Observations on cases of Polypi of the Heart, Pneumonia, Apoplexy, and Chronic Ulcer of the Stomach.

by

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Before considering the cases in detail, it will be well to enumerate some of the circumstances which modify the nature and treatment of disease in hospital practice. In the first place, the class of people admitted into hospitals are poor Mechanics, tradesmen, and labourers, who cannot obtain medical or surgical aid elsewhere; or those who have baffled the skill of country practitioners. Those who have families to support, struggle against disease for a long time, but at last seek admission into hospital when unable to work. Here we have to contend with disease deeply rooted in the constitution, and acted on by a mind weighed down by care, anxiety, and sorrow. Hence we see the necessity of cheering, if possible, such patients—age, sex, constitution, and idiosyncrasy modify our treatment in hospital as in other practice. A knowledge of the diseases which patients have laboured under, and the remedies used to promote their cure, ought, if possible, to be carefully ascertained, inasmuch as they often give
as a clue to doubtful cases, and should greatly influence our treatment. Patients who for a long time have been insufficiently nourished and clothed, and whose occupations confined them to small ill-ventilated rooms, or exposed them to the combined influence of cold and moisture, when admitted into hospital receive clean clothes, comfortable beds, regular diet, etc. These prove such powerful therapeutic agents, that the patients are sometimes surprised at the alleviation of their sufferings even previous to their taking medicine, and the student might imagine that the symptoms described by the patient as existing previous to his arrival in hospital, were untrue or exaggerated, if he overlooked these modifying circumstances. Again, if medicine had been administered, the investigator of its operations might ascribe these marked changes altogether to the drug, which would be a false conclusion.

William Taylor, age 60, compositor, was admitted into the Clinical wards of the Royal Infirmary December 20th, 1852. States that last spring
being much troubled by family affairs, he gradually lost his appetite and became thin. For the last three months, he has suffered from cough and dyspnoea which lately have prevented him from going up stairs, or ascending a hill without resting several times during the attempt. His legs began to swell about a fortnight ago, and five days since, he remarked that the skin of the lower part of both legs anteriorly began to assume a purple colour, and his whole body leaden and yellowish tinge. He never had palpitation of the heart, nor Rheumatism.

On Admission: Circulatory System. Cardiac dullness normal. Apex beats in normal situation, between the cartilages of the 5th and 6th ribs, at a point about two inches below the nipple and one inch on its external side. Its impulse is somewhat increased. There is a blowing murmur with the first sound heard loudest at the Apex, which is gradually lost towards the base of the heart and commencement of the great vessels. Second sound normal. Pulse 120, small and weak.

Respiratory System. Respiration are forty per
minute. Chest everywhere normally resonant on percussion; there are no abnormal sounds. Nervous system. He complains of great weakness and a general sensation of cold; he points to his chest as the seat of all his distress; he suffers no pain. Countenance looks anxious. Sleep is much disturbed at night.

Digestive system. Tongue moist and covered with a slight fur. Appetite bad; thirst not much increased. Bowels constipated; stool very dark coloured. Genito urinary system. Urine is very highly coloured and loaded with lithates, but in normal quantity. Sp. gr. 1.020. On the addition of nitric acid it assumes a dark brown or red colour.

Integumentary system. Skin is cold and of a yellowish leaden hue. Above the ankles, there are patches larger than the palm of the hand, of a deep purple colour, which do not disappear upon pressure. Feet and legs slightly oedematous, but do not pit on pressure.

December 22d. Rx. Spirit Ammonia Aromatica zp. Spirit Etherei Nitrici zp. Mixture Camphorae zv. Mixture spiriti Mixture. Spp. 31 to be taken every three hours. 23d. He is very weak, and with difficulty sits up in bed during examination. Repetition is
heard over the lower half of the chest posteriorly, there is no dulness on percussion, nor any abnormal vocal resonance. Expectoration consists of mucous transparent and tenacious and mixed with blood. Radial pulse hardly perceptible. Trace is greatly congested especially the lips and nose which are bluish. By Vini Specacuanthe 3ii. Sol. Muriatics Morphia 3ii. Spr+Aetheris Nitrici 3iv. Mixture Scilla 3v Rr. Siginum 35. three or four times a day. Time 3vi.

24th. Cough somewhat easier. Urine greatly diminished in quantity. Pulse very weak. R Spiritus Aetheris Nitrici 35. Aetatis Potassa 3ii. Aqua 3% Rr. Muriat Kick. Signe: 35 thre times a day. 25th. During the night, he wandered considerably in his mind. Pulse exceedingly weak. Gm 3v and Wine 3iii. were ordered. Dyspnoea amounts to orthopnoea. Bowels conjoint urine in very small quantity. He died at 11 o'clock a.m.

