism, in all his joints, five years ago, a second commencing a month back, which was cured in the Hospital, under Dr. Hewett.

Has felt the pain and palpitation in the region of the heart for four or five days only, which has been increasing.

Haust. Sennæ statim.

Hirud. viij. lateri sinistro postea.

Emplast. Cantharidis.

R. Haust. Salin. c. Tinct. Digital. m. v.

Vin. Antim. m. xv. t. d.

23rd.—Relieved by the leeches, but still complains of pain in the left side, aggravated by inspiration. Pulse full and harsh; skin hot; tongue furred; bowels open; urine free.

V. S. ad $\bar{z}$ vij. P.

26th.—Relieved by the bleeding; blood not inflamed.

H. Sennæ $\bar{z}$ j. cras mane.

30th.—(D. e Pisce). H. Sennæ statim.

Jan. 6th.—Feels much more comfortable; much less pain in the side. Pulse 108, sharp, soft. Still some dull pain in the region of the heart.

Emp. Belladonnæ regioni cordis.

R. Mist. Camphoræ $\bar{z}$ xi.

Tinct. Hyoscyan. m. xxv.

Syrupi. $\bar{z}$ ss. ter die.

H. Sennæ $\bar{z}$ j. alt. diebus.

30th.—Discharged.—Relieved.

CASE XCI.—James L., æt. 11, admitted Jan. 30th, 1832. —Pulse 110, very small and weak; skin dry; tongue white; bowels open from medicine; urine free.

Impulsive action of the heart, much beyond its natural situation towards the left; the intercostal spaces tender when pressed. Violent pains of the neck and back. Pains also of the hands and wrists, with diffused swelling, and of ankles, all aggravated by warmth, and particularly by perspiration, best when he is cool; slight dry cough.

¹ Or the first sound of the heart, according to Dr. Hope.

Ill a fortnight, was attacked first with pains in the head, then of the rest of the body; attacked with shortness of breathing three days ago; with palpitation and painful inspiration.

Fiat. V. S. ad $\bar{3}x$. et rep. post horas ij. si perstet dolor.

R. Hydrarg. Submur. gr. iij.
Pulv. Doveri gr. iv. 4 tis horis.
H. Sennæ cras mane.
(D. parcissima).

Feb. 1st.—Seems much relieved. The region of the heart not tender; bellows sound, after the systole of the ventricles; no pains of limbs. Pulse 110, soft, regular; skin dry, but cooler; tongue furred, moist; bowels well open to-day; costive yesterday. The Haust. Sennæ was repeated this morning. The blood was not inflamed; drawn with difficulty.

Rep. Pulv. 8 va quaque hora.
H. Sennæ o. m.

3rd.—Pains removed; beating of the heart much less violent. Pulse 90, soft, regular; skin dry, rather warm; tongue white, edges red; bowels much purged the night before last, so that the Haust. Sennæ was omitted yesterday morning, but he has taken it to-day.

Sumat Pulv. o. n. tantummodo.
Haust. Sennæ alt. mane.
(D. lactea).

8th.—Slight return of pain in the shoulder. P.

10th.—Slight return of pain without swelling; stiff neck.

Rep. Pulv. bis die.

13th.—No pain; heart acting much less vehemently; bruit de soufflet heard over the left ventricle after the first sound. Pulse 100, soft, regular; skin natural; tongue whitish; bowels open.

Rep. Pulv. o. n. tant.
H. Sennæ alt. mane.

Feb. 29th.—Discharged.—Cured.

Pathology and Treatment of Pericarditis.

Red spots are perceptible on the pericardium. Lymph is deposited, and presents, in some cases, an appearance similar to a sheep's stomach. This has received the name of the "reticulated heart." The two layers of the pericardium may be

partially or universally adherent. The pericardium may contain a straw-coloured effusion, with flocculi of lymph. Dropsy is a very frequent consequence of rheumatic Pericarditis. When acute rheumatism attacks the fibrous membranes of the muscles, &c., it may extend to the pericardium, which becoming universally adherent, will generally cause an incurable form of dropsy.

The treatment consists in general and local blood-letting. Venesection should be carefully performed, for if the patient faints, he might never revive. The bowels should be kept open, and calomel exhibited with opium. When the inflammatory symptoms are subdued, a blister may be applied and dressed with mercurial ointment. Digitalis and colchicum will be useful adjuncts.

DROPSY OF THE PERICARDIUM.

Case of Hydrops Pericardii, connected with Phthisis, in which the effusion was diagnosticated by undulation in the præcordia.

CASE XCII.—Caroline C., æt. 11, Twickenham, admitted *March 27th*, 1833.—Pulse 108; skin cold; tongue slightly furred; bowels much purged, motions dark and very offensive; urine free.

Complains of cough and dyspnœa, especially on going up stairs; expectoration of blood and matter; lies best on her left side; emaciation; complains also of great tenderness in the abdomen, which is tense.

Dulness on percussion of the whole of the left thorax, the right resonant; respiration indistinct in the left side, very distinct in the right. Pectoriloquy under the left clavicle, with cavernous rattle.

Has been ill twelve months, attacked at first with a violent dry cough; commenced spitting blood, for the first time, six months ago.

April 1st.—Sound of heart heard as though through fluid. It was remarked “*That the fluttering over the heart resembled the motion of agitated fluid.*” This appearance was observed by Dr. Chambers, Dr. Peene, myself, and several pupils.

26th.—Died 2½ P. M.

27th.—Sectio.—1½ P. M.

Thorax.—The pericardium had displaced the left lung by adhesions with the forepart of the left thorax. *It was much*

*distended with fluid*¹. The left lung contained numerous excavations, &c.

Remarks.—Dr. Young, in the fifth volume of the Medical Transactions of the Royal College of Physicians, London, has given an account of “flutterings and palpitations” of the heart being accompanied by a quantity of fluid in the pericardium. The point on which he insists, in the first instance, is the effect of a fluid in transmitting an agitation of any kind to a more or less remote part of the body.

ENLARGEMENT OF THE HEART.

Cases of Hypertrophy of the Heart.

CASE XCIII.—David R., æt. 19, picture-framer, admitted Jan. 4th, 1831.—Pulse 130, small; skin cold, pallid; tongue slightly furred, œdematous; bowels costive; urine free and clear.

Increased action of the left side of the heart, ascending creates palpitation; inability of lying on either side; no cough; pupils dilated.

Ailing one month; first attacked with swelling of the legs. Attributes his complaints to being over-worked; has felt palpitation for two years; has been subject to frequent attacks of rheumatism.

R. Mist. Camphoræ ʒiss.
Tinct. Humuli ʒj. t. d.
Olei Ricini ʒvj. statim.

6th.—There is increased impulse of the heart, principally of the left ventricle; heart's action is perceptible over the greater part of the thorax. There is a bellows' sound accompanying the systole ventriculorum, more distinctly heard over the origin of the pulmonary artery, than of the aorta. P.

9th.—Says that his medicine feels very hot, otherwise better.

R. Haust. Salin. c. Tinct. Humuli.
vice Mist. Camp.

13th.—Haust Sennæ statim.

Emp. Belladonnæ regioni cordis.

15th.—Haust. Opiat. h. s.

16th.—Emp. Canthar. parvum parti dolenti lateris dextri.

18th.—H. Sennæ cras. P.

