Remarks
on
Medical Cases.

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A collection of cases for the use of the physicians, with remarks on their symptoms, nature, treatment, and outcome, to add weight and authority to the author's medical observations.
The careful observation and study of disease in the wards of a hospital or in the domestic chamber form the most attractive and only safe means of acquiring a knowledge of the practice of Medicine. The labours of Physiologists and Pathologists have done much to explain the nature of disease, thereby enabling us to treat it on more rational grounds and with a greater hope of success. In this way the science of medicine has made great and rapid advances; and as our knowledge of the chemical and vital changes going on in the body increases so will the nature of its disorders become more and more elucidated.

But it is evident that a correct and rational treatment must ever depend upon the right interpretation of the phenomena of disease; and where
are we to become acquainted with these? Among the sick, the dying, the dead and there only. It is there alone that we can ever safely or thoroughly learn to alleviate human suffering and aid nature in the case of disease— it is there that we are most called on to exercise and apply that knowledge which has been acquired by former precept and experience and it is among them that we see tested those great general truths and doctrines which are due to the careful observations of attentive minds throughout the whole progress of medicine as a science.

The object of the following paper is to furnish a few remarks on some of the cases which have come under my notice in the Clinical Wards of the Royal Infirmary.

I am entering on such a subject I do so with the deep conviction of my inability to do it justice; but with the hope that it may not prove wholly uninteresting to any one whose task it may be to peruse it.
Case I.

Agnes Black, aged 14, servant, was admitted into ward XII. on the 17th Sept., 1852, labouring under great prostration of strength, with pain in the head and back, hot and dry skin, tongue much furred, loss of appetite, and the pulse 104 in the minute. Moderate strength; she also complained of sore throat, difficulty of swallowing and great pain on pressure over the abdomen especially in the iliac regions. On examination of the throat the fauces were found slightly inflamed, but there was no enlargement of the tonsils. She had considerable diarrhoea, the stools being of thin consistence and very light colour. No eruption could be detected on the skin. She stated that her illness had lasted for 11 days having been seized while at work on the 6th inst. with great pain in the head accompanied by shivering, sore throat and vomiting. She was not aware whether she had been near any one having fever; but said she had visited...
a friend who was confined to bed, a few days before her own illness came on. On the evening of her admission into hospital she was ordered the following mixture: A. Mastic 3 vi. Insect Rinozii Solutionis ² Dr. Morphiae ii. Mice Sig. Sturn ¾ tertia 8 & quot; hora. Next day (Sept. 18th) the bowel complaint was not so severe, otherwise she continued in much the same condition. In the evening she had the starch injection with 20 drops of the solution of the Muriate of Morphia. Sept. 19th Pain in the abdomen had abated but she was drowsy and rather deaf, with the countenance pale. Pulse 100 weak and some wheezing in the chest with slight cough. Ordered: A. Sph. Ammon. Arom.² Sig. Cynar ¾ tertia 9 & quot; hora. Also half oz of
wine daily. Sept. 20th Pulse 100 of better strength. Tongue was moist on one edge—bowels still loose A. Acet. Plumbi, Pum. Speciae, et op. a 3 ii. Prat suis—Fals 3. Sig. Sturn ¾ tertia 8 & quot; hora. Next day the cough still continuing and
On auscultation loud mucous rales
being heard over a considerable part of the
chest, a blister was ordered (5 x 3 in.) to be
applied to the breast for 12 hours.
Sept. 22nd After the rising of the blister,
the cough seemed less frequent. The diarrhoea
continued as bad as before—pulse 130 very
soft. In the evening she had the following
Amphi Q i. Aqua F.ii. Fiat enema.
Sept. 23rd Bowels had not been open since
the injection—she still felt tenderness
in the iliac regions on pressure—the tongue
was parched and there were soreness in the
teeth—pulse 120 and weak—ordered
to have the wine increased to 8 oz. daily.
Sept. 24th Bowels were not open and
the tenderness in abdomen was relieved
the pulse beat at 120 and of better
Comp. Fiz. Aqua Fiz. Mix. 8
Sig. 3/4 every 3 hours or oftener if required.
In the evening she complained more of
the cough and a slight red sore was
noticed to be forming on the right hip.
On Sept. 25th. Had only one stool which was copious, dark coloured, fluid and faculent; also had slight perspiration.

R.


Cons. Rosaz. q.s. Sint. pil. Vi. Sambat 90 q.s. hora. — The mixture with the carbonate of ammonia to be continued also the wine and the powders of acetate of lead.

Sept. 26th. Complained still of tenderness in the lower part of the abdomen. Tongue crusted with a brown fur in the centre but moist at the edges — pulse 116 soft and of rather better strength than formerly.

Sept. 27th. Was still very drowsy, but able to take food a little better — pulse 100 stronger than the day before, and the cough not so frequent: had two fluid stools in 24 hours — Wine reduced to 6 oz. The powders stopped.

Next day the pulse was 108 and rather weaker, and all desire for food had gone — her countenance however was well coloured, she was ordered the 80 oz. of wine again, and to have the following
Pills instead of those ordered on the 25th. — A. Tannini q. xii. Rub. opii q. iii. 
Con. Ros. q.s. Riant pil. vi. Sumat j. qm. zz. hora.
Sept. 30th. Had only one stool since she began to take the pills, which were scanty and dark colored; had still slight cough, the tongue was quite moist and the pulse 96 small. There was some distension of the abdomen. She was ordered to have an enema with 50 drops of the solution of Muriate of Morphia and her wine to be reduced to 2. vi.
The pills were also now to be stopped.
Next day (Oct. 1st) the tongue was moist the appetite began to return and from that period she progressed favorably gaining strength daily, until on the evening of Nov. 29th. she said that she had suffered from slight pain in the side for about a week past, but she had little or no cough and was quite free from any difficulty of breathing. On examination there was dulness on percussion over the left lateral region.
and the two lower thirds of the left side posteriorly. On auscultation slight crepitation was heard in the right lateral region with the vocal resonance clear and loud, and on the left side it was somewhat ausphonic in character. The pulse was above 100 and of good strength.