On the 27th the post mortem examination took place. the account of which is taken from the Infirmary records. A mass livid robust. Pericardium contains about 3 of very turbid yellowish fluid. Heart slightly hypertrophied on right
side. All the cavities are full of blood and coagula. Most of the coagula are soft and coloured throughout. In the left auricle is a large mass of soft gelatinous, semi-transparent coloured coagulum having almost the form of a mass of uterine hydatids. This mass adhered to the membrane of the left auricle by a surface about half an inch square, and hung over the mitral orifice so as to completely choke it up from above. The flaps of the mitral valve are somewhat thickened, but there is no appearance of deformity or shortening of the chordæ tendineæ or columnæ carneæ, which are quite normal. Lungs: very oedematous, and showing, in various parts, haemorrhagic patches of considerable size. Abdomen distended with about half a gallon of fluid. The rest of the viscera not examined.

Remarks. The blowing murmur heard loudest at the apex with the first sound indicated regurgitation through the left auriculo-ventricular opening. Regurgitation is generally produced either by disease of the mitral valvular apparatus which prevents them from closing, or by passive dilatation of the auriculo-ventricular, which renders the valves though
healthy themselves, incapable of guarding the dilated orifice. In this case regurgitation seems to have been produced by pressure of the polypus on the mitral valves, which prevented them from closing. The polypus being about the size of a plum, not only caused regurgitation, but by its bulk prevented the left auricle from receiving its normal supply of blood, and thus impeding the progress of the blood, produced in the lungs, congestion, edema, and extravasation of blood, which were accompanied by physical signs and symptoms, namely, opisthotonos, extreme difficulty of breathing, orthopnea, hemoptysis, etc. There was no dulness on percussion for the pulmonary hemorrhage did not occur in patches large enough to elicit a dull sound. The want of proper arterialization of the blood gave rise, not only to the great sense of coldness experienced by the patient, and the lividity of the nose and lips, but also to the leaden colour of the skin. The right side of the heart trying to overcome the obstruction in the lungs became hypertrophied. The anaemia of the legs and ascites were
the results of the obstructed circulation, probably increased by disease of the liver for there was general yellowness of the surface. On the 24th he became delirious probably from two causes, first, from circulation of improperly arterialized blood in the brain, and secondly from evitiation of the brain produced by the circulation of poisoned blood, for on the 24th a very small amount of urine was voided.

Anatomical Character of Tolyphi.

Tolyphi of the heart are either true or false, that is, organized or unorganized. False polyphi are concretions of fibrine which overspread portions of clots of blood in the heart and great vessels, and are formed after death or during the last moments of life, and are the result of mechanical retardation and consequent stagnation of blood. True polyphi are formed a longer or shorter time before death: they are firm and opaque, and have a distinct fibrous structure which is often arranged in concentric layers. Their colour is slightly violet from incipient vascularity; they adhere firmly to the walls of the heart, and sometimes cannot be
separated without removing the internal membrane.
When detached from the heart, the surface of
the endocardium and the polypus is roughened
and marked with small red spots. Two theories
are held respecting their formation — some ascribe
them to retraction of the blood, as in the
false Polypi — Others have attributed the
true polypi to inflammation. They argue
thus, In phlebitis and Arteritis, coagulation
of blood takes place within the vessels of
the inflamed part, therefore, says D. Hope
"it is consistent to suppose that it may occur
equally within the heart, when the interior of
the organ is inflamed." But, if this was the case
Polypus would be a very common instead of a
very rare disease. M. Bouillaud thinks that
a general inflammatory condition of the blood
constitutes a real predisposition to fibrous
concretions of the heart. In this case, endocarditis
if present, was limited to that portion of the
endocardium to which the polypus was attached;
the exudation of lymph on its surface might
have acted as a nucleus on which fibrin was
deposited; the film of the blood probably
being in great excess.
Helen Ballock, aged 18 years, a servant and unmarried, was admitted into the clinical wards, November 21st, 1852.
States that six years ago she was confined to bed for four months with Rheumatism which affected both her body and limbs. She had a similar attack three years after, which lasted a month. On both occasions, she was bled at the arm, leeches were applied to the precordial region. She has been ill for the last ten days; the attack was ushered in by rigors, followed by loss of appetite, great thirst, disinclination for work, pain in the head and back, hot skin, restlessness and little sleep at night. Five days after the rigors, the knees became stiff: next day pain was added to the stiffness, especially on motion. Three days ago she was obliged to keep her bed being unable to walk from the severity of the pains which occupied the knees, ankles, and shoulder joints. Bowels are generally costive, and require purgative medicine.