¹ The pericardium of a healthy subject generally contains about half an ounce of fluid.

25th.—Slight increase of palpitation and pain in the region of the heart; breath foetid.

V. S. ad $\bar{3}$ vj.

H. Sennæ o. m.

27th.—The pain was relieved, but not removed by the bleeding; bowels open five or six times daily; feels better after the purging; blood not inflamed.

H. Sennæ alt. die. P.

30th.—To be out patient.

CASE XCIV.—John C., æt. 38, shoemaker, Turnham Green.—Complains of violent beating of the heart, which is increased on exertion; dyspnœa, but no cough; pain at the epigastrium.

Both sides of the heart are acting extensively, but chiefly the left, with great increase of impulse and some sound.

No inordinate pulsation of the carotids; bruit de soufflet on both sides of the heart (with the second sound¹); no orthopnœa; slight startings during sleep; has no œdema of lower extremities. Pulse regular, small, soft, 100; tongue rather furred; bowels generally costive; urine natural. States that eighteen months ago he was, for the first time, attacked with palpitation of the heart, which he attributed to running behind a carriage, as it came on the same day, and has continued, more or less, ever since; has never had rheumatic fever, or been subject to rheumatism.

V. S. ad $\bar{3}$ xij.

H. Salin. ter in die.

28th.—Bowels have not been opened since yesterday morning.

H. Sennæ statim.

29th.—Very little relief from the V. S. Blood not inflamed; the state of the heart much the same as before; pulse the same as before at the wrist. The carotids acting violently, with fremitus perceptible in them; pulsation of the heart perceptible throughout the abdomen as well as chest. Skin cool; urine plentiful; bowels open. Sleeps ill; lies best on the right side.

Emp. Opii amplum regioni cordis. P.

July 2nd.—A great deal of pain in the region of the heart. Pulse frequent and hard.

Fiat V. S. ad $\bar{3}$ x.

Adde Haustui Tinct. Digital. m. viij.

¹ Or diastole of the ventricles.

9th.—R. Aquæ Menthæ Pip.
 Mist. Camp. āā 3vj.
 Spirit. Ammon. Arom.
 Tinct. Humuli āā 3ss. t. d.

23rd.—Feels quite comfortable.
 Discharged relieved.

Case of Dilatation of the Heart, with Hypertrophy.

CASE XCV.—James M., æt. 10, admitted Nov. 28th, 1833. Pulse 120, small, slightly unequal; skin natural; tongue whitish; bowels open; urine free; countenance anxious.

Complains of palpitation of the heart, and pain in both shoulders, especially the left, and back. The left side of the thorax more prominent than the right; orthopnæa; can lie on either side indifferently; slight cough.

Six years ago fell into a cellar, and since that time has been attacked, with symptoms similar to the present every summer, from which he has heretofore recovered gradually.

About two months ago he was thrown over a form by another boy, and the present symptoms came on immediately after. Is getting better.

R. Haust. Salin. c. Tinct.
 Digit. m. iv. Potass. Nitrat. gr. vj. 6 tis horis.
 Pulv. Jalapæ c. Calomel. gr. xij. cras.
 Pulv. Ipecac. C. gr. v. h. s.

29th.—Tongue furred; bowels open. Has had repeated leeches and blisters to his side.

Rep. Pulv. et Haust.
 Emp. Opii regioni cordis.

Dec. 4th.—Epistaxis¹.

Rep. Pulv. cras mane.
 (Fish Diet).

Dec. 6th.—Increased sound² and impulse, and bruit, with the first sound of the heart; venous undulation³ of neck as well as actual pulsation; urine free.

¹ Bleeding of the nose frequently occurs with dilated heart, hæmoptysis also, menorrhagia has been known to happen, probably from regurgitation.

² Cases of dilated heart have come under my notice, in which there has not been the least increase of sound.

³ This symptom sometimes co-exists with a very weak and flabby heart, which is unable to contract properly upon its contents.

9th.—Feels better; dyspnœa less; beating of the heart rather less vehement. Pulse small, frequent; skin natural; tongue slightly furred.

Rep. Pulv. Dov. o. n.

10th.—P. omissâ digitali.

14th.—Bowels open; sleeps well. P.

16th.—Complains of faintness and weakness. Palpitation much better.

R. Vini Ferri ʒij.

Aquæ ʒx. t. d.

23rd.—Heart's action much quieter.

24th.—Going out to-morrow.

Relieved.

Occasionally, in increased action of the heart and arteries, the *Taxus baccata* will be beneficial. It is used in those cases where *digitalis* is employed, but will be found preferable to the latter, as it does not affect the sensorium. It may be given in doses of gr. vj.—xxx. omni bihorio.

Average thickness of the Walls of the Heart in a healthy Subject.

	INCHES.
Left Ventricle	$\frac{1}{2}$
Right ——— about	$\frac{1}{4}$
Auricles about a line.	

Different forms of enlarged Heart.

Simple Hypertrophy.

Hypertrophy with Dilatation.

Concentric } Hypertrophy.
Excentric }

Simple Dilatation.

Dilatation, } with Hypertrophy.
 } with Attenuation.

The remaining diseases of the heart consist in ossifications, which may be palliated by medicine and repose, and life may be prolonged by avoiding excitement.

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APPENDIX.

CEREBRAL CONGESTION.

*Case of determination of blood to the head, threatening Apoplexy.
Cured.*

J. E. æt. 45, lime-burner. Plethoric habit. Admitted *July* 20, 1831.—Pulse 66, small, soft; tongue furred, moist; bowels costive for two days; urine passed involuntarily. Complains of pain in his head, chiefly in the forehead; stupor, inability of standing upright without support; has complained of giddiness and numbness of the extremities; difficulty of articulation, but understands what is said to him; occasional dimness of sight, lasting for a short time.

Ailing six months with cold; twelve months ago had headach and epistaxis; has had an affection of the head for two months, which became much worse during the last six. Has only taken aloetic pills.

Cuc. Cruent. ad ʒxij. nuchæ.

R. Calomel. gr. v. statim.

Hæst. Sennæ quartis horis donec exoneretur alvus.
Diæta lactea.

He subsequently took calomel and opium, and became sufficiently well to leave the Hospital, *August* 19.

Edward O., æt. 26, thin habit, face pallid: admitted *Oct.* 24, 1832.—Skin cold; pulse imperceptible; tongue white; bowels open. Complains of pain in the head, tinnitus aurium, and great debility; occasional shivering. Ailing eleven days. He was so much collapsed, that I could not take a complete account of his symptoms. He was sent to bed with an order to have some beef tea immediately.

25th.—Pain in the head, hesitation of speech, dilatation of the pupils. Pulse 100, soft; tongue clean; bowels reported open.

Recollection indistinct; impaired motive power over the limbs; some deafness.

Cuc. Cruentæ nuchæ ad $\bar{z}$ xij.

R. Hydrarg. Chlorid. gr. iij. hac nocte.

Haustus Sennæ cras.

Diæta febrilis.

27th.—Recollection and perception much more distinct; pulse 100, small.

Applic. Hirud. x. pone aures hac nocte.

Rep. Hydrarg. Chlorid. hac nocte,

Haust. Sennæ cras.

29th.—Much relieved; speaks clearly. Pulse 68. Appetite returning. The medicine to be repeated.