Nov. 30th. Ordered to have half an ounce of the following mixture 8 times a day.


On Dec. 1st. There was still dulness on percussion over the left side, with blowing respiratory murmur and loud vocal resonance, also crepitation was well heard on right side posteriorly.

On Dec. 5th. She was ordered a diuretic mixture after this period the symptoms gradually disappeared and she was dismissed quite well on Dec. 24th. 1852.

Before bringing forward any remarks on this case it will be necessary for the observations I wish to make to connect it with the following.
Case II.

Elizabeth Mefier aged 25. Married was admitted into Hospital on Oct 15th 1832. complaining of languor and general uneasiness, with headache, a troublesome cough, loss of appetite and great thirst. On examination the tongue was loaded, pulse 115, small; skin hot and dry. But without any eruption, the chest was well formed and everywhere natural on percussion; but sibilant and resonant râles were audible on auscultation over the greater part of its surface anteriorly although posteriorly the respiration was normal with the exception of an occasional resonant râle heard over the lower third of right lung. She said that 10 days before her admission she was seized with shivering, also vomiting and pain in the head, back and legs, the cough did not come on for some days after these symptoms appeared and it was accompanied with pain in the chest, which soon ceased, the cough however still continuing.
I may also add that during the period she visited her niece there was no other fever patient in the ward.
Being an aunt by the father's side to the girl Black (the subject of the preceding case) she had been in the habit of visiting her frequently before her own illness seized her, and on being questioned she distinctly stated that she was near no other person who was at all sick and that she knew of no one who was ill near where she had lived. * An admission the bowels being constipt, and as she complained of no pain on pressure over the abdomen, she was ordered Electro. Lacun. 3f To have a teaspoonful for a dose. 

Next day the skin being still hot and dry and as she complained of great thirst she had effervescing powders in the following mixture. A. Lique.RECT. Ammon. 3fr. H. M. N. 3f Sacch. Albi 3fr. Lique 3f Misure. 

Sr. Sumat 3f tertia 6 fr. hora. On the 17th Felt rather better - the bowels open - had little or no headache; but was very Arously, pulse 100 of moderate strength the skin still hot and dry - cough easier and expectoration more copious
On the 21st the skin was moist—had very little headache—tongue dry in the centre and covered with a brown fur, bowels open—pulse 100 of natural strength. After this date she progressed favourably and was dismissed quite well on Nov. 3rd 1852.

Remarks
From the facts laid down in the histories of the foregoing cases it appears that the only source from which the patient Jebel could have been infected was through her niece Black.

The symptoms displayed in Black's case indicate it to have been one of fever and that of a very malignant nature, the otitic complication bring it under that character to which the name of Otothrombocytis is given—whereas the illness of her aunt, although having the symptoms of Typhus fever, yet was of a very mild description and quite free from any abdominal complication.

What renders the latter case interesting is that although caused by infection,
from a well-marked case of Enteric Syphilis yet no symptoms which could distinguish it from a case of ordinary Syphilis presented themselves, thus tending to prove that the form of Syphilis with enteric complication although capable of generating itself as Syphilis, yet that those abdominal symptoms by which it is characterised do not follow as a necessary consequence, even in circumstances apparently most favourable for its development. (The relationship existing between the patient's rendering probable the existence of some similarity of constitution). The foregoing cases therefore may be taken as evidence, that the abdominal lesion does not constitute the primary disease, but is merely a secondary or intercurrent affection, as has previously been shown in Dr. Christian's excellent Lectures on Fever in the Library of Medicine.

The case of Black is deeply interesting in another point of view, as it affords us a good example of how far an inflammatory
disease may progress in so important and vital an organ as the lungs, and at the same time cause little or no constitutional disturbance.

It has been pointed out in a lately published lecture by Dr. Alison, that the asthemic form of internal inflammations is now much more common in this country than formerly. He thus writes, "I can truly say, not only that it is no theoretical change of opinion which has convinced me that many internal inflammations, resulting from the usual exciting causes, are now attended by a much more asthemic form of constitutional disorder than thirty years ago, - that they may be fatal in a different way - and often demand a different treatment; but that this belief has been only gradually established and as I think, only as justified by facts frequently presenting themselves and further, that it is still only arrived in so far as facts, which can be easily described seem to require
my belief remaining unshaken, that cases of internal inflammation have often occurred, which were restrained and conducted to a favourable termination by full and repeated bleedings; but which under any other treatment would have gone on to rapid disorganization of the affected tissue and consequent death; but such cases appearing to me to have been sufficiently indicated by a peculiarity of the symptoms, which is seldom ever observed, and the inflammations of the same parts now more common showing as distinctly by other marks that they neither involve exclusively the same danger nor admit of the depleting treatment to the same extent, or an extent approaching to what was formerly common, without undeniable risk of consequences, which did not result from the large and repeated bleedings of former days" — this important statement enables us to understand why bleeding should not be so common now as formerly
a question which has not only occupied the minds of members of the Profession, but of the public generally. The stethoscope has enabled us to detect an inflammation existing in the lungs, which before the invention of that instrument could not have been discoverable; there being as we now know in many cases little or no constitutional symptoms to indicate the presence of such a disease and we can easily conceive that if that disease were treated merely because it bears the name of Pneumonia, in the same manner as recommended by the older authors for more urgent symptoms also indicating Pneumonia, much mischief to the patient would ensue. From this we may learn how utterly absurd and dangerous it would be to treat any disease by its name alone, or any one symptom of a disease without taking the state of the whole system into consideration. There is no doubt that inflammation in the lungs occurring with the frequent, hard, firm and sharp
On offence in first pregnancies, its benefits according to those who are
pulse - great dyspnœa often amounting to orthopnoea, with flushing and turgescence of the neck and face as described by Cullen would be much benefited and ought to be treated by blood-letting when effusion has hardly if at all begun; as it is known from experience that such treatment has a tendency to cut short the disease and thereby prevent the production of that exudation which ultimately calls upon so much of the strength of the system to remove; but when the exudation has occurred as is now so frequently the case in Pneumonia, without the violent constitutional symptoms described; the rational treatment founded on our more perfect knowledge of the changes which the results of inflammation undergo - for which we are indebted to the labours of Dr. Bennett - is not to bring down the strength by blood-letting but to support the system and assist it, in the elimination of the foreign matters formed during the progress of the disease.
Case IV.
William McDonald, aged 38, Writer's clerk, admitted into the Royal Infirmary on the 22nd of Nov. 1852.