On Examination -
Circulatory System - Cardiac dulness could not
be ascertained, percussion gave too much pain.
Apex of heart beats forcibly between the 4th and 5th ribs. There is a distinct endocardial
murmur with the 1st sound heard loudest
at the apex. This indicated mitral regurgitation,
and from the history of the case was probably
the result of endocarditis which accompanied
the previous attacks of Rheumatism. Here, the
history of the patient guided our treatment,
for, if the murmur with the 1st sound was a
sign of recent endocarditis, the treatment
would have been different.
Second sound normal. Pulse 120, regular,
but easily compressed.
Respiratory System normal. Digestive System.
Tongue moist, loaded in centre, edges and
tip red. No appetite. Great thirst. Pain
and tenderness in Epigastrium and all
over the abdomen, during pressure.
Genito-Urinary System. Catamenia small
in quantity, but regular. Urine normal in
quantity and quality.
Nervous system. Sleeps very little at night.
There is constant and severe pain situated
in the elbow, shoulder, and knee joints.
which is much increased by the slightest motion. Pressure made on any part of the body gives much pain. Integumentary Syst. Skin hot and dry.

Diagnosis. Mitral incompetency. Acute muscular Rheumatism, affecting the whole body, except the head and neck. No articular rheumatism for although the disease is five or six days old, there is no redness, swelling, or tension of any of the joints.

R Pulvis Specacuanhae Composite gr.xv. Signet to be taken at bedtime.

22d. Resp. System. Respiration anteriorly on both sides, is natural. The wrist joints are now stiff and painful. Other joints as before. Bowels were opened on the 20th. Where motion causes great suffering as in Rheumatism it is not advisable to give purgatives very often. One-fifth of the urine consists of a deposit of lithates. Rj Nitricis Potassae z f. Aqua z vi. Mixte et solv. Sij: z f. to be taken in a half tumbler of water every four hours. Rj Solutions Marisatis Mephistie z f. Aqua Menthae piperitae z f. Mixte petit haustus. Sij: to be taken at bedtime.

24th. The Nitrate of Potash seems to have been of some
The knees and elbow joints can be flexed but not without considerable pain. Breathing is hurried. Face flushed. Sharp pain is felt in the left mammary region. Percussion is normal everywhere, except anteriorly and posteriorly over the left inferior lobe, where there is dulness, absence of vesicular murmur, bronchial respiration, and bronchophony towards the root of the lung. Respiration is feeble in the remaining part of the left lung. Right lung normal. No crepitus or friction can be heard in any part of the chest. There is no cough, nor expectoration. The absence of crepitus and friction both now, and two days ago, renders it most difficult to decide whether the disease of the chest is Pneumonia, Pleurisy, or both. The treatment would not be altered by the diagnosis, the indication being to subdue the inflammation as quickly as possible. R Pulvis Antimonialis fuxi. Antimonii Tartarizati fiv. Pulvis Genti fiv. mixe et divide in pulvcs dep. Sig: take one every four hours.

26th. Rheumatic pains somewhat better. Face more flushed; skin hot but a little moist. Thirst very great. Had little sleep.
last night. The first powder was vomited. There is short dry cough without any expectoration. There is comparative dulness over the whole of the left side anteriorly, and posteriorly over the lower two-thirds of the same side. In these situations, vesicular respiration is absent. In the superior left lobe both anteriorly and posteriorly, there is loud bronchial respiration and distinct bronchophony. In the right inferior thoracic region behind, respiration seems somewhat harsh. Respiration are from 34 to 40 per minute. Pulse irregular and weak. Heart in normal position, sounds appear louder. The diagnosis is now cleared up, for if the cause of dulness was pleuritic effusion, the would have been displaced to the right. We must conclude that the disease is pneumonia in a state of hepatization, which occupies the surface of almost the whole of the left lung. The pneumonia being a secondary disease was therefore more or less masked, and occurring in a constitution already debilitated by acute rheumatism, soon spread over a large surface. The sudden, and great extent, of the solidification of the lung greatly increased
her danger, for inflammation might go on to gangrene. The powders were continued and wine was to be given if required.

26th. Slept very little last night. Thirst continues. Pulse 110 weak. Thoracic signs the same as on the 25th, except that fine crepitation is heard during inspiration over the right inferior lobe posteriorly, where there is increased vocal resonance. This indicates pneumonia in the stage of engorgement. She was ordered good beef tea, continue wine and powders.

