A Report
of some cases of Dropy
associated with
Debado
of the
Heart, Liver and Kidneys
with
Remarks.

Williams Powell.
By the kind permission of B. Stewart, I join the following report of cases occurring in his Ward.


The first case is one of Disease of the Kidney. Member of the Pliene associated with Ateles dependant on Cirrhosis of the Liver and General Disease probably due to debility and Ateles.

Thomas Reed, aged 30. A Son, unmarried. Admitted into Ward on February 6th, 1860. His Parents are still alive. One Brother died of Consumption at the age of 20. Fifteen years ago suffered from what was supposed to be enlargement of the liver, which confined him to his room for two months. Since then he observed his abdomen and legs to be fuller and at various times since then he has noticed a fulness of the abdomen which he believed to be occasioned by fluid which however disappeared on taking
medicine.

His present illness commenced nine months since. He took cold from staying in draughty passages and new damp houses without windows.

He was seized with a dry, rusty cough, followed by rude pinnae pain in the lower part of the right side that he was unable to leave his bed. Dr Wilson attended and applied poultices.

After being ill for a month he was seen by Dr. Boykin, who tapped his side and drew off two pints and a half of clear fluid. This operation was repeated three times in five weeks, the amount of fluid drawn off being 8, 8½ and 4 pints. The last fluid being of a dark, brassy colour.

On the Sunday previous to admission his abdomen was tapped and a quantity of fluid drawn off, equal quantityjoson. Circulatory system. Heart impales very poorly, action very irregular. Aorta beats in a line with the nipple. Pulse 112, small, feeble, irregular, irregular.

Respiratory system. A frequent short painful cough, with expectoration. From the exhausted
condition of the Patient a careful physical examination could not be made. Post mortem...

Nervous System, normal.

Digestive System. Stomach painful, slightly coated. Appetite prodigous can eat a little more. Thirst troublesome.

Water continues to escape from the opening into the Abdomen. Bowels open. Spleen prominent.

Genito Urinary System. Urine high coloured, scanty, depositing a white layer of Lithate.


Integumentary System. His face is pale and haggard, his voice quiet and tremulous.

The Body fairly nourished. Skin moist - he lies on his right side.

Ordered: Strong Diet, Melts, Gin Boil, Sherry 3 fl.

To inhale 3 fl. of the Oil of Juniper Night & Morning

An Ether Inhaler and an Electrolyte Solution of Potash.

Tab. P. Passed a comfortable night.

Heart action very regular. Aque heat 7½ inches below the Nipple. Amount of praecordial dullness slight. Impulse full and distinct.

Soundsibili. Luke irregular, full,
unequal and at times imperceptible - it is impossible to count it correctly - about 110.
Respiration 32. Cough paroxysmal - expiration mostly right side of chest rounded, intercostal spaces obliterated - moves slightly during respiration.
Great distress over lower two thirds and absence of respiration meanwhile. The upper third is present and futile respiration audible. He is almost proned, but respiration present but sounds of a light colour, scanty, and of a pasteur consistency. Urine 153. - no albumen.
He continues to lie on his Right side - skin cool. general edema of the whole body, especially prominent on the right side, on which he lies.

8th: Brother death. Breasts open, fine lines.
Stools light clay colour - normal consistency.
Pulse 100. Very pulse and irregular. Urine 243.
Ordered Venenine Suppository - and strong infusion of Digitale to be applied to the Abdomen and
9th: Patient passed a pesties night, great difficulty of breathing, the cause of which is obvious,
June 9th [illegible] cold or the inhalation he has
remended of his left lung.
It is very painful and weak — can't take his
pint, but takes keg his and milk.
Passed 243 p. urine — loaded with Sedatives
free from albumin.
Ordered Cathaplasm. Sinapis — to the side
Dp.晋江's Chloric Chlorico B. Dii
Inst. Cardamom Co. 3 p.
Aquain ad B p.
Caput 3 p. omni tabes hor.
perspiration 30. Pulse 90. form. irregular and
at times imperceptible. Nothing fatal with standing.
This character of Pulse the Patient is able to
get in and out of Bed with very little assistance.
Feb. 14. Passes only in Night and at rare intervals.
Pulse 110. Very full and at times imperceptible.
Respiration 32. Breathing easy and free from
Pain. Cough at times troublesome. Little
 expectoration and that of a slightly viscid
character. Increased presence on left side.
Respiratory presence loud and painful with
Right side. Declines over bore two thirds the table preparatory pressure to bear to the back of the long.

Longer than the edges formed slightly on the tonsil - it is very thick and no appetite

Takes Bitter Ee and Metals - Brandy Bq.

