

Jones

To Prof. Dayenok.

A Report

of

Certain Cases

in the

Clinical Wards



which have occurred during the past Session (1866)

with remarks

by J. Jones.

"In medio tutissimus ibis"

Horace

Having to pass all my examinations this year, it may be judged that I have <sup>not</sup> had ~~not~~ much time to make any original observations upon any subject, and so I have, though somewhat unwillingly, been driven to that "refuge for the destitute," a report of certain cases which have occurred during the past session. These I have taken as a text ~~to hang~~ for the remarks, which I have brought forward; I hope however that no one will criticise the ~~shortness~~ of the sermon when comparing it with the length of the text; the fact is that I felt, that a full report of the cases, would ~~not~~ ~~gain~~ have a great deal of light thrown upon them by anything I could say, and so I have principally confined my remarks, to the effects of the bloodletting in each ~~case~~ case, and have paid but little attention to the other points in each case; I am happy that if the remarks are neither new nor true, that the cases are little <sup>and the other</sup>

David Sands admitted into No. 1 Ward under Dr. Lanyon with symptoms of ileus, Oct. 29<sup>th</sup> /66. He states that he is single, a sailor, and a native of Tripoli. Both his parents are dead, as are also his two brothers and one sister, he himself being the only one left; he does not know of what disease they died.

He has always lived well himself and has always been very temperate. Three years ago he had an attack of rheumatic fever, and was confined to his bed for some time; about that time, he also had a swelling in his left groin, which was opened and got well in three days. He has never had any venereal disease. While in Bournah, the water for drinking was very bad and he suffered greatly from diarrhoea; the passage of urine was rough, and he was fed upon salt junk, and treated badly altogether; his bowels were at this time very confined, only being opened once every two or three days; to relieve the constipation he took sometimes castor oil, and sometimes Epsom salts, but without any permanent relief. His stools were large, and painful, and sometimes the bowel came down, but he never lost any blood. His appetite however continued good, and he had no vomiting. Six or seven weeks ago he became more constipated than ever, being relieved only once in six or seven days, and he had rheumatic pains about him, which he says have continued up to the present time.

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He arrived at Glasgow a week ago, and coming on the following day to Edinburgh he applied at the Infirmary, for advice as to his constipation. He was ordered some medicine which he took, and for three days afterwards he had severe pain in his bowels. His bowels were slightly opened on Thursday last (four days before his admission); the next day he was sick twice, and threw up a lot of stinking brown fluid; the following day he was also sick several times, the vomit being of the same character; on that day he had two injections, after which he was slightly moved; yesterday the pain in his abdomen becoming much worse, he applied again at the Infirmary and was admitted.

State on admission

Circulatory system. Pulse small and wiry 120 per minute. Heart sounds normal

Respiratory system. Respirations 40 per minute, the inspiration is shallow and jerking; otherwise normal

Nervous system. Has great pain in his head; no paralysis either of motion or sensation; is fairly intelligent.

Digestive system. Mouth dry, lips parched, tongue red, cannot eat, vomiting frequent and stercoraceous. abdomen very painful when touched. There is great distension, and a tympanitic sound is given out over the track of the colon, which extends as high

as the eighth rib.

Integumentary system. Skin hot and dry, expression of face anxious; cheeks flushed.

Genito-urinary system. No scars of venereal ulcers upon the prepuce. He makes scarcely any urine at all.

Decubitus. He lies upon his left side with his knees drawn up.

He was treated with opium, in small pills of 2 grains each, which were given at bed time, after he had first been made to vomit with warm water, and copious enemata of warm water, 100 oz being thrown up at one time. On Oct. 31<sup>st</sup> as he still continued in great pain, and was very sick, he was ordered 3 grs of calomel and 60 grs of sugar, to be divided into 12 powders and one taken every hour and a half. He was not so sick and slept better than usual the following night. He went on however much in the same state, till Nov. 4<sup>th</sup>, being fed by nutrient enemata of eggs and leaf tea, On Nov. 4<sup>th</sup> he had two enemata of soup and water, one of them also containing half an ounce of sulphuric ether; the latter of these brought away a little feces; he slept well the following night, and the next morning had several fluid motions. From this time he got quickly better till Nov 8<sup>th</sup> when the pain in his head, for which he had at first applied at the Infirmary because the prominent symptom

Nov. 8<sup>th</sup> He was ordered

R. P. A. Iodidigors 30

Infus. Squarior fl. oz 4

x Mist Camph. ad fl. oz 8.