From the account given of him by his friends it appears that his habits have been of a dissipated nature for several years back. During the last six months however, he has never been seen intoxicated; but this is attributed to his very poor circumstances, not having been regularly employed during that period and even when engaged receiving very little remuneration for his services.

It is also stated by them that of late they believe he often had not more than one meal a day and even that not a good one. They never knew him to have had Delirium Tremens, but about ten months ago he was one day suddenly seized with shivering of the shoulders and inability to speak or write - this state however passed off in a few hours and he continued in pretty good health till the morning of Friday last the 19th inst.
when he was seized with a fit which was succeeded by profound sleep for some hours. Next day he was so far well as to be able to walk about and in the evening went to the Theatre with one of his friends, who on being interrogated says that he did not consider him at that time altogether in his right mind. On the Sunday he was again seized with a fit which was soon succeeded by another and during the whole of the following day they occurred at intervals of about 70 minutes.

On the evening of that day (Monday the 22nd) he was admitted into the Hospital waiting room where he had another attack which lasted about a minute during which he was seen by the Resident Clerk who considered the case as one of ordinary Epilepsy but afterwards noticed that there was total loss of power of the left side of the body and of the right side of the face. For the last three or four days he has also been suffering from severe diarrhoea.
On Examination. Nervous System

When a fit begins he generally utters a short groan, the mouth becomes twisted and pulled to the left side; the tongue when protruded and also the eyeballs incline to the left side. During the fit the pupils are rather dilated and insensible to the stimulus of light; the left arm is thrown into violent jactitation, the right leg is not so rigid as the left—the left foot is extended and the right one is flexed. There is considerable foaming at the mouth towards the end of the paroxysm—Respiration is somewhat restrained, not stridorous but there is no appearance of suffocation nor any marked lividity of the countenance. As the fit passes off the respiration gradually becomes more free and natural—During expiration the right cheek is puffed out like a flaccid bag. During the intervals from the fits his consciousness returns and he is able to answer questions correctly.
also to more his right arm and leg; but the extremities of the left side are quite powerless.

Circulatory System: Heart sounds and impulse normal. Pulse 98 full but not strong.

Respiratory System: Normal, during the intermissions of the paroxysms.

Integumentary System: The skin is soft and covered with a cold clammy sweat.

Digestive System: Tongue is moist and the edges are marked with indentations from the teeth; on being protruded it is turned towards the left side. He has no vomiting, but diarrhoea.

Genito-urinary System: Urine not examined as it was voided in small quantities involuntarily during the fits.

Ordered to have 2 leeches applied to each temple - the head to be shaved and cold applied to the scalp.

A. Pihl. Doverie 30 X. Sumat station

Nov. 25th 7 o'clock a.m. - Since admission he has had according to the statement
of the nurse. 60 convulsive attacks.
The skin is hot but moist. Pulse 100
full and firm, otherwise he is much
in the same condition as before.
Ordered to be cupped to 12 oz. on the
temples and to have immediately
afterwards an aq. fate enema.

At 12 o'clock. There is only one minute
of interval between each fit, the
paroxysm lasting for an equal period
of time. Pulse 120 strong and bounding
which increases both in frequency
and strength during the attack.
To have the cold water douche to
the head. During the administration
of the cold affusion, the fits occur
more frequently and also are of
longer duration.

At half past 1 P.M. Fits as frequent as at
12 o'clock and of the same character
as before noticed. Pulse 120 full and
bounding. Ordered to be bled at
the arm to 15 oz.
At 2 o'clock p.m. The blood flowed freely
and in a large stream. The fits are
somewhat more frequent; he is now quite unconscious during the intervals and cannot be roused to answer questions. Pulse 140 soft.

A enema of 3 fluid drachms of morphine and 3 fluid drachms of strong aqua ammonia applied to the scalp with a view to vesication. The enema is retained. Five minutes have elapsed since the application of the ammonia, his consciousness now returns and he is able to swallow a little beef tea. He has had 3 minutes of interval between the two last fits at 40 past 3 o'clock. The ammonia has not produced vesication, but considerable redness of the scalp, pulse 160 soft. The fits have returned to their former frequency and duration and he is again unconscious during the intervals.

To have a tablespoonful of Brandy every half-hour.

At 4 o'clock p.m. There was slight return of consciousness after the administration of the first dose of Brandy. To have mustard poultices applied to the calves of the leg.
At 7 o'clock p.m. Pulse 120 small and weak. An auscultation there is a course moist rale heard over the lower half of left side of chest. Urine passed involuntarily in small quantity, fits are frequent as before.

Nov. 24th. During the night the fits became less frequent, there being only a 1/4 of an hour between each. At 7 o'clock A.M. they have ceased entirely, and he now lies as if in a quiet sleep, the breathing is not stertorous. On being roused he is quiet conscious till within half an hour of his death. Died at 1/2 past nine A.M.

Remarks,

In the study of diseases of the nervous system we are hemmed in by many difficulties. We cannot ascertain in the living body the physical condition of the brain or spinal cord, as their bony coverings preclude the application of those senses; sight, touch, and hearing, which convey to us so much valuable
information regarding the state of other organs in the body; the very
disarrangement of the functions of the patient's brain also prevents it
from acquiring that kind of knowledge which otherwise we might derive
from himself and to add still more to the perplexity of this subject, it is
impossible to judge of the pathological condition of the nervous centres from
the symptoms which present themselves as the result of experience
demonstrates that the very same
symptoms may accompany very
different alterations of the nervous
matter, apparently the same lesions
may be followed by very different
symptoms and as frequently as not
nervous diseases are attended with
no change of structure appreciable
by our senses.