Abdomen increasing since the opening in it had been cut. Urine 263. loaded with lithate

No allusion

Takes Bitter Preparations which however have very little effect in preventing the amount of Urine.

Dr. Robin's Antis 3.

Aperient Albumin bic. 3.

Depression Iperpari ad No. 3.

Caput 3. either quaker pots bowl

Feb. 18. Peristalsis put to exercise, but viscid.

Some fit having a brown green colour - right

posterior - suffer distress from the fluid in abdomen

pressing, and at times it is a little confined

legs much poutless, right more than left.

Feb. 20. Pulses 80. irregular and very feeble.

Cough troublesome, expectoration viscid and chronic, but part coloured. Urine 203. loaded with lithate
This bowl on sun and sea a day, tends greatly
light clay sober, very offensive.
16th 26th Passed only 10 lb. of Urine during the last

As the 18 he was ordered

Rip Spiritus Dampieri 3

Spiritus Albus, ext. 3

Impus. Digitale ad 3q.

Cepai 3q to 3 parts

his duration he has continued taking till to day

The amount of Urine passed each day being on
the 19 27 2 26 22 23 18 & 16 20 23 20 23 &

Throughout it has been very difficult

stimulated his kidneys to increased discharge of

Urine.

Breathing in leaf hung close and fine from path.

complaints on sea, probably due to the

Digitale. - So appetite.

Rip Potassii Jodih 3

Spiritus Jodi Jodih 3

Impus. Columbae ad 3q.

Cepai 3q, her in die.

Attends 26 as sure this morning he complained

of shining's and great cold. He expectorated a
Can't fill of matter looking very much like
grit and pressed with pure coating matter.
The difficulty of breathing continuing and his
Abdomen being very bruised, he was again lapped
and 120 ounces of clear coloured fluid was
drawn off. Urine contains a little Alumen.
March 1. Breathing much relaxed – dies upon
his back. Pulse 80 full. Passed 3 lb. of
 Urine.
March 6. He farms. Urine over the full to
be plunged and prostituted. Urine 103,
Pulse full. Appetite improved.
March 10. So improved, breathing much easier.
Appetite better. Continues to pass about
25 or 40 oz. of Urine daily.
Right Lung. Breathing heard near the whole of it
also at the lower part very faint. Pulm in
respiration. Urine loaded with lithate contains
a considerable quantity of Alumen. No. 9. 1028.
March 13. Urine pretty heavy by heat. Breathing
heard over the whole of Right lung both anteriorly
and posteriorly. No fluid.
Second sound of Heart slightly blowing.
Fluid again accumulating in the Abdomen.
He continues at home to expectorate a quantity of the fluid like matter. It usually comes up in a short time after a severe attack of coughing. It was suspected it might come from the Phlegm Paralyz, but there were no Phlegm types of its history. Annually it appears to be composed of adherent Pus Corpuscles.

March 20: Urine brown by heat. Abdominal tympanites in the upper half above the fluid in his on his right side—During the last three days his Film and Lateral have become flatter. Appetite good. Pulse go-jets and irregular.

March 21. To day the expirations present sounds of the greatly pyrexia. The dyspnea is increasing. Film & Soctum very large. Legs very much edematous also the face.

March 23. He died this morning at 11.30. He had not appeared worse in any respect, except the promptness of the dyspnea, and his strength had improved. At 5.30 am he took his Bop Tea and at 7 am he lost his voice. This for a short time was regained, but before death both voice and sight were lost.
Post mortem twenty four hours after death.

Grand Anasthesia - as opening the Abdomen, which was very hypercapnic, a quantity of fluid escaped. Intestines were dilated and filled with gas. The Liver was enlarged and protruded in an early stage of emaciation. It weighed five pounds twelve ounces and showed praecociously a great increase of connarin tissue, not only surrounding the Lobule but passing into its intestines and producing congestion and destroying the Hepatic Cells.

The lungs - The left lung was adherent, but otherwise normal excepting a small cheesy mass. The right lung was found compressed against the spine and separated from Thoracic Wall by a quantity of matter similar to what he presented. A careful examination of the lung was not made, as it was part of the body preserving the Heart & Pericardium.

The Heart - Pericardium was adherent to the piriti Heart and contained plates of calcaneous matter. The Auricles of both Ventricles were found praecociously dilated. The Valves were not examined.
Lungs were congested — cyanose present, - capsule preferring off early.
 Often enlarged by 3
 Humidi edematous and congested.

There are primary points of interest in this case.

In the first place the condition of the right lung.

On March the 18th the last day that proper

ports taken of its condition, "breathing was heard

over the whole of it, both anteriorly and posteriorly.