Signa "Two table spoonfuls to be taken thrice daily"

Nov. 9<sup>th</sup> Pain is not relieved; a blister was ordered behind the right ear.

" 11<sup>th</sup> Pain was no better after the blister;

D<sup>r</sup>. Laysack ordered another behind the left ear.

" 13. He was still suffering, as much as ever from the pain; he was ordered.

R. Sp. Ferulith fl. drs 2.

Ovi vitelli  $\frac{1}{2}$

Aqua Cinnam. ad fl. oz 8.

Two table spoonfuls thrice daily"

" 18<sup>th</sup> Pain was much relieved for two days but now seems to be as bad as ever. As it is worst just as he is going to sleep he was ordered, a little pump with a glass of wine in it just before bed time.

" 22<sup>nd</sup> He was again relieved for a day or two; but the pain has now returned again in its full force he was ordered

R. Pulv. Veratri. M. grs 6.

Pulv. Cinch. grs 25 M.

" A pinch to be taken as a snuff at bed time."

" 30<sup>th</sup> This seemed to have a great effect upon the pain at first; but now it does not even make him sneeze.

A subcutaneous injection of m℥ of the solution of the Bicarbonate of Morphine was tried (980s to 1/3)

Dec. 2<sup>nd</sup> The morphia did not give him much relief, and accordingly 6 oz of blood were ordered to be taken from the arm.

" 8<sup>th</sup> The pain was very little if any better after the blood-letting; to day he was ordered

R. Liq Arsenicalis fl dr. 1.

Aqua ad fl oz 6

"A tablespoonfull to be taken three times a day"

" 9<sup>th</sup> The pain is no better, and accordingly he was discharged. About a fortnight after this he returned to say that since he had been out, he had got quite rid of his ~~trouble~~ <sup>trouble</sup> without any treatment at all.

Constantine M<sup>r</sup> Sooky. Atat 29. Shoemaker  
admitted into Ward I Dec 5<sup>th</sup> 1865 complaining  
of cough and distress of breath.

He is a widower, his wife having died 4 years ago,  
since which time he has been a very hard drinker.  
When young he had the "child's fever", but with  
this exception he cannot recollect that he has ever  
had to keep his bed for a day. He says that it was  
his habit to get drunk two days every week for the  
last 4 years. At these times he used to lay himself  
down to sleep in the open air, upon door steps &c.  
The only effect of this, which he suffered from, was  
sometimes a slight cold, which he always cured  
by taking a drink of cold water; these attacks after  
his drunken fits never prevented him from working.  
About a fortnight ago he was drinking very hard  
in his usual style for two days; the next morning  
he had several distinct rigors, which continued  
through the day, in despite of the quantity of cold  
water which he took; he had cough which gave him  
great pain, and he could not ~~could~~ get up any  
spit; these symptoms, together with dyspnoea  
have got worse up to his admission; he also complains  
of pain behind the left ear.

State on admission.

Respiratory system. Respirations 40 per  
minute. Percussion normal. Auscultation; coarse rales  
is heard over the whole surface of the chest, with both  
inspiration and expiration. On expiration, shudders

He was put upon a nourishing diet with plenty  
of good beef-tee.

is heard over the whole of the right side. The Sputum is white and frothy.

Circulatory System. Pulse 100 full but very soft and weak. Cardiac sounds can hardly be heard on account of the loud respiration.

Digestive system. Tongue coated brown; bowels regular; appetite fair.

Genito-urinary System: Urine deep amber. Sp. Grav. 1025 mucous cloud, neutral reaction, no albumen, epithelium normal, contains Indican, and crystals of triple phosphate can be seen under the microscope. He was ordered.

x

R. Decet Seneg a fl oz 12

"Three tablespoonfuls to be taken every 3 hours"

Dec 7<sup>th</sup> - He has continued much the same; the dyspnoea is getting very bad; the pulse is 102; the cough is very troublesome, the expectoration is large in quantity and much the same character. He was ordered.

R. Fr Benzoin

Fr Camph & Quid a. a. flds iii  
Vitelli Mi. Misce intus et adde  
Aq. rose. ad fl oz 12.

"Three tablespoonfuls to be taken three times a day"

Dec 9<sup>th</sup> - He does not seem to be any better; he suffered a great deal last night, from a pain under the left breast, which was somewhat relieved by turpentine stupes. The pulse is 104 very weak, not so full as it was. Indistinct friction sound to be heard in

left supra-mammary region.