27th. The complaints of sharp, shooting pains and feeling of tightness at the base of the chest, during a forced inspiration. In the right inferior thoracic region, posteriorly, dulness is extending upwards, tubular breathing towards the root of the lung, and dysphonia is heard very distinctly a little below and to the inside of the inferior angle of the scapula. The rest of chest as before. Cough short. Respirations breathing quick, face flushed. Pulse 112 weak. There is now pleuritic pneumonia in the inferior posterior thoracic region of the right side, inflammation having spread from the lung to the pleura. 

By Drs. The senior and Junior. Comp. Sixty to be taken at
bedtime. 28th. Sleep well last night. Pains in
body and extremities much relieved. Pulse
100. Urine highly conglutinated by heat and
Mistura Camphora 3/ii. Missa first Mixture. Sig.
3/ii every two hours. The presence of albumen
in the urine is probably due to congestion of
the kidneys, most likely of the Malpighian
tufts. During this congested state, serum was
exuded and passing into the uriniferous tubes
and mingling with the urine, gave it this
abnormal character. The febrile state of the
system and the obstructed circulation through
the lungs was the probable cause of the renal
congestion. Diaphorotics are doubly indicated,
first, to relieve renal congestion by determining
to the skin, and also to produce absorption
of effused fluid.
29th. Feverish symptoms continued. Face more
congested, hardly any sleep. Dry breathing is
now present, as is indicated by friction
which is heard during inspiration and
expiration in several places over the anterior
inferior part of the left lung.
30th. Slept well last night. She complains of great pain in the lower part of the chest posteriorly. Tongue moist but brown, which is a bad sign; great thirst. She vomits her medicine. Pulse 112 weak. Respiration 40 per min. Loud crepitation is heard in the left mammary region. Hard respiration, increased vocal resonance with comparative dulness continue all over the left side, behind and before. The stage of desaturation having lasted for six or seven days, now in a few places has passed on to Intestinal Suppuration, that is, the liquor paroxymus which was exuded into the air cells and there conjugated, is now becoming broken down by the formation of pus. This pus which is a cell formation, has to break down and become fluid before it can be absorbed and taken into the circulation.

December 37th. 11th day of the pneumonia. There was profuse perspiration last night. The urine which has been albuminious for the last six days is no longer so, but contains a small deposit of lithuates. Crepitation is heard at the inferior angle of the left scapula. Absorption of effused matter is going on both anteriorly and posteriorly in the left lung, as is indicated
by expectoration, which shows that air can now enter the minute bronchi and cells. This absorbed
matter is excreted by the kidneys in the shape of
lithates; and this excretion and the copious
perspiration may be called critical evacuations.

1st. Loud expectoration is heard all over the left lung
both behind and before, and over the lower
third of the right lung posteriorly. Expectoration
appeared for the first time last night; it is very
small in quantity, mucous purulent, not bloody.

Lithates in great quantities in the urine. A Blister
4 x 5 inches was to be applied to the left side behind.

P. Spiritus Athiris Nitrici z. 65. Carbonates Potassae s. 1.3
Acqua z. 6. M. praet. Di. z. 65 every four hours.

omit other mixture. Continue milk, strong beef tea,
and wine. The indications of treatment are to
support the strength, and favour the elimination
of the lithates by rendering them soluble by the
administration of alkalies. - 6th Culse 112 week.

Posteriorly, in the right inferior lobe, breathing is heard
during forced inspiration. - 8th. She had shivering
last night. Culse 128. Respiration 26. Vesicular
breathing is faintly heard over the upper left
lobe and unaccompanied by siles. Comparative
dullness in this region very slight. No spuza.
Unrned scanty and loaded with phlegm. Unit wine and mixture.- By Nux vomica 3 gr. 3 fr. Aetheris Auricul'is 3 gr. Aque 3 fr. Mtf. Mist. Sighs of every four hours. 9th Cough comes on in paroxysms, is loud and distressing and accompanied with tenacious mucopulent spit, and feeling of smothering. 10th She has not taken gin for the last two days on account of increased pain in Epigastrium and vomiting. Apply six leeches to Epigastrium.omit gin. Wine 3 fr was ordered. This is a serious complication, the system requires nourishment and stimulants, and the stomach rebels. 11th Leeches bled freely, states that she feels much relieved; vomiting has ceased. 18th Lithates continue to be expectorated in large quantities, urine is again albuminaceous. Epistaxis has occurred for the last three nights. There is a copious deposit of lithates in the urine but no albumen. She was placed on half steak diet. 23rd Distinct friction in right hypochondriac region.