He occasionally experienced a return of pain in the head, to relieve which leeches were again applied. On *Nov. 7*, there was no pain in the head; sense of hearing natural; and he had regained motive power over his limbs.

Nov. 11th.—Cured.

REMARKS.—It is necessary for the preservation of health, that the blood be distributed in due proportion through the different organs of the body. Should an excess of this fluid exist in any particular organ, some change is generally observed in the animal œconomy. Hence, individuals affected with congestion of the brain frequently complain of vertigo, noise and beating in the head. The eyes may be suffused and countenance flushed. They have also headach, which is aggravated by the recumbent posture, and feel disposed to sleep. As the disease advances it may occasion hesitation of speech, numbness in some part of the body, coma, palsy, or sudden death. There is no doubt that apoplexy sometimes arises from pressure on the brain, occasioned by distension of the cerebral vessels. Andral produces evidence of apoplexy connected with increased vascularity of the brain. Rostan also leads us to suppose that we might mistake symptoms accompanying cerebral congestion for considerable hæmorrhage of the brain. It is also my intention to introduce some cases with apoplectic symptoms in this pamphlet, in which the recovery took place too rapidly for any one to suppose that they depended upon pressure of the brain from effusion. Indeed, it is not very uncommon for old people to suffer apoplexy from venous congestion in the vessels of the brain without rupture, owing to a slow return of venous blood from the head. In the description, given by some writers, of the symptoms which characterize cerebral con-

gestion, we find heat and redness of the face. It is, however, an undeniable fact, that the surface may be quite pallid, as in the latter of the two cases already detailed, and that patients almost bloodless will exhibit symptoms of cerebral congestion. Andral mentions a case of a woman at La Pitié, labouring under cancer of the uterus, and very much exhausted in consequence of the great hæmorrhages she constantly had from the uterus; yet she died from cerebral hæmorrhage. We also meet with symptoms of threatening apoplexy in a very cachectic state of body.

Eve Foster, æt. 60, was admitted into St. George's Hospital, *March 13th*, 1833, complaining of great weakness, drowsiness, and pain at the back of the head, with occasional numbness of the left side of the body. When lying on the right side feels a pain in the left side of the chest; occasional cough; scabby eruption on the body, papular on the extremities, accompanied with itching. The feet and legs are œdematous, and the skin over the left shin is slightly inflamed and tender. Pulse 75, full: tongue clean at the edges, in other parts furred; moist. There is an irregular pyramidal hard tumor, painful on pressure, in the left breast. Three months ago was affected with drowsiness, numbness of the body; after which she lost the use of her left side. She took medicine, was bled, and recovered the use of her side in about two months.

We not unfrequently observe in children convulsive fits, which seem to depend on congested brain from a disordered state of the alimentary canal.

Matthew S., æt. 3, was brought to the Hospital, *March 1st*, 1832, in a state of coma, supervening on a sudden attack of convulsive and spasmodic action of the voluntary muscles generally, with which he had been seized before.

Face pallid, eyelids closed, pupils contractile, lips blue, mouth firmly closed; pulse imperceptible at the wrist; abdomen full; and some demonstrations of uneasiness follow when it is pressed.

He is said to have been unwell with a cold for two days; for some time his appetite has been bad; and his motions are very offensive. He was cupped in the neck, purged, and had a sinapism applied to the abdomen. During the same afternoon the pulse became strong, skin warm, cheeks flushed. A very offensive motion followed the injection. The coma gradually ceased. On *March 4th* he was cured.

Dr. Cooke in his Treatise on Nervous Disorders alludes to intemperance in eating and drinking, not only as a predisposing cause of apoplexy, but, when excessive, sometimes of exciting it. He states that in the description of cases given by several authors, *subito post prandium*, or phrases of similar import very frequently occur. Dr. Fothergill has also observed, "that food distends the stomach, presses upon the aorta descendens, obstructs the free expansion of the lungs, and thus crowds the arterial system of the head with more blood than ought to be there."

Case of Apoplexy, without Palsy, occurring a short time after a repast, cured.

William B., æt. 19, footman, was admitted on Sunday, *March 10, 1833.* 11th. Yesterday he fell suddenly from the stand at the back of a carriage in Hyde Park at 5 P.M. "after usual dinner," and was brought into the Hospital insensible. He was immediately bled to $\frac{3}{4}$ xij.; sensibility then returned. Has had pain in his head for the last fortnight.

Complains now of pain in the back part of the head; tongue white; pulse 80. On the 10th.,

V. S. ad $\frac{3}{4}$ xij.

Hydrarg. Chlorid. gr. vj. statim.

Haust. Sennæ post horas tres.

Diæta parcissima.

11th.—Bowels not well open: they were regular yesterday and on previous days. Sick from the medicine. Has never had fits previously. Haust. Sennæ. Hirud. xij. temporibus. Sulphat. Magnes. 3ij. Infus. Rosæ C. $\frac{3}{4}$ iss. sextis horis.

12th.—Better; head much lighter, but there is slight pain in the temples. Tongue white; pulse 90; bowels open. Hydrarg. Chlorid. gr. v. statim. Perstet cum Haustu.

14th.—Face pale; more pain in the temples and back of the head on standing. Tongue whitish; pulse 60: bowels not well open; urine free. Abdomen distended; shivering; much thirst; vision dim; no appetite: Haust. Sennæ statim; Hydrarg. Chlorid. gr. v. statim. Perstet cum Haustu. Emp. Canthar. nuchæ.

15th.—Less pain in the head, no pain in the back of the head. Pulse 85; bowels open once; tongue whitish with red edges, moist. Perstet.

16th.—Better, less pain in the head; bowels not well open. Perstet. Rep. Hydrarg. Chlorid. hac nocte. Haust. Sennæ cras.

17th.—More pain across the temples. Tongue white; skin cool. Hirud. xij. temporibus.

18th.—“A little better;” no pain in the head except when he coughs, which is seldom. Bowels open four times yesterday, once to day; pulse 65, soft, small; tongue cleaner. Perstet. Haust. Sennæ cras.

20th.—“Much better;” no pain in the head. Perstet cum Haustu sextis horis. Fish diet.

22nd.—“Not so well;” pain in the temples more severe in the night. Pulse 65; tongue clean, moist; yesterday felt cold and chilly; head light, dizziness. Perstet. Hirud. x temporibus.

23rd.—“A deal better;” no pain nor giddiness in the head; bowels open. Perstet.

25th.—Cured.

Hemiplegia of the right side; cured.

Ellis Carr, æt. 64, admitted Oct. 24, 1832.—Impaired sensibility and motive power of the right arm and leg, which came on suddenly about six weeks ago; has never had any fit. Pulse 88; very feeble; bowels open; tongue white; urine not very free; catamenia ceased about three years ago. Sent to bed.

25th.—Emp. Canthar. Spinæ dorsali et curetur ulcus ope Ung. Hydrarg. Hirud. viij. pone aures. Haust. Sennæ cras mane. Diæta jusculina.

Nov. 2nd.—Much improved in the motion of the leg and arm.

7th.—Very considerable improvement both in the right leg and arm.—Rep. Emp. Canth. Spinæ dorsali et curetur ut antea.

24th.—Palsy very greatly relieved. The blister and mercurial dressing to be repeated.

Dec. 7th.—Cured.