Dec 13<sup>th</sup> He has continued to get worse since last visit. His pulse is still 104. Sibilus is heard very extensively over both lungs, but the coarse expectoration is diminishing. His urine is of Sp. Grav. 1030, chlorides abundant, contains albumen, and renal epithelium; it is also very acid; He was ordered.

R. Stroyelmine gr  $\frac{1}{2}$   
Acid Acetic dil fl drs 2.  
Aqua ad fl oz 12. *℞*

"A table spoonfull to be taken three a day"

He was also ordered ℥ ʒ of port wine a day, and to continue the mixture, ordered on the 12<sup>th</sup>, when the cough was troublesome

Dec 14<sup>th</sup> He passed a bad night, cough and dyspnoea, keeping him awake; he has great pain referred to the seat of the insertion of the diaphragma, upon coughing. The albuminuria is increased, urine is very acid. Sp. Grav. 1030. also contains pus cells, and some fusiform epithelium. His pulse is 120 very weak. He was ordered ʒ ʒ of brandy per diem in the place of his wine

Dec 15<sup>th</sup> His morning he is weaker, and evidently sinking; he complains greatly of dyspnoea, and palpitation; great difficulty in expectoration. He slept very little, his pulse is 104, feels somewhat stronger than yesterday. He was ordered. R Sp. Chloroformi fl. drs iii

Dec. Senega ad fl oz  $\frac{xiii}{ss}$

Three table spoonfuls to be taken every three hours.

and to be bled to 4oz. This relieved his excessive dyspnoea for a short time, but he afterwards got weaker and weaker, the dyspnoea returned, the expectoration which has become yellow, and more viscid, has now almost ceased. His albuminuria is increased.

Dec 16<sup>th</sup> He continued to get worse, and gradually sank till 5 o'clock P.M. today when he died.

At the Section. Both lungs presented the appearance of lungs affected with capillary bronchitis.

John Mathieson Aetat 28 Fisherman. Single admitted into Ward I under Dr. Daycock Dec. 19<sup>th</sup> /65 complaining of great debility and shortness of breath. He had fever when he was 7 years old, small pox 7 years ago, and rheumatic fever about 2 years back; with this last illness, he was long bed, being confined to his bed for 18 weeks, and he was weakly and troubled with pains in the joints for three months after then. Last winter had a severe cold and cough, but got rid of it in the summer; 9 months ago he took a cough, and at this time spat a little blood, which came away at the end of the cough; the cough was dry and hard; his breathing became very difficult; and was aggravated by walking or any other exercise; this dyspnoea, with palpitation has continued up

x every three hours

to the present time. Also complains of cough.

Present State.

Digestive system. Bowels constipated; tongue clean and moist; appetite good; vomits sometimes when the cough is excessive.

Genito-Urinary System. Urine Acid Sp Grav 1030 contains Indican and bile pigment, otherwise normal.

Respiratory System. Breathing 40 per minute. On percussion the only thing noted was slight dullness over the whole of the back. On Auscultation; sibilant sounds were heard over the whole of the right lung; coarse crepitation over lower and posterior lobe of left lung; sibilus over upper lobe posteriorly; anteriorly the respiratory murmur was natural on the left side. His cough is very bad, and his dyspnoea is quite dreadful sometimes; sputum white and frothy, with yellow purulent matter intermixed with it.

Circulatory system. Cardiac dullness increased slightly. Heart tumultuous and irregular, apex beat diffused. Sounds; there is a double systolic sound giving rise to 3 sounds altogether, occasionally the second sound is also double. Pulse diastolic  $\frac{84}{72}$  per minute. Two beats instead of one, second very often scarcely perceptible; ordered

R. Ammon. Benzostat. grs 40.

Dose 2 Senega adfly 8.

Two tablespoonfuls to be taken three times a day. X  
Dec 21<sup>st</sup> The dyspnoea seems to be increasing, and quite prevents him from sleeping, 6 oz of blood were ordered

to be taken from the arm.

Dec. 22<sup>nd</sup> He slept a great deal better last night; respirations 35 per minute; dyspnoea not so bad, cough is not so troublesome; pulse about the same in every respect.

Dec 26 He continued to improve up to this day, when he says he feels very weak, and his dyspnoea is returning. His urine contains Indican, chlorides in abundance, the reaction is acid, and there is a small quantity of urates. He was ordered a Turpentine stupe to the rectum.