I might give the daily reports from this day to the middle of February when she became perfectly convalescent, but as no complication during this period arose, I think it would be useless.
lobe, and slowly went downwards; as crepitus became less, the vesicular murmur returned, and at last was heard alone. Symphony for many weeks was heard below both scapula, it then disappeared, leaving comparative dulness and crepitus in both inferior lobes. Change of position produced a wonderful effect on the state of the inferior lobes, for, being desired to lie as much as possible on the abdomen, she did so, and in a few days crepitus entirely disappeared: consequently we may conclude that this crepitus was a sign of congestion which was the result of inflammation. The very large evulsion of fluids by the kidneys, and the scanty expectoration formed remarkable features in this case. To sum up the treatment: The Rheumatism was treated by Bitters of Potash; the Pleurisy pneumonia by Tartar Emetic, anodyne at night, and counter irritation; strength was supported by good beef tea, milk and stimulant. When inflammation ceased in the chest, diuretics were given to favour the excretion of reabsorbed inflammatory fluidation. Congestion of the kidneys was relieved by promoting perspiration by diaphoretics. Gastric irritation was subdued by leeches and hot
fomentations; bowels were kept regular by laxatives and enemata; and finally the
appetite was restored and acidity of the stomach
removed by bitter tonics and alkalies.

Anatomical Characters of Pneumonia and its
terminations. Dr. Stokes describes a condition of the
lung, where the pulmonary tissue is clearer
than usual, not at all enlarded as in Lannea's
1st stage, of a bright vermillion colour from intense
arterial injection; this he considers the first stage
of pneumonia; the physical sign of which is
intense feebleness of respiration over the part
affected. The capillaries are diminished in size
and the circulation through them, during life,
is carried on with increased rapidity. In the
state of engorgement or congestion, the lung is
livid or violet colour, heavier and more
solid than natural, but still crepitous, and
when cut, a large quantity of sero-sanguinious
fluid flows out. The capillaries are enlarged
and, during life, the circulation through them
was very slow. In the next stage, the lung is
no longer crepitous; it sinks when placed
in water; if cut it is generally of a blood red
colour, and a very small quantity of bloody
serum, more turbid and thicker than in the state of engorgement, can be squeezed out. The liquor sanquisinus, having exuded from the vessels into the air-cells and coagulating, has blocked them up. This condition is termed Hepatization, and is the true inflammatory condition of the lung. In the next stage of that of exudant infiltration, the exudation of liquor sanquisinus is broken up by the formation of pus, and this gives the lung a pale yellow or straw-coloured appearance. The lung is softer and more moist than in the hepatized condition of the lung, and easily breaks between the fingers: when cut a greasy mucilaginous fluid flows out which is composed principally of diintegrated pus. Pneumonic abscess, it is exceedingly rare. Three forms are described by Stokes. In the first form, the abscess is encysted and has the characters of true phlegmon. In the next form, we find aboundant cavities communicating with the bronchial tubes but without any cyst, the walls of the abscess being formed of solidified lung. In the third form of pneumonic abscess, the pulmonary tissue is separated from the pleura and the
lobules dissected so as to show the structure of the lung. The lung lies bathed in pus, and we have an abscess under the pleura, but external to the lung—Gangrene of the lung.

In the patient Deareuil who died on the 1st of January 1833. At the postmortem, the whole of the right lung was found to be nearly as hard as cartilage from theatization: in its centre was a gangrenous cavity about four inches long and three broad: when cut open it was filled with dark, thick, inky matter, which had the usual gangrenous odour. There were, also, four or five smaller cavities, filled with dirty-looking pus, lined by greyish white membrane.

In the left lung, there were gangrenous and purulent cavities, but they were smaller than those in the right lung.
Mary Nugent, age 70, married, was admitted at 12 O'clock, December 29th, 1862.