Was this pulmonary, or had there been a further

effusion? I am inclined to the last opinion.

and that the effusion took place a day or

two before death. The lung this compressed

yet was springs in its texture.

The General Dropy I think was due to

the condition of the heart. It was unfortunate

that owing to the desire to preserve the calcaneous

platae in the adherent Pericardium, no examination

of the Ventricle or Vena cava could be made.

Was the properity of the heart's action stable, or

at least subject to the calcaneous

Pericardium, or to the delayed cardiac.

I find that Koch found his diagnosis of a

delayed death upon its propenancy, he says in
in his splendid work on "Diseases of the Heart" page 134. Dilatation and pubcrness of the Heart. "The Heart's action permanently irregular, with an extended but not a strong impulse; the sounds perceptible and purplish. Their analysis is difficult, rendering it often impossible to distinguish the first from the second sound. Maximum generally where the pulse palpable - Joda - pericardial irregular; no certain murmurs; cases of pulmonary thoracic engorgement. Most of these signs were present in this case.

What was the Aortitis of the Liver due to? He stated himself to have lived a temperate life and he had the appearance of a man that had done so. Could Aortitis be occasioned by retarded circulation. And the liver and the development of congestion liver taking place. Were any signs of protrusion? I think it was not at all probable.

Again the Droopy was put at all benefited by Diuretics, many embrittlement were tried but none succeeded. When the pressure was taken off the Kidney by tapping the abdomen the relief was quite pronounced. The urine at once
going up to between 30 and 40 degrees.
The appearance of albumen in the urine is interesting, and was due to the congested condition of the kidney produced by the plugged circulation.

The next case is one of oedema, occasioned by dilated Right side of the Heart and Edema lower.

Robert M. M. C. M. A. L. E. Van Doren.
Resides at Anniston, Alabama. Admitted Feb. 28th, 1868.
Complains of great difficulty of breathing and Swelling of Breasts.
Patient has had good health till the last five years, during that time he has been liable to be attacked with great difficulty of breathing. Three years since he kept his bed for six months with an attack of this nature. Fever obtained his foot to the mention before last winter. Since has had Phthisis, his Breaths and Sputum are Healthy.
Circulatory System: Action of Heart, perfect.
prosceptible apex beat, as distinct over precordial region. Just under the pericardium cartilage there is pulsation and slight distension for a space two inches pyriform. Heart sounds over pericardial region distinct, a loud systolic and diastolic sound heard over pericardium cartilage. Soft and occasionally intermittent. No aortic pulsation.

Respiratory System. Respiration laboured and painful, lateral in the sitting posture. 32. Posterior part of chest prominent, on right side tense as if pulled up. Inspiration loud in upper part, expiration sighing, in lower half of chest long, there is loud expiration. Posteriorly, right side rather duller than the left and in one spot the breathing is of tubular character. Left side prominent, breathing moist with loud expiration and bronchial rale. Gastrointestinal pleased with a slight frothy colour. Cough very troublesome. Chest is rounded, barrel shaped.


and vomiting. Abdominal painless and continuous fluid urine enlarged. Bowels open once a day.

Genito-urinary System. Urine slightly albuminous.

Integumentary System. General anaesthesia. face is pale and of a dusky blue.

Dy Spinitis Urinaria Inj. Dy.
Rip. Spinitis Urinaria Inj.

Input: Digitale ad 30j.

digitalis intense urinae digitizatam.

Dr. Passed a restless night. Bowels open three times. Pulse 100. Irregular, unguant and intermittent. difficulty of breathing increased, expectoration increased, hoxia and frothy sputum, great anxiety and distress.

Report late afternoon.


Dr. Restless night. Drives increasing proportion less audible in each lung. breathing very distinct, orthopnea. Pulse 120. Irregular. unguant. Urine 14.3, albuminous.

Bowels have not been open. legs, feet, hands and feet much swollen.
Recipe: Eulape Co RAP.
First Pulse. Cachet made.

22. Powder did not act, fruits, symptoms continue the same.

Expiration: As above & Pulse.

26. His breathing is very pulsatile - contains in the same plate. Euphonia heard over both lungs posteriorly. Pulse too full and irregular. He was dry coughing over both lungs. Their affected temporary relief. Stiffened punctures with a pricked rose made into the posterior lungs and the fluid allowed to pulse into a flannel. The Eulape powder produced a few similar reactions.

25. Affirm: immediate acetin - few fluids, expiration audible over both lungs posteriorly.

Eup: Calomel gave grip.

Eup: Eulape Co 31.

He finally succumbed.