Dec 27<sup>th</sup> To day he is a great deal better as far as the dyspnoea is concerned, and to day he is going about the ward comparatively well and cheerful. The pulse is the same rate, but its diastolic character is not so distinct; cough very slight.

Jan 4<sup>th</sup> 3<sup>rd</sup> He feels weaker again to day, but the cough is not so bad; the pulse has now quite lost its diastolic character, and the heart's action is not so irregular.

Jan 6<sup>th</sup> To day he was discharged very much relieved.

James Ryan At St. Hauken admitted Jan 4<sup>th</sup> 1868 into Ward I with great dyspnoea and cough. He is single. When a child he had measles, and whooping cough, also small pox; 18 years ago he had a fever in Ireland, and he says he has also had a fever in this country, with each of these.

years he was ill three weeks or a month; for the last 12 or 14 years he had been much troubled with cough and spitting, which he says was aggravated by exposure to cold. He has apparently suffered greatly from destitution, and been exposed to great hardships, travelling about the country in all weathers. About a fortnight ago his ankles began to swell, but there was no pain in them; the swelling has kept on increasing; his cough is also very bad now and he is suffering greatly from difficulty in breathing.

Present State.

Integumentary System. Patient is rathert thin. Both eyelids are very oedematous; skin of thorax and abdomen oedematous especially the latter; ankles and feet are very much swollen pitting early upon pressure. Skin is hide bound all over the trunk.

Genito-Urinary System. Urine Sp. Grav. 1025. acid, mucous cloud and deposit, contains a large quantity of ~~deposit~~ albumen, some phosphates and Indican; chlorides deficient. Crystals of uric acid, urates, large renal casts, blood casts, and cells, and a quantity of broken down granular matter, can be seen under the microscope. It is of a dark mahogany colour and becomes nearly solid on being heated.

Circulatory system. Pulse 100 very soft, though full; heart sounds obscured by the respiratory sounds.

Respiratory system. Very little expansion of thorax. Anteriorly there is slight hyper-resonance in percussion at either

side of the sternum. On the left side the breathing is harsh and rough, approaching in some parts to crepitation, on inspiration; expiration is clear but loud and prolonged. On the right side, inspiration is also harsh and crepitating, expiration clear at some points, rihilant at others: these sounds are most marked in the infra-mammary region of each side.

Potently, there is slight dullness over the whole back. On left side inspiration harsh, and expiration dry and prolonged, with rihilant sounds. On right side crepitation is distinct in and above subscapula region; lower down it is not so distinct, expiration can hardly be heard, vocal resonance is increased. Sputum frothy, somewhat tenacious, slightly rusty in color; cough very troublesome. Respirations 40 per minute. Digestive system. Tongue clean bowels open appetite fair.

Nervous system; no loss of consciousness or paralysis Decubitus, lies upon his back with the upper part of the trunk much raised.

He was put upon a good nourishing diet with 8 oz of wine per diem

Jan 10. He is in much the same condition; cough prevents him from sleeping; passed 22 oz of urine in 24 hours, the same characters as yesterday ordered.

R Infus Digitalis fl oz 2  
 Inf. Quapria a fl oz 12. Two table spoonfuls every 3 hours.

15  
Jan 11<sup>th</sup> He says that he has been much easier since taking the above mixture, but having some tendency to diarrhoea Prof Longrock ordered him.

R Acid Citric. grs 120.

℞ Camph & Oils. fl drs 3.

Aqua Camph. ad fl oz 12.

Two table-spoonfuls every three hours.

Serpentine stupor to chest at night

Jan 15 He continues much the same. Starts a good deal in his sleep. Sputum more viscid and yellow in colour. Sp. Grav of Urine 1020 in other respects the same as when first examined. Paped 20 oz. He has had two wet air baths, but they do not seem to have made him feel much. Pulse 106 not so full as it was.

Jan 16. The dyspnoea is now becoming very dreadful, he cannot sleep; complains of wind in his stomach "like to choke him". Swelling in his lower extremities increasing.

Jan 17. Pulse 106, seems to be getting weaker; appetite is now failing, cough very troublesome; ordered

℞ ℞ Ferri Perchlor. fl dr ½.

℞ Digitalis fl drs 3.

Inf. Querc. ad fl oz 12. ℞.

Two table-spoonfuls every 4 hours

Jan 18<sup>th</sup> Says he feels very much weaker today, cannot sit up in bed without being propped up; he was often at stool last night; the urine paped only measured 8 oz, but some is also paped with the stool.