Cases are on record where
the most extensive disorganization
of the brain has been discovered after
death, although no symptom was
present during life to indicate any change in its condition and I need not say that in Hydrophobia, Tetanus and often in Epilepsy we have but too terrible examples of the most violent derangement of the nervous system without any apparent alteration of its tissues discoverable on the most minute post mortem examination.

In the case before us we have the symptoms of epileptic convulsions frequently repeated and occurring at regular intervals, complicated with paralysis of the left side of the body and the right side of the face. It is to me a remarkable circumstance that the extremities of that side of the body which in the conscious moments of the patient were perfectly powerless should be thrown into so violent jactitations during a paroxysm as to require considerable strength on the part of a bystander to restrain them. Before bringing forward any hypothesis...
as to the possible cause of these phenomena it will be necessary to lay down the report given by Dr. Gardiner Pathologist to the Royal Infirmary on the post mortem appearances exhibited 38 hours after death, it is as follows.

"William Allford, aged 38. Died 26th July. A man moderately robust, face somewhat livid and post mortem lividity considered (Head and spine alone opened as the body is probably destined for the school). Calcarium normal - Dura mater rather thick generally, but especially so over some parts of both anterior hemispheres. No distinct alteration of its textures. A pretty firm adhesion between the Dura Mater covering the frontal bone just above the sinuses, with the corresponding portion of the cerebral arachnoid over about 3/4 inch diameter; Arachnoid even where moist, but no morbid excess of fluid in cavity. The membrane is transparent and the glands of Pacchioni moderate in size and number. Pia mater at surface normal.
Ventricles contain probably under 3/6 of serum. Choroid plexus & pia mater generally moderately congested. Substance of Brain contains everywhere a full amount of blood and is generally of good consistence and firmness. At the point above mentioned as the seat of adhesion, the extreme anterior part of the hemispheres presents a portion of softened nervous matter, in which the grey and white substances are indistinguishable. The colour of the molten portion is intermediate between that of grey and white matter; under the microscope granular masses and amorphous granular deposits around the vessels are seen in considerable abundance. No other part of the cerebrum, arachnoid or medulla oblongata presents the slightest trace of disease. Frontal bone opposite point of adhesion normal. Petrous bone of right side and course of auditory nerve and portion diver in skull examined, but nothing abnormal discovered - Pituitary body.
of usual size and relations of nerves in contact with cavernous sinus normal - around the dura mater of spinal cord a little extravasation at one point in the upper part of dorsal region - Dura mater normal Pia mater of cord not abnormally congested, Cord in all respects normal.

It is to be regretted that the other parts of the body were not examined as some eccentric cause of irritation of the nervous system might have been discovered. As it is however the only lesion detected was softening of a small portion of the anterior part of the right hemisphere. The right hemisphere although not specified in Dr. Gairdner's report was somewhat more involved by the disease than the left. This condition however does not of itself explain the symptoms produced during life and we are therefore left to conjecture. We may consider the softening of the brain as a cause of irritation.
the consequence of which might be the epileptic attack - we could also suppose a change (though inappreciable to our senses after death) to have occurred in the condition of the right hemisphere, rendering it more sensible to impressions than the left; also that the disorder of the circulation produced in the brain by the epileptic paroxysm might be the cause of exciting this right half of the cerebrum and that the influence so produced being conveyed through the motor filaments of the right crus cerebi to the spinal cord would be transmitted along the nerves of the left side of the body causing the violent jactitations of its extremities evinced during a paroxysm.

The paralysis during an interval may be accounted for by the exhaustion of the nervous force which occasioned those convulsions, producing a benumbing influence if I may so speak on the nervous structures previously excited.

But turning from vague hypothesis
I consider this case chiefly valuable as furnishing us with a fact which may be found of some practical utility. During its treatment it was noticed that while the cold douche was being applied the fits were much aggravated and the same circumstance occurred immediately after venesection was performed. Both of these remedies it is well known are powerful depressors of the vital energies and I well remember that considerable doubt was entertained as to whether the patient should be bled although the pulse from its character indicated venesection. From the result of its use I think the inference is fair that in cases similar to that now described the effects produced by the cold douche may be taken as a guide to aid us in deciding whether or not blood letting might afterwards be employed with advantage.
Case IV.

William Page, age 20, Ploughman, admitted into Ward 1, Aug. 30th, 1852. On admission he stated that he suffered much from palpitation and difficulty of breathing, which were greatly increased on making any exertion so much so indeed as to occasion a sensation of fainting. These symptoms he attributed to a fall he had received 9 months previously. While carrying a heavy sack of grain on his back up a stair, he stumbled and one of his sides he was not sure which, although he supposed it to have been his left, came in contact with one of the steps, the sack being above him.

After this accident he lay in bed according to his own statement quite insensible for a fortnight. At the end of that period he found that in addition to the above symptoms he had a severe cough which was accompanied for a month with sanguineous expectoration, which as well as the cough gradually
left him; the palpitation, dyspnœa,
and occasional tendency to syncope
however still continuing. He was
certain he had none of these affections
before the occurrence of the accident
and did not remember of being
confined to the house a day with any
ailment. He had been under
medical treatment before his admission
into hospital; having been leached and
blistered over the precordial region, also
placed under the action of Mercury, but
with no decided benefit.
On examination—a prolonged blowing
murmur was heard distinctly with
the first sound of the heart, which
masked considerably the second and
was heard loudest at the apex of the
organ. Nothing abnormal could be said
to exist in the character of the second
sound. The heart's apex was felt to beat
between the 6th and 7th ribs in a line
drawn vertically from the mammary,
its impulse was strong and diffused.
Transverse dulness of cardiac organ.
measured 3½ inches. Pulse was full but not hard, 72 in the minute, every fifth or sixth pulsation being followed by a small sharp beat. His breathing was somewhat hurried and its difficulty increased on making any slight exertion— he had some cough accompanied with a tough purulent mucous expectoration, spotted with a dingy rusty colour, chest was everywhere resonant on percussion. On auscultation an occasional sibilant and sonorous râle was heard at the lower part of left side posteriorly; but otherwise the respiratory sounds were normal— Tongue was moist and slightly furled, appetite very poor, mouth free from tenderness, bowels regular.