Of urine: pale clear and free from albumen. Eup: Gr. 1015 - affirms scarin and I look, his heart pulsed inclining to sleep. He died at 5 p.m. She was assisted out of bed.
when he fainted and died shortly after.
Post Mortem. Twenty hours after death.

General Appearance. Pericardium contained a considerable amount of fluid. There were
white spots on surface of the heart. Right side
practically dilated and slightly by phlegm, left side natural. Pericardial cavity measured
1½ inches, pulmonic artery 3½ and Aorta
3 inches. Lungs were both partly flattened
and edematous, bronchi in some parts dilated.
Abdomen contained fluid, intestinal canal
greatly congested, particularly the duodenum
and ascending colon.
Liver somewhat fatty and congested.
Spleen natural, kidneys congested.

Here are a few remarks, pertain to be made
concerning this case. The symptoms omen
of the Dilated Right side agreed pretty much
with those described by Valche (Remarks of
the Heart and Great Vessels, page 327. 3rd Ed.)
At first the Syphilitic pulsations occasioned
a little difficulty in the diagnosis but
the absence of the Heart's sounds and pulsations
in the Carotids region led to the supposition
that there was some displacement of that
organ. There was no serious proliferation or
hemorrhage beyond the slightly purulent
exudate. The tubular breathing heard in the
front position on the right side was doubtless
occurred by the dilated bronchi. The
Pulse presented the urgent irregulaer changes
characteristic of dilated heart, and very different
from the trembling character of pulse caused
by continued agitation. The level of fever was very
The first case is one of General Dyson,
following Scarlet Fever.

John Russell Esq. A. M. a Gentleman
living at Aldersden. Admitted Feb. 21st 1868.
Had good health till four weeks since when
he had Scarlet Fever. Had some chills and shak
but only kept his bed for a day and a half
and remained in the house for five days, after
that he returned home. He observed very
little dysaerunation. He worked for eight
days when he was taken ill again, the chills
and fevers cold, he still continued to go
about the unabled to eat or work, at this
time he noticed that his feet were beginning

to bed - he now looks to his bed, this sitting up part of the day. He walked into the Hospital. Circulatory System. Doctoral dullness increased first sound prolonged and of a blowing character. Pulse to regular, small and firm.

Respiratory System. Breathing normal and regular, producing slight dullness on percussion especially at the base of each lung. Respiratory promiscuous pulse. Respiration 24 easy.

Digestive System. Stool past in the center, feels coated with a brown fur - great thirst. Little appetite, bowels open once daily.


The ethero-scope shows leucocin casts except with granular epithelium, blood globules, and some granular epithelial cells.

Integumentary System. Face pale and swollen, skin chill, very slight anaesthesia.

Recip. Spiritii Vini Dil. 3 p.
Herba+ Dampmic 3 p.
Infus. Digitalii ad 3 p.
Capiat 3 p, dista quaque hora.
At some time of the evening of the 13th he was taken with a convolution fit which lasted about four minutes. He was violently convulsed and remained prostrate for fifteen minutes. At this time difficulty of breathing came on and continued直到 9.45 p.m. he had another fit.

When seen to-day he was Ecked up in bed gasping for breath. Preparations to in a prostrate condition and both lungs.

Pulse 125. Pulse was much swollen and thick.

Sud 403, of urine during the night, of a dark colour. Like porter, almost solid to touch. He was spitted to his ankles once the larynx and dry spitted over the lungs posteriorly.

Ordered by: Assistant. 3 p.m.

Vini Soln. ammoniae 3 p.m.

Ether. Completed at 3 p.m.

Cabinet 3 p.m. 4.15 p.m.

9 p.m. Patient continues in same condition. Skin acts fairly but distress of breathing is quite as great. She sits up in bed gasping, she is quite possible. Had a little confused when spoken to. She was dry spitted over the lungs. She died at 10 p.m.
Post mortem sixty hours after death

Commencing discoloration of Abdomen great
hypostasis. Peritoneum contained an increased
amount of fluid. Kidneys enlarged, valves of
left side slightly blackened. Right side of Heart
exposed proved reddish clots among which there
were older fibrous coagulations. Similar
coagulations existed in the left side.

Lungs saw very edematous,
dry around.

Kidneys lobulated, highly engorged. central
substance mixed with cloudy swelling.

Remarks. This is one feature in this case
that at once force itself upon one considera-
yng. The sudden aggravation of the symptoms
were they occasioned by Cold or the Hemolytic
Disease. The Patient had left his warm bed
to go outside to the Water Closet attached to the
Ward and this quite probable that he then
suffered a chill which preceded his symptoms.
As the same time as these palsy he came
about 4:0 to the prison cause. I would prepa-
lotions these early by acting upon the Skin and
Bones palsy than upon the Skins.