REMARKS.—Paralytic cases of this kind ought to make us very cautious in our prognosis. This case probably arose from simple congestion in the cerebral vessels, and not from effusion by the rupture of a blood-vessel. Venous congestion is not unfrequent in old people from a slow return of blood through the lateral sinuses. The plan of blistering in the direction of the spine, and dressing the excoriated surface with mercurial ointment is very useful. The blister is calculated to relieve congestion, and the ointment to promote absorption in cases of palsy. I have had many opportunities of seeing this method tried, and have had every reason to consider it extremely beneficial.

The following case is merely introduced in order to show how violent head symptoms occasionally are, but, on examination, no very important pathological appearance is detected in the brain.

Hannah Couzins, æt. 25, servant, admitted Dec. 25, 1833; complains of *headach*, and cough of about six weeks' duration; expands the chest very imperfectly but without pain; face pale; expectorates about a cupful of nearly clear mucus daily; sweats copiously at night, and has become much emaciated since her illness, which is about a month ago. *Note*.—Dulness on percussion under the right clavicle.

26th.—Vomited yellow bilious matter. Bowels open once to day.

27th.—Pulse 84; bowels have not acted since yesterday; has vomited this morning about half a pint of green fluid; cough better; *headach prevented her sleeping*.

28th.—Skin rather hot; pulse 80; tongue clean; bowels open once and not very freely. *Complains much of her head*, and has frequent fits of vomiting.

31st.—Skin dry, rather hot; pulse 80, oppressed; bowels open twice in the night, once this morning; urine free. Was seized in the night *with aggravation of pain in the head, accompanied by delirium, which still continues*. Vomits the medicine as well as everything she takes.

Jan. 2nd.—*Has been in a comatose state since yesterday*. Pulse 60; bowels freely open.

3rd.—*Continues in a comatose state*.

4th.—Died at 2 P. M.

5th.—*Sectio*.—The brain receded on opening the cranium, and was rather exsanguine; a very small quantity of fluid was found beneath the tunica arachnoidea. The ventricles contained a small quantity of clear fluid. Lungs healthy in structure; œdema of the right. Heart very small; about two ounces of serum in the pericardium. Mesenteric glands a little enlarged. Kidneys and larynx healthy.

Several writers admit the doctrine of increased determination of blood to the head, and also state, that this may be occasioned by violent passions of the mind. Among the subsequent cases the reader will find one in which palsy appeared to be the result of apoplexy in consequence of violent anger, which conveys not only a medical but a moral lesson. Such passions of the mind as excessive anger, joy, &c. were believed by several ancient

authors to produce apoplexy by determining blood to the head. It is known that such passions accelerate the action of the heart, hence the lungs may become congested, which state, either by retarding or preventing the reflux of blood from the head, may cause so much distension in the cerebral vessels as to excite apoplexy. An increase of the quantity of blood sometimes occurs in particular vessels of the brain from mechanical causes. A woman was admitted into St. George's Hospital labouring under epileptic fits; she had also been attacked with apoplexy. On examining the brain some tubera were found on the under surface of the dura mater, and that part of it termed the tentorium cerebelli, which pressed on the brain and cerebellum. One of the tubera blocked up the superior longitudinal sinus. An apoplectic coagulum was observed in the brain. It is probable that this extravasation of blood took place from the impediment, which existed to the free passage of the blood in its return from the head through the superior longitudinal sinus. The case will be more fully related immediately. Cerebral congestion is sometimes connected with various diseases of the lungs, heart, and blood-vessels of the chest. For when there is an impediment to the free transit of the blood through the lungs, the equilibrium of the circulation is not maintained, and the brain from its great delicacy is more likely to suffer than any other organ.

Epilepsy—Apoplexy—Coma—Old coagulum in the brain—Softening of the brain—Tumors attached to the dura mater and tentorium.

Mary Hall, æt. 42, admitted Dec. 11, 1833.—Has been subject to epileptic fits for the last two years, not preceded by any warning. During the paroxysm she foams at the mouth, is much convulsed, and afterwards feels sleepy. The left hand and leg reported to be rather weak. Catamenia ceased about two years ago, at which time the fits first attacked her. Has had five fits in the last week. Pulse weak. Has recovered the use of one side which she had previously lost.

12th.—No fit since admission; bowels not open.

14th.—Much acute pain in the head, so as almost to deprive her of her senses. Pulse 90, not weak.

16th.—Pains of the head are much relieved.

17th.—Is comatose and sinking. Skin cold; cold perspiration. Pulse imperceptible; breathing stertorous and protracted. Has been in this state since midnight.

18th.—Died at half-past three yesterday afternoon.

Sectio.—Head. Brain pale. Much effusion of serum into the lateral ventricles. The dura mater and tentorium cerebelli in some parts were much thickened, particularly in the direction of the superior longitudinal sinus, which was obstructed on the under surface.

Two tumors causing this obstruction, were observed near the torcular Herophili, one extremely hard, the other soft; the corresponding portions of the brain were much softened and adhered to the dura mater. There were tumors of a similar character to the former, but smaller, on the under surface of the tentorium, which pressed on the cerebellum. In the left corpus striatum there was a clot of a yellowish brown colour somewhat vascular, with softening of the surrounding portions of brain.

Lungs healthy. The liver adhered to the parietes of the abdomen.

The brain in this case had become accustomed to the pressure of the coagulum, for the patient had recovered from her hemiplegia.

In the following case two of the apoplectic coagula appear to have been absorbed.

Three attacks of Apoplexy; Hemiplegia; three apoplectic cavities in the brain, one containing a recent coagulum; hypertrophy of the left venticle of the heart.

William Harvy, æt. 48, coachman, admitted Nov. 10, 1831.—It is stated that he was attacked with a fit this morning in the street. There is hemiplegia of the left side; ptosis of the left eyelid; the tongue when protruded inclines to the affected side; stupor; respiration somewhat laborious; the mouth is also drawn towards the left side. Pulse 84, hard. It is stated that he has had two fits similar to this previously; the first about a-year back, the last in March. Is subject to cramp in the legs. Was bled this morning within half an hour.

11th.—Died.

The brain was very firm. The vessels of the pia mater were gorged with blood. The lateral ventricles were completely filled with serum. There were three apoplectic cavities; two of them, not recent, were lined with a yellowish membrane without coagula, one situated over the right ventricle, the other over the corpus callosum; the third, which contained a coagulum recently effused

in the pons varolii. Hypertrophy of the left ventricle of the heart, the septum ventriculorum was about three-quarters of an inch thick.

The connection between apoplexy and hypertrophy of the heart has been much noticed by writers. I have several examples of it recorded in my cases which were admitted into St. George's Hospital.

Case of Apoplexy, cured.

Mary Ann Bates, æt. 13, admitted 11 A.M. March 18, 1833.—In a state of insensibility with stertorous breathing. She has been complaining for the last six months of pain in the forehead, for which she has taken aloetic purgatives and tonics. She complained yesterday a little more than ordinary of her head. At ten o'clock last night her mother found her insensible. Pulse hard and full, skin cool with exception of the head, which is extremely hot. The pupils are dilated, and but slightly sensible to the action of light; bowels were open on Saturday; catamenia have never appeared. Leucophlegmatic appearance. Never had any fit before. V. S. ad $\frac{3}{4}$ viij. Lotio frigida temporibus. Cataplasmata Sinapis plantis.

Note.—The blood did not flow freely.