Did not sleep well at nights being disturbed by frightful dreams frequently awakened by starting.

 Voided his urine in good quantity of specific gravity 1012, natural in colour and quite unaffected by the action of heat and Nitric acid.

His skin was dry soft and smooth.
the feet and ankles were slightly swollen but did not set on pressure. Stated that he was liable to swelling of the legs after hard work.

On the day after his admission was ordered the following - R. Hydr. Potass. q.iii.
Extracti Taraxaci Zp. Cons. Roos. g.s. ut i. praecip. vi e quibus sumatur ibis in dies.
Sept. 6th Had suffered much from beating at the heart through the night. Impulse of cardiac organ was strong and rather irregular. Pulse 90 full and of good strength. Urine passed in smaller quantity than natural.

Pub. Aromat. 3p. Cons. Rosar. g.s. ut i. praecip. vi. x
e quibus sumatur 1. ter in dies.
Sept. 7th Impulse of heart was much diminished.
Sept. 8th Felt rather weak, had slight tenderness of the gums but no mercurial factor of the breath.
Sept. 9th. Complained of weakness, nausea, and tendency to faint. Had taken by this time 192 grs of the Potassium of Mercury. Ordered to have 3 oz of wine.

Sept. 12th. Urine passed in much larger quantity—measured 90 oz in 24 hours.

Sept. 13th. Mouth sore—breathing difficult. Complained much of cough—the rales heard on admission were louder, of the same character and heard over more of the chest—spuza still continued viscid. A. Tinct. Lobeliae 3i. Aqae 3ii.

Phææ. Sumum. Cimicidium per diem.

Sept. 19th. Complained of pain in the epigastric region—Cardiac dulness measured 4 inches transversely—heart sounds not so loud as formerly.

Ordered—Emplast. vesicator 4 X 5 regionis cordis, and the pills of the Potassium to be taken only once daily.

Sept. 23rd. Had less palpitation after the rising of the blister but the cough was more frequent and troublesome—Pulse of natural strength.

Sig. One teaspoonful 3 times a day.

Amittantur alia.

On the 29th. Hour greater dyspnoea and the cough was accompanied by expectoration tinged with blood. R. Sol. M. Morph. M.XV.


Aronat. zi. Aq. Aev. zi. Mor. Sig. zi. to be taken immediately. Also ordered 4 oz. of Brandy and 6 leeches to be applied to the praecordial region.


Oct. 7th. Dyspnoea increased - Ordered to have 8 leeches applied to the praecordial region.

Oct. 11th. A bruit was detected with the 2nd sound of the heart, but not satisfactorily made out on account of being masked so much by the first sound.
Oct. 14th. The urine was high coloured and slightly albuminious.

Oct. 31st. Dyspnoea still continued and he had passed a very sleepless night.

On auscultation there was crepitation heard with inspiration in the lower part of both sides of chest posteriorly.

The urine was passed in smaller quantity than natural, of a reddish colour and still albuminious. Sputum stained with blood.

Nov. 2nd. There was diminution of the respiratory murmur on the right side posteriorly and inferiorly with increased vocal resonance and slight friction during inspiration. On left side posteriorly there was loud double friction, but about its middle the sound was single, heard with expiration only, no crepitation audible. Anteriorly no dulness on percussion; there was increase of vocal resonance inferiorly with occasional ribilant rales — under the left clavicle faint crepitation might be heard. The apex of the heart pulsated between the 5th and 6th ribs about 3 inches.
in a straight line below the nipple—a loud blowing murmur still accompanied the first sound heard loudest at the apex and almost entirely masking the second. The second sound harsh and abrupt was most distinct on a level with the nipple and at the margin of the sternum, no blowing murmur was heard with it. Pulse 120 feeble and irregular. Sputum gelatinous tinged with florid blood.

Mist. Camph 3 f . Misce. Fiat haustus horæ somni surrendus

Nov. 24th. There was increased oedema of the lower extremities, and the urine highly loaded with lithates.

R, Lign. Potass. 3 i i . Ipt. 8th. Pet. 3 f .
Mist. Camph. 3 x . Sic. Two tablespoonfuls to be taken 3 times a day.

Nov. 7th. Had a severe attack of diarrhoea which rendered him much weaker

Tinct. Catechu 3 vi . Misse. Sumat 3 i post eurympe liquidae ejectionem, Ordered 3 fuggio
in addition to the 3 oz of Port
Nov. 9 th. Diarrhoea much less severe
Nov. 13 th. Lay in a drowsy state, with
consciousness somewhat impaired - the
countenance was livid and the lips
quite purple - the extremities were cold
and the pulse at the wrist hardly
perceptible. Ordered to have 2 oz of Brandy
and hot bottles to be applied to the feet.
A tablespoonful of the Brandy to be taken
every hour. He revived for a short time
under the use of the stimulants but
afterwards gradually sank and died
on Nov. 15 th. at 6 o'clock afternoon.
Post mortem appearances reported by
Dr. Gairdner. Extracted from Pathological
journal 17 th. Nov. 1852
Disease of Tricuspid valves - contracted
mitral orifice - Hypertrophy of heart (great
dilatation of right side) Hemorrhagic conden-
sation of Lungs - Nutmeg (fatty) liver -
Bright's disease of kidney - Milary tubercle.