Her son-in-law stated, that, to day about half past five, she suddenly fell from her chair, without a scream or other warning. She breathed heavily after falling, was unable to answer questions, and has remained, up to admission, perfectly unconscious. He stated, that she had an appetite for her meals to day and appeared in good health, and he is not aware that she ever had a similar attack. On admission, breathing heavy but not stertorous, and is accompanied with puffing out of the lips during expiration. Occasionally there is a short dry cough. Respiration 12 or 14 per minute. Respiratory system otherwise normal. She cannot reply to questions, and is perfectly unconscious of what is going on around her, but on being loudly spoken to she opens her eyes, and appears sensible that she is addressed. The face is flushed. Eyelids are closed; pupils are somewhat dilated. Skin hot. Extremities lie motionless and relaxed. The action of the heart is very strong and irregular. Heart sounds normal. Radial pulse quick, hard, and very incompressible.
The salivary is swallowed. Bowels are confined. She had no treatment since the attack came on. She was ordered to be bled from the arm. After ten ounces of blood were taken away, the pulse became less frequent, and lost its hardness. Bleeding was then arrested. Now when addressed, she attempted to answer, and appeared quite sensible. Soon after resection, the pulse rose but remained soft. A cathartic enema was administered - An examination into the state of the heart and lungs in every case of Apoplexy is of the greatest importance. Here the examination showed that there was only an increased action of the heart, unaccompanied by mitral or aortic disease, therefore the character of the pulse, other things being equal, served as a guide in the abstraction of blood. In this case, resection seemed to produce good effects, I think in the following way. It diminished the force of the heart's action and consequently the force exerted on the interior of the cranial vessels, and therefore pressure on the brain was lessened. The cranium being air tight and unyielding one drop of fluid cannot enter it till the
same amount has left. This constant fulness of the cranial box is maintained by the pressure of the atmosphere over the whole body; therefore we do not bleed to diminish the amount of blood in the cranium.

Dec. 30: Appears as if in a deep sleep, but when spoken to seems more intelligent and moving her lips a faint whisper can be heard. Pulse 88, regular and of natural strength. 31: Another enema was given this morning. Consciousness has returned. There is no paralysis. January 1: In the evening she complained of headache. Skin hot. Pulse strong and frequent. Tongue dry. R Antm. Tartar, M. Sulphat. Magnesia 3f. Aque ZW. M. 2 f. Cot. Sis 3 f. every four hours. 2nd Swedish symptoms not so much as yesterday. Bowels constipated. R Extracti Colocynthidis Comp. 3f. Oli Crotonis 2f. Muscit fil. pilulas 3f. Sis: take one immediately and another, tomorrow, if necessary. 3rd Bowels opened by medicine. Complains, still, of headache. Tongue is dry in centre. Pulse strong 84. Omit mixture. 4th Head feels better, but she complains of great weakness. Pulse 84. Wine Sp: Gr: 1017 unaltered by reagents. To have chicken broth,
and laxatives. 17th Pulse 64, good strength. Skin cool. Tongue moist and slightly furred. Slept well last night. Intelligence is unimpaired. 18th Began to complain last night of swelling in the head, which continues today. To have the head shaved and a blister applied. 19th Slept all night. Blister rose well and a large quantity of liquor sanious was discharged. There is no pain or disagreeable sensation in the head or any part of the body. Tongue moist. Pulse, in sitting posture and after dinner, 90. 20th She got up thinking herself quite strong, but she fell on her knees from weakness. Diarrhoea came on which lasted two days, it was checked by Dover's powder. She remained a fortnight or more in the Infirmary to recruit her strength, and was then discharged, cured.

By the apoplectic state, we understand sudden loss of consciousness, sensation, and voluntary motion, that is, coma coming on suddenly. We distinguish this state from the effects of narcotic poisons and spirituous liquors by the history of the case and the freedom of the breath from the odour of wine or spirits. Apoplectic coma may terminate in one of
three ways: First, it may cease and leave the patient in perfect health; In the second place it may terminate in death. In some of the latter cases, no morbid appearances are found in the brain: this has been termed by Abercrombie, Simple Apoplexy. The cranium always contains the same quantity, therefore, if the blood in one portion of the brain is increased by congestion, the amount of blood in the rest of the brain must, in the same proportion, be diminished. This unequal distribution of blood in the brain is quite sufficient to produce coma, and is most probably the cause of death in those cases, where no morbid appearances are found. Portal and Abercrombie maintained that "those cases of Apoplexy where effusion of serum is discovered, are almost always the consequence of previous congestion, and if serous Apoplexies do sometimes occur without previous congestion in the brain, the circumstance is uncommon." Since serous effusion is always I believe the result of congestion, Serous Apoplexy, so called, ought to be considered as Simple Apoplexy, that is, cerebral congestion, which has terminated by effusion. The most
common pathological condition we meet after death, from Apoplectic coma, is extravasation of blood in the cranium; it may be situated upon or between the membranes, or in one or more of the ventricles, or in the substance of the brain. This state is called cerebral apoplexy but more properly speaking should be termed Cerebral hemorrhage. If the quantity of blood be small but poured out rapidly, coma is induced much more quickly than if the hemorrhage was greater and came on slowly, the reason is, in the former case, the balance of the cranial circulation is quickly destroyed, in the latter, the circulation has time to accommodate itself to the change. In the larger number of Apoplectic cases accompanied with extravasation of blood, the coma is to be attributed to disturbance in the equilibrium of the arterial and venous blood in the brain; the paralysis is dependent upon the injury done to the nervous substance by the extravasation: but there are exceptions to this rule, for there are cases on record where there was hemiplegia with tonic spasm of the paralyzed extremities, and yet after death, no local cerebral affection could
be detected. Thirdly, epileptic coma may terminate in partial or imperfect recovery, the mind may be weakened, voluntary motion limited or destroyed, and emotion or consciousness of impressions diminished or lost.