5 P.M. Cuc. cruentæ nuchæ ad $\frac{3}{4}$ x:

R. Aloes Socot. $\frac{3}{4}$ ss
Olei Tereb. $\frac{3}{4}$ ss
Aquæ tepidæ $\frac{3}{4}$ vj. M. Fiat Enema.
Calomel. gr. v. in forma pulv. quamprimum
et Haust. Sennæ $\frac{3}{4}$ ss post horas duas et rep.
secunda quaque hora donec, &c.

Note.—An ounce of Ol. Tereb. was put into the injection. Has not taken the Calomel or Senna, but a drop of Croton Oil has been placed on the tongue. About 11 P.M. she gradually became conscious after the bowels were well opened.

19th.—Much better this morning, is rather dull and heavy, but perfectly sensible. Severe pain in the head with a feeling of heaviness. Tongue coated with a white fur; pulse rapid, having lost most of its hardness; bowels open; head very hot.

Lotio frigida capiti.
R. Calomel. gr. ij.
Pulv. Jacobi veri gr. iij. in pulv. sexta quaque hora.
Haust. Sennæ cras.
Diæta lactea.

20. Pain in the head rather better. Complains of pain in the chest inclining to the left side, which is increased by inspiration. Heart's action full and strong, and beating over a larger surface than natural. Pulse rapid; skin natural; tongue white and pasty; bowels freely open; great thirst; very drowsy, but is not able to get any sleep.

Emp. Canth. pone aures. Perstet.

21st.—Pain in the head a little better, had yesterday twitchings of the limbs like a patient affected with chorea. Pulse rapid, strong, but easily compressible; bowels open.

22nd.—Pain in the head much better, mouth rather sore. Passed a better night, appearance improved.

Intermit. Pulv.

23rd.—Improving. Has quite recovered the use of her limbs.

Rep. Pulv. Antimon. sine Calomel.

On *April 24th* she was made an out patient, and soon after recovered.

PALSY.

Solomon B., æt. 54, postman, admitted *Nov. 16, 1831*.—Pulse 96, very soft and small; skin cool; tongue quite clean, moist, and pale; bowels open yesterday; urine reported to be highly offensive.

Impaired sensibility and motive power of *both arms and legs* with dysuria, universal coldness, no headach, no tenderness about the spine; tenderness in the right hypochondrium; very much emaciated; deglutition and articulation perfect.

Twelve months ago was first attacked with numbness gradually extending along both arms and going progressively to the legs; soon after lost the use of both legs; a fortnight ago dysuria came on.

Emp. Canth. spinæ dorsali.

Strychn. gr. $\frac{1}{12}$ in pil. bis die.

Detrahatur urina. Ol. Ricini pro re nata.

Diæta lactea.

17th.—About a pint and a half of urine drawn off since admission; it is constantly dribbling away, sometimes clear, at other times it contains a mucous deposit¹.

He left the Hospital soon after by his own request.

¹ In this case we see the necessity of passing the catheter, although the patient may complain of incontinence of urine. In paralytic affections, the bladder, occasionally participating in the affection, is filled with urine, part of which passes away involuntarily; and unless the catheter is introduced, the bladder becomes distended, and a deposit remains in it to the great inconvenience of the patient.

Hemiplegia of the left side supervening on Apoplexy from passion.

William S., æt. 22, admitted Oct. 24, 1832.—Stout habit. About a fortnight ago he became violently passionate, had an apoplectic fit, which was succeeded by loss of the use of *the left side*. Has been bled three times, cupped, leeches, &c. Pulse natural; skin ditto; tongue inclines to the left side.

Abradatur capillities.

Applic. Emp. Canth. inter scapulas.

Injiciatur enema purgans omni nocte.

(Diæta febrilis.)

He was subsequently cupped, took calomel, and had leeches applied to the head.

12th.—Has recovered considerable power over the left arm and leg.

20th.—Has gained much power over the hand and leg. He was blistered along the spine, and left the Hospital relieved on Jan. 29.

Hemiplegia of the left side.

Louis Maurice Seurat, æt. 29, cook, admitted June 27, 1832. Hemiplegia of the left side, with very imperfect articulation, and some difficulty of deglutition. Tongue clammy, white, its point directed to the left side; skin natural; pulse 80, soft; bowels open.

Experienced a sudden seizure on Thursday last (twenty-first) with loss of consciousness for some time; was bled, leeches, &c. For six weeks has suffered from pain in the head, which still continues.

Hirud. xvi. pone aures.

Haust. Salin. c. Magnes. Sulphat. ʒi. sextis horis.

Calomel.

Extract. Coloc. C. aa. gr. iii. horâ somni.

Lotio frigida capiti raso.

Diæta febrilis.

3rd.—No headach or giddiness, can move the leg¹, but not the arm.

28th.—Going out relieved.

¹ The leg generally recovers its function before the arm.

The following cases, collected without any view to ascertain the side of the body most frequently affected in hemiplegia, appear strongly to corroborate the opinion given by Rostan. "*C'est le côté gauche qui est le plus souvent frappé de paralysie*¹."

1 Elizabeth Booth	admitted	Nov. 9, 1831,	Hemiplegia of the left side.
2 William Harvy	.....	Nov. 10, 1831,	Ditto.
3 Sarah Gage	.....	Dec. 7, 1831,	Ditto.
4 Louis M. Seurat	.....	June 27, 1832,	Ditto.
5 William Stokes	.....	Oct. 24, 1832,	Ditto.
6 Ellis Carr	.....	Oct. 24, 1832,	Hemiplegia of the right side.
7 Caroline Peachem	.....	Jan. 10, 1833,	Ditto.
8 William Broder	.....	Feb. 13, 1833,	Ditto of the left side.
9 Mary Rowland	.....	Oct. 2, 1833,	Ditto.
10 Mary Hermitage	.....	Aug. 14, 1833,	Ditto, no report of particular side.
11 Ann Snow	.....	Nov. 1, 1833,	Hemiplegia of the left side.
12 William Stevens	.....	June 25, 1834,	Ditto.

Therefore out of twelve cases of hemiplegia, registered in my note books, nine were affected on the left side, two on the right, and the particular side of the remaining one is not reported.

Case of Paraplegia, cured.

Joanna Osmond, æt. 20, servant, admitted *Sept. 15, 1833*.—Pulse 100, small and weak; skin natural; tongue coated; bowels regular; catamenia ditto; urine free, reported high coloured. About six months ago is reported to have taken laudanum, since which time she has lost the power of moving her legs, and during part of the time sensation also. Says she was very low spirited for eight months previous to taking the laudanum.

Complains of pain in the head, pupils dilated on exposure to light; abdomen tumid.

C. C. nuchæ ad $\bar{z}$ xij.

Calomel. gr. iii. alt. noct.

Haust. Sennæ alt. auroris.

Applic. Emp. lyttæ spinæ dorsali et
adhibeatur Ung. Hydrarg. part. vesic.

She was subsequently treated for hysterical symptoms, in addition to which she took strychnine, was electrified, had the moxa applied, and underwent the other general treatment for her palsy. On *Nov. 13* it was reported that the legs were improving rapidly. Some little time afterwards she left the Hospital able to walk

¹ Cours de Médecine Clinique, p. 110. Bruxelles.

with the assistance of crutches. She became an out patient, and I have a note dated *July 25, 1834*, when she came to the Hospital walking pretty well with the aid of another person's arm. There is also another note stating "she came again, able to walk quite well."