Wm. Page, set 90
Died 15 th. Nov. 1852
A slender young man, skin soft, moist
considerably jaundiced; some oedema, lividity of lips, surface not bloodless post-mortem lividity considerable - slight decomposition - rigor mortis very slight - lungs distended meeting in front of heart, strong anterior adhesions of left lung to mediastinum and along mediastinal edge it is completely condensed considerable adhesion of both lungs - Pericardium contains several ounces of serum - heart very much distended on right side - right auricle very greatly dilated (the size of a large orange) left auricle less so but also considerably distended - Both ventricles larger and cavities dilated, walls not much hypertrophied but slightly so on both sides - Endocardium of left auricle thickened and opaque - Mitral valve hardly admits one finger, edges of orifice very rigid, path calcareous - Tricuspid orifice also contracted (admits two fingers) this owing to thickening and shortening of the valvular segments which are also abnormally adherent to each other at extremities - at one point
a few distinct rough granulations of lymph on surface of valve - Aortic and Pulmonary semilunar valves normal and these vessels normal in size - lungs exceedingly emphysematous at anterior edges and over much of their surface - dilatation of individual air cells nowhere extreme - at many points but especially in posterior and inferior part scattered nodules and large irregular masses of hemorrhagic condensation having all the usual characters and at many points undergoing change of colour into a purplish grey - interspersed through the condensed as well as the emphysematous portion numerous miliary tubercles, many of which also were seen immediately beneath or in the substance of the pleura - the excavation. Trachea & bronchi excessively loaded with viscid mucopurulent matter. Bronchial glands considerably enlarged, friable, dark-coloured, abounding in juice. Liver not enlarged; on section presenting tolerably well marked nutmeg appearance.
Kidneys firm and turgid, irregular on surface from slightly tuberculated appearance; on section yielding much juice – not congested nor to any very evident degree disorganised. Stomach presented some very slight softening of mucous membrane, but otherwise quite normal. The whole of intestinal canal was quite normal, with exception of some slight congestion – mesenteric glands normal. Pancreas slightly indurated – aorta normal throughout. Spleen very much congested and hardened, malkighian bodies very distinct and transparent.

Remarks.
Congestions, hemorrhages and effusions are the frequent concomitants and consequences of an unsound heart; and that these were not wanting in the case under consideration, the post-mortem appearances plainly demonstrate. It is interesting to observe, the effects produced by disease in the heart, on other organs of the body and it is important
to bear in mind how they may be affected by such a condition, as thereby we may be enabled to remove many an urgent symptom.

The lungs are the most frequent seat of secondary disease arising from organic affection of the heart, a circumstance which might naturally be expected from the relative dependency of function existing between these two organs. The pulmonary symptoms which it occasions are dyspnoea, cough and sometimes hemoptysis which last condition according to the theory of Dr. Watson may lead to that state of the lungs which Lacunza has called pulmonary apoplexy, a state which from the signs evinced by auscultation and percussion alone might be mistaken for pneumonia.

In the case before us we have another affection which may be traced indirectly to an unsound condition of the heart. I mean Emphysema; a disease which has been shown by the observations of Dr. M.J. Gardner to be "a secondary mechanical
lesion dependent on some condition of the respiratory apparatus leading to partially diminished bulk of the pulmonary tissue and consequently disturbing the balance of air in inspiration."

That effusion of blood into the minute bronchi would fulfil such a condition is evident; for by its coagulating in them, obstruction to the entrance of air into the vesicles is produced causing them to collapse, thereby producing diminution of the bulk of the lung and in consequence of which, the expanding forces of inspiration, act inordinately on the remaining vesicles causing their dilatation or rupture.

It has been stated by Chomel, Bouillaud and others that pulmonary hemorrhage is due to disease of the right side of the heart; hypertrophy of the right ventricle causing an increased popular of blood through the lungs and in consequence rupture of the minute blood vessels. This opinion however has been denied as not according
with general experience, and the condition of the heart in the present case certainly adds value to the statement that such a view is incorrect. The left auriculo-ventricular orifice was little more than a mere slit and must have caused great obstruction to the flow of blood into the left ventricle thereby producing a certain degree of stagnation in the left auricle, and consequently checking the circulation through the lungs from the result of which may be traced not only the haemoptysis but also the dilatation of the right ventricle which is a common consequence of any obstruction to the pulmonary circulation.

Now let us proceed a little farther in that track in which disease of the heart tends to propagate itself, viz. in a direction contrary to that of the circulation and we are met by an unsound condition of the tricuspid valve, an affection of considerable rarity and in this case, full of interest as it affords a beautiful example of the great power which
Nature possesses in protracting life and alleviating suffering when she is unable to effect the preparation of a lesion in an important structure. We would have expected that a dilated right auricle and ventricle should have been accompanied by an enlarged auriculo-ventricular orifice, a condition which by admitting of the regurgitation of blood from the right ventricle would have achieved the lungs of a considerable amount of that pressure which was constantly being forced upon them and therefore that a narrowing of that opening would be the most certain means of aggravating the evils which already existed. But a little reflection will at once lead to the conclusion that the contracted condition of the tricuspid orifice, with the thickening and shortening of its valvular segments formed a state the most favourable which could have existed as a means of prolonging the life of the patient; for by the narrow condition of the
orifice a check would be given to the entrance of blood into the right ventricle, necessarily curtailing its quantity, and forcing the right auricle as was evidenced by its great dilatation to relieve the corresponding ventricle of a considerable burden, and by the thickening and shortening of the vascular segments there was an amount of incompetency produced which would admit of regurgitation to no small amount and in this way necessarily render the dyspnoea and other pulmonary symptoms less urgent than they would have been had the valve preserved its healthy condition.

The next lesions of interest were those of the liver and kidneys. In the former there was evidence of venous obstruction from the congested state of the hepatic veins, forming what has been called from the mottled appearance such congestion occasions; the nutmeg liver and that its function from this arrangement of circulation must have been much
interfered with, was shown by the existence of considerable jaundice. We had evidence also of derangement in the latter from the presence of albuminous urine, a condition which is now known not to depend necessarily on an organic disease, but which may be produced from any temporary state such as pregnancy for example, which will cause a disordered state of the circulation within the organ—the presence of albumen in the urine (as explained by Dr. Johnston) depending on a state of congestion in the inter-tubular and especially the Malpighian capillaries the result of which is the evacuation of the serum of the blood through their walls into the minute tubuli uriniferi where it mixes with the urine and renders it albuminous. From this condition it is quite possible that a patient may recover if the primary cause is capable of removal; but when derangement of the circulation within the kidney depends on an organic alteration
of its tissues, or on some permanent lesion
of the heart: in general no such happy
termination can be obtained.
In the case of the young man Page
the occurrence of albumen in the urine
may be traced to congestion as a result
of obstructed venous circulation and it
is interesting to observe the organic change
in the kidney, to which that derangement
of the circulation tended — viz. fatty degeneration.
The kidneys were very slightly disorganised
but still sufficiently so, as to bear the marks
of that disease.