Janet Grant. age 30, married, was admitted into the Royal Infirmary, November 14th 1852. Antecedent history. She was the only child of a poor widow. Her father died when she was very young. Their means were so small that with difficulty they procured the necessaries of life. Her health remained unimpaired till her fourteenth year, when a slight leukorrhoeal discharge appeared, which has lasted during every menstrual period up to the present. She began to menstruate eighteen since then she has been most irregular often passing many weeks and months without any appearance of the catamenia. Her occupation being a book-folder necessarily obliged her to lead a very sedentary life, and not infrequently setting her feet wet, she was obliged to remain in damp shoes and stockings all day, and her feet were seldom warm. Her diet from
Childhood has consisted of bread and tea for breakfast and supper, and generally bread and broth for dinner, occasionally as a substitute a small quantity of meat, or fish, or an egg.

Her bowels have been more or less constipated for many years and she has suffered much from headaches. Eight years ago she began to suffer from flatulence in the stomach. Her appetite which was never very good now gradually became worse, and food occasionally produced sensations of weakness and weight in the epigastrium, and tea sometimes coming on her stomach was returned in mouthfuls.

The sensation of weakness in epigastrium after taking food, after some time changed into soreness, the soreness increased till it became pain, which was most severe after meals and in the morning. She got married five years ago and since then has had two premature deliveries, and one child at the full term. She states that the leukorrhoeal discharge continued without any change in quantity during each pregnancy. Two years ago she had Typhus fever, her convalescence was very slow and it was many weeks before she could
resume her occupation. A year ago having suffered very much during the night from severe pain and uneasiness in the epigastrium when rising in the morning she was seized with griping pains in the stomach, followed by weakness, nausea, giddiness, dimness of vision, tinnitus aurium and perfect syncope. On recovering, she states that she vomited, with very little effort, a pint or two of liquid and coagulated blood. Hematemesis preceded by the above symptoms, with the exception of perfect syncope, occurred on the two following mornings. She remained for many weeks from want of strength, before she could enter the Infirmary; she remained there for five weeks and was dismissed, partly relieved. A few weeks after, that is, ten months, she was readmitted labouring under severe pain in the epigastrium and between the scapula. In a few weeks, she was dismissed and thought labouring under the old dyspeptic symptoms has been able to continue her occupation till November 30th, 1857, when after much exposure to wet and cold, she had another attack of Hematemesis, and on
the 14th November 152 was again admitted. Present condition: Digestive system. Tongue moist, coated white, edges and tip red. Throat, congested, and red but not ulcerated. There is no pain or difficulty during deglutition. Has a very bad appetite and considerable thirst. Complaints of constant dull pain all over epigastrium, but particularly in spot the size of a half crown, situated an inch and a half below the ensiform cartilage and a little to the left of the middle line. In this spot, pain is of a burning and gnawing character. Pressure greatly increases the pain as is indicated by the countenance and at the same time produces a general feeling of weakness. There is slight tenderness over the whole abdomen. He suffers much from acid eructations and flatus in the morning especially, but experiences much relief on their expulsion. Immediately after taking food, a weight is felt in the stomach, pain is greatly increased, nausea ensues which is quickly followed by vomiting. The vomited matter is composed of an oily looking fluid and undigested food. There is no dulness on percussion over the epigastrium.
No pulsating tumour or nodules can be seen or felt in this region and no abnormal sounds are heard. Dulness over the liver and spleen normal. Bowels are constipated. Respiratory System perfectly normal; she complains of dull pain between the scapula which she thinks is connected with pain in the epigastrium. During deep inspiration, the pain in the epigastrium is much increased. Circulatory System. Pulse regular, 80, vibrating and prolonged. Has palpitation of the heart occasionally after meals. Heart sounds normal. Apex of osari cannot be seen pulsating. Nervous System. She sleeps very little and is much disturbed by frightful dreams; on awaking she is listless and fatigued. Of late, musco volitantes territute aurium, and dimness of sight, have been increasing. Headaches situated at the apex of the head, in the forehead, or deeply seated in the orbits, are of a severe dull character. There is constant pain or uneasiness in the inferior part of the lumbar region and the superior part of the sacral region, and also in the cavity of the pelvis. Strength is greatly diminished. Integumentary Syst.
Face of a dirty yellowish white colour without a tinge of red. Feet are nearly always cold. There is some emaciation but not to any great extent. Genito-Urinary System. Menstruation is very irregular in time and in quantity; there is considerable leucorrhoea; urine normal in quantity and quality. There is induration and ulceration of the os uteri.