Paraplegia, Erysipelas of the back, no morbid appearances in the brain or spinal cord.

Mary G. æt. 48, married, admitted *March 16, 1833*.—Loss of motion and sensation in the lower extremities of a week's duration, eight weeks before which time she had violent pain in the back part of the neck, with numbness of the lower extremities, the numbness came on suddenly, the least noise causes headach of short duration. Pain, on pressure, over the lower dorsal vertebræ.

Sept. 2nd.—Died. The brain and spinal cord were examined, but no morbid appearances were observed.

Paraplegia, eruption of Favi, Epilepsy, tumor of the cerebellum.

Edward Mills, æt. 6, admitted *July 28, 1834*.—It is reported by the mother that he has been ill a twelvemonth, at the commencement of which time he complained much of pain in the head; this was very soon followed by squinting, and subsequently by loss of motion in the lower limbs. Has had lately several convulsive fits. At present his chief pain is referred to the back and loins. Urine very scanty; bowels generally confined.

Aug. 2nd.—Has had no fit since he has been admitted into the House.

Note.—His head is larger than natural, and is generally bent towards the right side when he sits up.

12th.—An eruption of Favi behind the ears, a similar eruption on the hands.

A post-mortem examination took place in September, when a considerable quantity of fluid was found in the ventricles of the brain. Nearly the whole of the cerebellum was converted into a hard tumor about the size of a potatoe.

Case of Palsy of the left side and legs; effusion of blood between the skull and dura mater.

James Saunders, æt. 30, tailor, Epsom, admitted *Dec. 14, 1837*.

Has lost the free use of his left arm, and hand, and knees, especially the left, which symptom has been gradually coming on for three months; their sensation is also impaired. He also complains of a stiffness in the neck, and has had occasional loss of speech after exposure to cold. He does not recollect having had a fit, but when these symptoms began he experienced a dizziness with dimness of sight, and occasionally "saw double." Sleeps well. Pulse extremely slow; bowels open; urine free.

Says he has not lived very regularly, and has sometimes drunk too freely.

19th.—Was seized with spasm in the muscles of the throat, lasting a short time and threatening strangulation.

Jan. 12th.—Died.

A great quantity of dark fluid blood was found between the skull and dura mater. The portions of bone corresponding with the sulci of the brain sharply projected. Its structure was generally healthy. Ventricles not distended. Thyroid gland much enlarged.

Some atheromatous patches were observed in the ascending aorta.

The spleen was very much congested, it was broken by the least pressure.

PARTIAL PALSY.

Case of Partial Palsy; cured.

James Carr, æt. 43, admitted May 30, 1832.—There is retraction of the globe of the right eye to the external canthus, ptosis of the right eyelid, some contraction of the right pupil. The right angle of the mouth is lower than the left. Constant pain in the head without giddiness; coldness of the extremities. Pulse frequent, small, soft; skin cool; tongue exsanguine; bowels open yesterday.

Ailing for eight weeks. Had a sudden attack in February of dimness of vision, accompanied by pain in the eyeball, headach, and giddiness. Has been bled and cupped four times.

R. Pil. Hydrarg. ʒss,
 Opii gr. $\frac{1}{6}$ M. omni nocte sumend.
 Haust. Sennæ statim.
 Haust. Sennæ.
 Aq. Menthæ Pip. āā ʒvj. omni mane.
 Diæta jusculina.

31st.—Some pain under the frontal bone on the right side of the median line.

Hirud. xij. capiti.

June 2nd.—Rep. Hirudines capiti qua dolet.

5th.—Can raise the right eyelid to some extent. The right pupil is quite inactive; all the muscles of the globe of the right eye, excepting the rectus externus, have lost much of their power, vision of the eye obscure; some headach remains.

7th.—Right pupil quite contracted, but less contracted than on admission. Rep. Pil. una omni nocte tantummodo.

9th.—The pupil acts a little.

11th.—The levator palpebræ has nearly resumed its full power.

16th.—Rep. Pilula tertia quâque nocte.

July 3rd.—Return of pain in the head.

Emplast. Canthar pone aurem dext. et curetur
Unguent. Sabinæ.

25th.—Still complains of pain in the head, which was relieved by some leeches, but not removed.

Cuc. cruentæ nuchæ ad 3viii.

Haust. Salin. c. Vin. Ant. Tart. m. xx.

Spirit. Ætheris Nitrici 3ss sextis horis.

Aug. 8th.—Cured.

Palsy of the muscles of speech.

George Robinson, admitted June 25, 1834. He states that in October last he caught a violent cold, which was followed by stammering, which gradually increased, and at the end of a month from the first attack there was complete loss of articulation, which has continued up to the present time. His sense of taste is perfect. Has been repeatedly leeches and blistered without relief.

Applic. Emp. Canth. pone aurem sinist. et
adhibeatur Strychniæ in pulvere gr. $\frac{1}{2}$ parti vesicatæ.
Haust. Sennæ cras.

July 5th.—He left the Hospital by his own desire.

Palsy of the left hand and arm..

Frances Fox, admitted Nov. 30, 1837. Has been above fifteen months affected with palsy of the left hand and arm commencing with loss of sensation, latterly some pain has been felt in the right hand, no pain in the head. Pulse slow; bowels confined. The

arm is contracted from want of power of the extensor muscles. There is a sense of numbness at the extremities of the fingers. Her general health is good. She has not worked in lead, nor was the loss of power preceded by pain in the head. The treatment consisted in cupping, leeching, blistering, and the use of a splint for the affected hand and arm.

It was stated that in a similar case to the preceding, there was found softening of a portion of the cervical spinal cord.

Palsy of the right foot and leg.

Thomas Clifford, æt. 24, admitted Jan. 29, 1834, labourer in gardens.—Pulse 96, soft; tongue very slightly furred; bowels open; urine free. Paralysis of the right foot and leg with occasional pain in the foot. The calf is much emaciated. Has sensation in the part equal to the other, but says it was impaired at first.

It began ten weeks ago with numbness after a week's harder labour than usual at digging. He was ordered a liniment with

Spirit. Armorac. C. ʒi.

Mist. Camphoræ ʒxj. ter die.

Pil. Hydrarg. gr. iij. omni nocte.

Diæta ordinaria.

Blisters were subsequently used, and he left the Hospital relieved in February.

Palsy of the arms from lead in paint.

John Bradley, æt. 47, painter, admitted July 30, 1834.—Has lost the power of extending the forearms; the fingers are contracted on the palms of the hands. He first discovered that he had "cramps" in the fingers while eating his dinner, the bowels were confined at the time. He had no headach, but felt pain in the spine or the back between the shoulders, which has continued to the present period; sleeps badly. Pulse 75; bowels open; tongue white, moist; urine free.

His complaints are of six weeks' duration.

Splints for the hands.

R. Haust. Cinchonæ c. Potassæ Sulplat. ʒi. bis die.

Pulv. Ipecac. c. gr. vi. omni nocte.

Olei Ricini ʒss. omni alterno mane.

Aug. 1st.—Sleeps better. Tongue rather white; bowels open;

pain in the arms, particularly the right one, which is the most affected.

13th.—To discontinue the use of the splints as they cause swelling.

16th.—Better, only feels a little pain on the inside of the shoulders on raising the arm.