Dr. Leain, in a paper on "Fatty disease
of the heart" published in the 33. Vol. of the
Medico-Chirurgical Transactions attributes
fatty degeneration to impairment of
nutrition — the case before us may be
taken as an illustration of his view;
for in both the liver and the kidneys
we had the signs of fatty degeneration,
organs whose nutrition must have
been much interfered with from
venous congestion, and therefore deprived
of that power which alone could enable
them to resist those chemical and physical influences tending to the disintegration of their tissues.

As to the edema which was present I shall only remark that it like the other morbid conditions which have been noticed was due to the obstruction of the venous circulation.

In the treatment of valvular disease of the heart when of a chronic character, although we cannot hope to effect a radical cure, yet we may do much to alleviate the sufferings of our patient by relieving the secondary affections depending upon it. The case we have just considered is highly instructive as demonstrating the agent by which those affections are produced viz; congestion from obstruction to the venous circulation.

How we are to relieve or obviate the occurrence of that condition must therefore be our chief object of treatment.

As we have no means of removing the existence of valvular disease when
fully established we must content ourselves by using those remedies which are best calculated to subdue the consequences it occasions.

The oedema and haemoptysis following valvular disease afford evidence that Nature seeks her own relief by evacuating to a certain extent the bloodvessels of their contents; and it is exactly by fulfilling this indication that the physician by the use of local blood-letting, counter irritation and the administration of those remedies which stimulate the excretory organs to increased function, is enabled oftentimes to overcome in a most marked degree the urgency of those secondary symptoms we have previously noticed.
Case V.

John Clark aged 13, tobacconist boy. Admitted July 18th, 1853. To of a strumous habit, of body and much emaciated. His mother states that he was in good health until 6 weeks ago, when he first complained of pain in the abdomen, and loss of appetite. Since that period he has been gradually losing flesh. She says ever since he was an infant she has considered his abdomen larger than that of others of the same age, but that it has increased much in size during the last three weeks. She states that he never had a great appetite for food, and for some years back he has been very poorly nourished, seldom getting any animal food, his diet consisting chiefly of buttermilk, porridge & potatoes. She says that he was not liable to looseness of the bowels, but frequently to attacks of sickness and vomiting. His father it is stated died of Phthisis, but his brothers and sisters are quite healthy. On examination — the tongue is moist, clean and fluid, appetite poor, has
much thirst, complains of pain in the lower half of the abdomen which is increased on pressure, the pain however is not acute. Abdomen is much enlarged. The recti muscles are separated from each other by the space of an inch — the longitudinal dulness of liver measures 2 1/2 inches — dulness of spleen measures 2 inches. A moveable tumour having a rugged surface and somewhat cylindrical form extends in an oblique direction from the epigastrium to the right of the umbilicus. Several small nodules (about the size of a walnut) can be felt by kneading the abdomen with the fingers. The glands in the groin are somewhat enlarged. There is slight effusion of serous in the cavity of the peritoneum, which however cannot be detected by fluctuation; but by the sound on percussion varying according to the descent of the fluid. His stools have been opened 5 times during the last 24 hours; the stools are copious of thin consistence and a light ochrey colour. No abnormal sounds
are heard in the chest on auscultation or percussion. The heart sounds are normal. Pulse 100 weak. He does not sleep well during the night. The urine is passed in good quantity of a light amber colour and having a specific gravity of 1014; on the application of heat it becomes cloudy, but the turbidity is immediately dispelled on the addition of a drop of nitric acid. There is an eruption of vesicles on the right side of the neck occurring in two clusters not larger than halfpenny. The upper and posterior part of the left thigh has its surface occupied by a reddened surface of a circular form having a diameter of 4 inches on which numerous small whitish scales are situated, the circumference is occupied by a series of elevated crusts; the rest of his skin is soft and dry.

Jany 21st. R. Lequieris ferre Metralis 3/4s.
Sip. Five drams to be taken in water 3 times a day. Ordered also steed diet.

Jany 24th. He as much thirst appetite
Poor - pain in abdomen still continues, diarrhoea is unabated, stools of the same character as on admission - skin hot and dry - face flushed. Pulse 100 soft.

Fiat massa et divide in pilulas viii.

Sig. One to be taken morning and evening.

Feb. 26th. Diarrhoea not in the least abated.
Complain much of thirst - tongue fluid, papillary on its surface slightly enlarged.

Comm the pills of Feb. 22nd. R. Pil. Plumbi 
Opist. VI Sig. Semat j Mere et morte.
To have also a bottle of Lemonade daily.

Feb. 28th. Pain in the abdomen is much diminished. During the last 12 hours he has had only one stool which was pimpy and of a dark blood colour. Appetite much improved.

March 1st. Abdomen is not so distended as on admission.
March 2nd. Has had only one stool during the last 24 hours, of better consistence than formerly. Appetite still very poor, he does not eat more than 2 oz of beef and one slice of bread per diem. His thirst is considerable.
and in addition to the diet mentioned he has a pint of new milk daily. The urine is unaffected by heat and nitric acid.

R. All. M. 311

Sig. One teaspoonful to be taken night and morning.

March 7th. Has had 4 stools during the past 24 hours of the same character as noticed on Feb. 28th. The countenance has a very senile expression, the eyes are much sunken, and the conjunctivae and integuments of the whole body are of a dingy yellowish colour; veins under the integuments of the abdomen are somewhat enlarged. Urine is of a deep brown colour and becomes dark green on the addition of nitric acid.

March 10th. Has vomited after taking food. Is much in the same condition as at last report.

March 12th. Still continues to vomit after his meals—has had 4 stools during the last 24 hours, copious, of thin consistency, and light brown colour. Pulse 82 weak. Tongue clean and fluid. Omit the pills of Feb. 26th. R. Seniuri 5x7.