Diagnosis: From the history of the case we find that she has laboured under dyspepsia for many years, that she had, also, three attacks of hematemesis. Now hematemesis is a symptom of many diseases, of disease of the liver and spleen, these organs as far as we can judge are healthy. It does not seem connected with disordered menstruation, for it has occurred before the last menstrual period. On examination we saw that there were no signs or symptoms of abdominal aneurism, nor of cancer of the stomach, with the exception of hematemeses; therefore we conclude that ulceration of the stomach was the cause of the hematemeses. The diagnosis therefore is chronic dyspepsia with ulceration of the stomach and os uteri.

Take one three times a day. Diet to consist of bread and milk, and gruel, to be taken in small quantity but frequently. 15th Has vomited three or four times, but no blood. Bowels were opened last night, stools are very dark colored. Pain in epigastrum in the same spot very severe. There are frequent acid eructations and much flatus. 16th Vomiting has ceased. Rheumatism Albe 3 fl. Pulvis opii gr. 116. divide in 3 fl. 20th. Take one three times a day. 18th States that the uneasy and painful sensations in her stomach are almost immediately relieved by the powders. 20th Four leeches were ordered to be applied to the tender spot below the ensiform cartilage. 22nd States that the leeches have given her much relief. She complains of a sensation of want or emptiness near the ensiform cartilage in the epigastrum, which becomes like burning pain after taking food. There is great nausea, but no vomiting. Tongue coated white, papilla elevated and red. Bowels constipated. Rest at night much disturbed. To swallow small pieces of ice if epigastric pain increases. Rhei Tarbinthae aurostrioli Ricari 3 1/2. Liquis Potassa min. xx. M. sign. to be
taken immediately. Four leeches to be applied to painful epigastrium. 23. Bowels were gently moved by medicine. Leeches bled freely. Apply a small blister to the epigastrium. 26. Patient is much better, acidity of stomach and flatus greatly diminished; there is slight pain in the epigastrium but only after taking food. Appetite somewhat improved, she enjoyed her porridge and this morning. Albi, Carbonates Oxalae and zit. M. tabule. xii. sign: take one three times a day. December 1st. Sleep is much improved. Tongue slightly furred. Experiences very little uneasiness in Epigastrium either after food or on pressure. December 5th. There is no pain in epigastrium, uneasiness, or nausea. Tongue clean: appetite much improved; bowels regular. Strength greatly increased. She was discharged, cured of her gastric disorders, and went into the ward for uterine disease, to be treated for ulceration of the uterine.

Anatomical Characters of Chronic Ulcers of Stomach. These ulcers may vary in size from the size of a split pea to that of a shilling, and are seldom numerous. They present different appearances of the mucous membrane, in some, seems as if
it was cut out by a sharp instrument, there is no surrounding thickening or vascularity. In others, the edges are rounded and elevated and present no other characters. A third class, are situated on thickened and indurated patches of the parietes of the stomach.

Terminations of Ulcers of the Stomach. They may terminate in cicatrization, as I believe took place in the case just related; this is the most favourable termination. The ulcers may prove fatal, by perforating as far as the peritoneum and exciting inflammation of that membrane, the stomach may or may not become adherent to the neighbouring visceras; or the ulcers may perforate the three coats of the stomach without causing adhesion, the contents of the stomach escape into the peritoneal cavity and fatal peritonitis is the result. The ulcer may open into a large vessel and death may take place from haemorrhage.

We had a case of perforation of the stomach by an ulcer the size of a shilling, in a woman of the name of Clarke; peritonitis followed, the inflammation spread to the diaphragmatic pleura; in the pleural cavity a circumscribed
abscess, the size of a large turkey egg, formed on the right side. The left lung at its base was in the stage of purulent infiltration. During life the peritonitis was subdued, but she died from exhaustion from the extent of disease in the lung and pleura. This, then, is another way in which ulcer of the stomach may prove fatal.