28th.—Not much difference in his symptoms, to make use of the splints again. Perstet.

Sept. 3rd.—Pain in the back part of the head. Bowels freely open; urine not so well retained; skin cool; tongue rather white;

8th.—Is improving in every respect. To be an out patient.

Paralysis of the left cheek; cured.

William Simpkin, æt. 29, servant, admitted Jan. 15, 1833.—Saturday morning last (11th instant,) felt some little pain in the left eye and ear. After dinner on the same day was surprised when his fellow servants told him that his mouth was *drawn to the right side; this was unaccompanied by any symptoms of the head.*

Note.—Had no fit, fainting or sickness at the same time.

The mouth still continues drawn to the right side, as also the tongue, cannot whistle, or shut the left eye, which is inflamed. Bowels open. Has been cupped, blistered and bled without relief.

Note.—General health good, can assign no cause for the attack.

R. Sulphat. Quinæ gr. iss.

Infus. Rosæ C. ʒiiss bis die.

Haust. Sennæ ʒi omni alterno mane.

16th.—Feels much the same. Was kept awake by pain in the left eye.

17th.—The mouth appears rather less drawn to the right side, he can shut the eye more than yesterday, less pain in the left eye, but some under the left ear. Pulse 80 small; bowels open. Feels a pain in the left cheek, immediately over the infra-orbital foramen. Perstet.

20th.—Paralysis much as before, no pain in the parts affected, general health good.

Emplast. Canthar. parvum pone aurem sinistram. Perstet.

22nd.—Continues a little better. Perstet.

24th.—Sensation more perfect in the left cheek, can nearly shut the left eye, and the paralysis is not so decided as when he was admitted, it not being easily observed unless he moves the muscles of the cheeks by speaking or otherwise; bowels open, left cheek feels sore. Perstet.

25th.—Improving.

27th.—Decided improvement in the paralysis and power of shutting the left eye. Perstet.

30th.—The mouth does not now appear drawn on one side, excepting during the action of laughing. Can shut the left eye, but not without closing the other eye; bowels open.

31st.—Convalescent.

A woman named Elizabeth Evans, æt. 33, has just been admitted, *May* 22, 1837, into St. George's Hospital, with an affection similar to the preceding. She is unable to close the right eye and cannot taste with the right side of the tongue. A part of a cup placed in her mouth appears to be broken.—She attributed her complaint to cold. As the patient is now in the Hospital I am unable to give the result of her case.

Among my notes I find the case of an out-patient, who complained of palsy of one side of the face from cold, and was cured by blisters to the nape of the neck, and aperients.

EPILEPSY.

Joseph King, æt. 36, valet, admitted *May* 22, 1833. Pulse 120, small, but rather hard; skin warm and dry; tongue slightly white; bowels open; urine free.

Complains of an aching pain in the head, which he compares to pressure, deafness, tinnitus aurium, when he lies down, especially on his back, his head becomes confused. Cuticle of the face desquamating.

Has been ill several years; seven years ago had violent epileptic fits, attended with palpitation of the heart; has been deaf two years. Throat has been sore. Has had a scarlet eruption within the last ten days.

V. S. ad $\frac{3}{4}$ viii.

R. Pil. Hydrarg. gr. ii.

Extract. Coloc. C. gr. iii. omni nocte.

R. Mist. Camphoræ.

Spirit. Æth. Nit. 3ss. ter die

Sent to bed.

23rd.—Blood very slightly buffed.

24th.—Cannot sleep.

Extract. Conii. gr. v. omni nocte. Perstet.

27th.—Had a fit last night, which is described as having been hysterical.—Bowels much purged.

Rep. Pil. sine Extract. Coloc.

Omittr. Conium.

29th.—Has had a fainting fit this morning. Rep. Pil.

Adde Haustui Tinct. Valer. Ammon. 3ss.

31st.—Countenance improved, feels better, pulse natural, bowels costive.

Haust. Sennæ alterno mane. Perstet.

June 9th.—Epistaxis this morning, to which he is subject. Headach generally after it.

14th.—Complains of headach. Pulse 84, soft; skin cool and moist; tongue whitish; bowels open. Pain of the head worse when he stoops.

Rep. Pil. omni nocte.

Emp. Canth. pone utramque aurem.

Rep. Haust. Camp. cum Spirit. Æth. Nit. ter die.

24th.—Rep. Emp. Canth. pone aures et serventur ulcera unguent. Canthar. et unguent. Hydrarg. part. æqualibus. Perstet.

July 19th.—Is still subject to fits, one of which he has just had of an epileptic character. Says he was aware of its approach by a sensation of pain and palpitation of the heart for ten minutes.

Argenti Nitratis gr. i. formâ pilulæ, ter die.

Hanst. Ætheris C. ʒi p. r. n.

August 2nd.—Complains much of pain at the back of the head. Pulse 80, soft; some fluttering about the heart.

Cuc. Cruentæ nuchæ ad ʒviii. Perstet.

5th.—Complains of a weight at the scrobiculus cordis.

Perstet cum pilula omni nocte et mane.

R. Decoct. Aloes C. ʒi.

Tinc. Valer. Ammon. ʒiss meridie quotidie.

12th.—Complains of pain in the region of the heart.

Emp. Opii regioni cordis. Perstet.

To go out. Relieved.

Caroline Howard, servant, æt. 18, admitted Sept. 4, 1833.—Complains of headach, to which she has been subject with but short intervals during the last twelve months. During the same period she has been subject to fits of an epileptic character, of which she had one last night after her admission. They come on at very irregular intervals. Pulse 90, soft; skin cool; tongue rather white with red edges; bowels habitually confined; catamenia regular, scanty.

Attributes her complaints to exposure to cold during great

exertion. Had calomel gr. v. last night, and a senna draught this morning, by which the bowels have been freely purged.

5th.—Applic. Hirud. x. temporibus.

Pil. Hydrarg. Submur. C. gr. v. o. n.

Haust. Sennæ alt. auroris.

7th.—Leeches not applied. Bowels freely opened. Head as as before.

Hirud. x. temporibus.

9th.—Leeches bled freely, pain of the head unrelieved, some sickness of stomach this morning.

Emp. Lyttæ nuchæ.

Pulv. Rhei C. 3ss quamprimum et cras mane.

11th.—Pain of the head much relieved, bowels open five or six times to-day.

R Spirit. Ammon. Arom. 3ss

Mist. Camphoræ 3xss

Tinc. Cardamomi C. 3i bis die.

Hydrarg. c. Creta gr. v. o. n.

Omittantur alia.

Fish diet.

16th.—Catamenia made their appearance on the 13th, and disappeared within twenty-four hours, since which time she has suffered from pain in the back and left side. Pulse 100, rather hard; bowels open.

Applic. Hirudines xij cruribus internis.

R Decoct. Aloes C. 3i.

Tinc. Valer. Ammon. 3ss. Fiat. Haust. b. d. s.

Rep. Coxarium vespere.

18th.—Felt much relieved after the application of the leeches and bath. Perstet.

20th.—Complains of some giddiness and dimness of sight. Bowels open. Applic. Hirud. xii. temporibus.

28th.—Had a severe fit this morning about ten o'clock, which lasted five minutes. Pain in the head all night, which prevented her getting sleep. Tongue slightly furred. Bowels open; pulse regular, not weak.

Argenti nitrat. gr. i.