Ricin jahis, 6s. fiat massa et divide in
pilulas vi . Sig. Suntet j . 1/2 gsp. hora .

Despere , Kobus cat cimica amyl. cum sol. 

Inot. Card. co . 31 Ag terminating . Sig. Suntet 36 ter indies . To have 2 oz of wine

March 11 th . Yellow colour of the skin and 
conjunctivae is much deepened in hue 
His now very drowsy - appetite gone - has 
had only one stool during the last 24 
hours - has not vomited since last 
report although he states he has frequently 
had the inclination to do so . Urine pale 
during the last 24 hours measures 8oz. and 
contains a copious sediment of lithiates .

March 16 th . Had only one stool during the 
last 12 hours which was thin and of a 
light clay colour - appetite somewhat 
improved and he has now no drowsiness .

Urine is still of a dark brown colour and 
deposits a copious sediment of lithiates .

Pulse 108 of good strength and sharp . Skin 
hot and dry . Complains of a sensation 
of heat in the abdomen and slight pain 
on pressure . To have one of the pills ordered 
on March 12 th : night and moring only .
March 18th. Has had 4 stools during the last 24 hours — Urine of the same character as at last report — Amount passed during the last 24 hours measures 14 oz. Abdomen tense and is gradually increasing in size.

March 20th. Yellow colour of the skin has now almost entirely disappeared. Urine clear of a dark amber colour, unaffected by heat and rendered slightly darker in hue on the addition of nitric acid; deposits no sediment on standing. He has slight cough. On auscultation, sibilant and resonous râles are heard with inspiration and expiration all over the chest. Pulse 100 of moderate strength. Abdomen not so tense as on last report.

March 22nd. Urine again deposits a copious sediment of lithate, but is quite unaffected by heat and nitric acid. Complaint of cough, sibilant and resonous râles are still heard in the chest on auscultation.

Sir. Sumat 36 ter indies
March 24th. Abdomen is still increasing in size and has a distinct feeling of fluctuation. On pressing it with the finger, the impulse is communicated from one hand through the fluid to the other; the integuments are marked with numerous red streaks which run in an oblique direction, and there is also slight desquamation of the cuticle. Pulse 100 small and weak.

Also had two stools during the last 24 hours. Also no swelling of the legs.

March 20th. Appetite somewhat improved. Abdomen is still increasing in size, the base of the chest is much expanded and on pressure of the epigastrium he complains of difficulty of breathing. The yellow colour of the skin is redippearing. Urine is of a dark brown colour unaffected by heat; but assuming a deep olive green tinge on the addition of Nitric acid.

Cough almost entirely gone. On auscultation the respiratory murmur is harsh but unaccompanied by any stridulant, sonorous or mucous râle. Pulse 110 small and very weak.
Remarks.

Abdominal enlargement one of the principal features in this case may arise from many circumstances, and it is sometimes no easy task to decide on what it depends. Our chief sources of diagnosis as to the nature of such a condition are sight, touch, percussion, auscultation, the microscopic examination of the blood, the sound, Chlorosis, and the exploring needle. By the aid of these accompanied with the consideration of collateral circumstances such as the general condition of the system, nature of evacuation, &c., we are enabled frequently to make out the diseased organ from which such a state proceeds; but it must be added we are too often left in complete doubt as to the true character of the affection under which that organ labours; thus, for example, although percussion and palpation may inform us that we have to do with an enlarged liver, yet we have no means of satisfying ourselves exactly, as to the nature of that enlargement; (especially if as frequently happens it is accompanied by ascites) being only
able to conjecture as to whether it is fatty, cancerous, cirrhosed, or simply congested.

In the foregoing case, the great emaciation and former hardships of the patient, as well as the hereditary predisposition and the enlargement of the inguinal glands, lead us to suspect a scrophulous disease; and our opinion is supported by the presence of a tumour between the epigastrium and umbilicus, and also numerous hard, knotty bodies, which are painful on pressure and situated chiefly in the middle and upper part of the abdomen.

As we know by percussion that the liver and spleen are not enlarged and as we have no evidence of disease of the kidneys or pancreas; we are led to attribute the abdominal swelling to tubercular disease of the omentum and mesenteric glands; accompanied with effusion of serum into the cavity of the peritoneum, this last affection probably depending on obstruction offered to the circulation through the portal veins by the omental tumour, connected with the mesenteric disease.
occurrence of jaundice in the progress of the case is worthy of notice, not so much on account of its appearance, as for its disappearance without carrying off the patient, whose constitution was already so much impaired, and its subsequent recurrence after an interval of 6 days. What was the cause of the jaundice it is difficult to say. From its rapid disappearance it is improbable that it depended on a structural disease of the liver; it is more likely to be due to obstruction of the bile-dubs from temporary pressure or it may be from congestion of them produced by irritation resulting from the intestinal derangement, and thus presenting an impediment to the free flow of the biliary secretion. We shall not however multiply hypotheses but proceed shortly to notice the different remedies employed during the progress of the case just considered. The first treatment was directed to the diarrhea and with the view of checking it the Nitrate of the sesquioxide of iron was used, but without the smallest benefit; this was followed by the administration of the 1/6 of a grain of Hydrate
of morphia in pill night and morning; but with as little success. From the pill of acetate of lead and opium, and afterwards by the use of 2 gr. of safrinin every 4 hours (which quantity was latterly only given twice a day) the diarrhoea has been kept in check, which has permitted the administration of small doses of cod liver oil.

By the naphtha mixture marked relief from the burning was afforded; and the mixture of spirits morphia 1/2 alleviated considerably the bronchitic affection which I late supervened.

In this way much relief has been rendered to the patient, from many of the urgent symptoms which presented themselves; but although we may do a great deal in the way of palliation yet it is to be feared that the disease and its complications are of too formidable a nature to admit of cure.

With these remarks I conclude, and shall only add, that however imperfectly I may have commented on the cases contained in this paper; yet the observation and consideration of them have afforded me both interest and instruction.

Alexander John Macarthur.