Fiant Pil. iii. sumat unam ter die.

30th.—Considerable sense of weight and uneasiness across the forehead accompanied by drowsiness, no return of the fits.

Augeat. dosis Argent. Nitrat. ad gr. ii. in pil iij.

Oct. 3rd.—No return of the fit. Describes herself as not

feeling so stupid as she did. The medicine makes her feel rather sick. Tongue clean; bowels open.

5th.—Complained of severe pain in the head yesterday, accompanied by nausea and vomiting, and also some pain at the pit of the stomach, in consequence of which the pills were left off. Sickness relieved, but there is still pain across the upper part of the abdomen.

On the 17th she was bled, and the 22nd the nitrate of silver was increased to four grains three times in the day. She was ordered to be an out-patient on the 26th.

*Epilepsy from diseased bone*¹.

Of the above diseases of the brain, the only one which I think of sufficient interest to give in detail, was epilepsy, apparently resulting from the irritation produced by disease extending from the bones of the nose. For those who witnessed the intensity of the symptoms, as well as their peculiarity, in the violent and long-continued *rocking* motion of the patient, the case possessed great interest. So far as can be judged, the recovery was owing to the gradual influence produced by the sarsaparilla, and iodide of potassium.

Feb. 18, 1836.—John Jones, æt. 29, had syphilis two years ago, for which he appears to have taken mercury irregularly; but gives a very imperfect account of himself. Three or four months ago a foetid purulent discharge occurred from both nostrils, particularly the left, and has continued to take place to a greater or less extent ever since. Several portions of bone have passed, and the nose is flattened from the loss of part of the vomer. Has progressively lost flesh, and become nearly idiotic. Two months ago for the first time had a fit of epileptic character, which symptom has since frequently recurred. During the last two days has constantly sat up in bed, vibrating his body from side to side like a pendulum, which he says he does to keep off the fits. Has been purged, cupped, blistered, and had a seton in the back of his neck, without relief. Pulse 100, soft; skin cool; tongue white; bowels open.

R. Decoct. Sarsæ ʒij; Potassæ Hydriod. gr. iii.

M. Sumatur ter die.

19th.—Had a fit of greater violence last night, and another

¹ Medical Gazette. Vol. xix. 1836. Dr. Macleod's Third Report.

this morning. Complains of pain in the left temple, and the eye of that side is injected. Mouth slightly drawn to the left; rocking motion more violent than ever.

Cucurbit. Cruentæ temporibus, et abstrahatur sanguis, ad 3 xij.
Calomel gr. iij. n. s. Haust. Sennæ cras mane.

Repr. Decoctum Sarsæ ut antea.

20th.—Head relieved; rocking less violent.

22nd.—More pain in temple and forehead; is rocking violently, and says he is going to have a fit.

Hirud. xij. tempori sinistro et fronti quamprimum.

Rep. Medicamenta.

23rd, 24th, 25th, 26th.—Violent epileptic fits daily. Mouth more drawn to left side. Leeches repeatedly applied. A blister to left temple. Freely purged. Sarsaparilla and hydriodate of potass continued. From this time the fits gradually became less frequent and less violent, and had ceased by the 5th of March. He continued, however, to have a purulent discharge from the nose, and attacks of pain in the forehead and temples, with giddiness; for which he had leeches repeatedly applied, and several blisters, always with relief. The sarsaparilla and hydriodate of potass were continued, under which his whole aspect changed remarkably: he gradually gained flesh and strength, and his intellect became much improved.

May 16th.—A considerable quantity of foetid purulent matter, with blood, came from the right nostril, but no bone could be detected. From this time the discharge diminished, and he was dismissed June 12th, having had no fit for three months, and having taken nothing but opening medicine during the last fortnight.

P.S.—I saw this patient in December, 1836. He had been employed since his discharge as a labourer; he had had a fit after working in the fields during the autumn, for which he had been cupped with relief, but still had occasional pain in the head.

Baron Sloet's method of treating Epilepsy.

Baron A. Sloet Van Oldruitenborgh having communicated to me the remedy which he had employed against epilepsy, I published the prescription in the Medical Gazette¹, in order that

¹ Vol. xix. p. 142.

other individuals might have an opportunity of trying its efficacy ; and more especially in consequence of the Baron himself being anxious to give it publicity. I am informed that the Baron's family have kept the prescription a secret for more than two centuries ; and he states that he has given it during forty years to a great many epileptic persons, and that he has cured the greatest part of them. The particular ingredients are not unknown, and consist of

Pulv. Corticis Radicis Dictamni Albi¹,
(Fraxinella,) ℥j. ; Pulv. Zedoariæ, ℥iss.

From this the patient is to take a powder of two scruples, more or less, according to the judgment of the physician, in aqua florum tiliaë. He has increased the number of the powders to four in the day, but in those cases the zedoary has been reduced to one half.

The occasional employment of leeches ano, lavements, and aperients, are advised.

The editor of the *Medical Gazette* subjoined the following remarks to my account of Baron Sloet's treatment. "A young officer was sent home from Bombay seven years ago labouring under epilepsy ; the fits came on at least once in two months, and had endured several years : he consulted several of the most eminent practitioners in Edinburgh and London, without relief. He then went to Holland, and remained about four months under the care of Baron Sloet ; from which time he never had any return of the fits, and has been able to continue his profession in India ever since. A relation of his under nearly similar circumstances, went in consequence to the Hague, and was also cured. In both instances the parties were bound by solemn promise not to reveal the nature of the remedy."

I heard while at the Hague, that several medical practitioners were acquainted with the remedy, and I knew three physicians, Dr. Everard, Physician to the Prince of Orange, Dr. Heymans, and Dr. Samuel Van Praag Heymans, who had obtained knowledge of it.

Dr. Everard told me that he had treated a Jew musician on the Baron's plan. The man was attacked with two epileptic fits daily, and took the medicine recommended by Baron Sloet for three months without any alleviation during that period, when

¹ In consequence of my letter in the Gazette, a short and interesting notice of the Dictamnus Fraxinella has been recently taken by Mr. Pereira in his lectures on Materia Medica and Therapeutics. Vide Medical Gazette, vol. xx. p. 617.

Dr. Everard intended changing the remedy for the carbonate of iron, but did not put his intention into practice, for the fits suddenly went away and the patient has continued without any attack for the last eighteen months. This case was related to me in November 1836. I thought it right to submit to the notice of medical practitioners Baron Sloet's plan, which has been so long, and, according to report, so successfully employed at the Hague in the treatment of epilepsy; a complaint obstinate in its nature and difficult to manage.

Case of Periodical Opisthotonos.

A young man was admitted on Wednesday, May 11th, for fits accompanied by opisthotonos. On Thursday morning I saw him labouring under one of his attacks. Mr. Hammerton also, and Mr. Malton, jun., were present. The head and feet are drawn backwards as far as possible by tetanic spasm. The fit lasted about a quarter of an hour, during which time he was insensible. He gradually recovered, and complained of great pain in the occiput. On examining the head there appeared to be an aperture between the occipital and parietal bones, for on pressing the integuments in that direction, the cerebral pulsation could be felt, as well as the edges of surrounding bone. The boy states that the opening in the skull has existed all his lifetime. The fits recurred frequently, and if he lay on his abdomen during the paroxysm, the head and feet were curved upwards and backwards.

THE END.



By the same Author :

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ALSO,

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