Urine is bright red in colour, does not contain quite so much albumen. Pulse 110, getting very thready in character.

Jan 4<sup>th</sup> He was evidently sinking this morning, but he wished something to be done to relieve his dreadful dyspnoea. Prof. Laycock ordered him to be cupped below the shoulder blades to  $\frac{1}{2}$  oz, and the following mixture.

R. Infus Digitalis fl oz  $\text{iii}$   
Sp. Juniperi fl oz  $\text{ij}$   
Acie Camph fl oz  $\text{ss}$   $\text{Pw}$

Two table-spoonfuls every 4 hours.

Jan 20<sup>th</sup> So much weaker today; cupping relieved his dyspnoea slightly, can scarcely recognise any one, and cannot speak. He is breathing heavily, face pale, lips livid, extremities cold. Died at 2 P.M.

Measurement in inches of ankles, <sup>instep</sup> ~~feet~~ and chest.

	Ankles.		Instep.		Chest.	
	Rt.	Left.	Rt.	Left.	Rt.	Left.
Jan 4 10.	9 $\frac{1}{2}$	9 $\frac{3}{4}$	9 $\frac{3}{4}$	9 $\frac{3}{4}$	15 $\frac{3}{4}$	16.
11	9	9 $\frac{1}{4}$	9 $\frac{1}{2}$	9 $\frac{1}{2}$	15 $\frac{1}{2}$	15 $\frac{3}{4}$
12.	9 $\frac{3}{4}$	10.	9 $\frac{3}{4}$	10	15 $\frac{3}{4}$	15 $\frac{3}{4}$
13.	9 $\frac{3}{4}$	10	9 $\frac{3}{4}$	9 $\frac{3}{4}$	15 $\frac{3}{4}$	15 $\frac{3}{4}$
14	9 $\frac{3}{4}$	10.	10	10.	16	15 $\frac{3}{4}$
15.	10	10.	10.	10.	16	16.
16	10	10	10.	10	15 $\frac{3}{4}$	15 $\frac{3}{4}$
17	10	10	10.	10	15 $\frac{3}{4}$	15 $\frac{3}{4}$
18.	10 $\frac{1}{4}$	10 $\frac{1}{4}$	10	10	15 $\frac{3}{4}$	15 $\frac{3}{4}$

Christina Hodgson Aet 29. Residing at Floor Wynd admitted Jan. 15<sup>th</sup> 1866 under Prof Laverack with pain in the left side, cough, and dyspnoea. She is married, and has always been quite healthy till the present illness. On Jan. 10<sup>th</sup> she was seized with rigors (for a week before this she had had a slight cold). After the rigors she was attacked with sharp stabbing pain just below the left nipple going through to the back. Till admission the pain has continued preventing her lying on the affected side; is increased by a deep inspiration. She also had cough which was accompanied by ~~sputa~~ expectoration; the sputum being of a rusty colour, and difficult to get up. Her face often became very flushed and the skin hot, which was followed by perspiration. On the 12<sup>th</sup> and 13<sup>th</sup> she applied mustard poultices to the side with some relief.

On admission

Circulatory system. Pulse 112 hard and small cardiac dullness and sounds normal

Respiratory system. Respirations 35 per minute shallow Percussion in front. On the right side rather hyperresonant on the left side, normal in subclavian and mammary regions, marked dullness in infra-mammary region. Posteriorly; percussion normal on the right side; left side: absolute dullness below the angle of scapula Laterally, right side normal, left side marked

dullness in infra-axillary and lateral regions.  
Auscultation. Anteriorly on right side, vesicular murmur is dry and harsh in character. Left side, respiratory sounds very harsh at apex, with an occasional sound as of transmitted friction. Some faint crepitation is heard in mammary region; below this no breath sounds are heard at all; an occasional friction sound can be made out just below the nipple. Posteriorly on the right side; respiratory sounds normal; on the left side crackling is harsh and jerking at the apex, at the angle of the scapula, distinct but very fine crepitation is heard with inspiration, with expiration tubular breathing is heard; lower down no breath sounds seem to be heard at all.

Vocal Resonance. On right side, normal in front slightly increased behind. On left side, slightly increased in supra scapular region; absent both laterally and posteriorly towards the base.

Expectoration viscid, tenacious and foamy; dark in colour but not rusty; not abundant.

Digestive system. Tongue reddish especially at tip and edges; has no appetite but great thirst. Bowels constipated.

Integumentary system. There is a good layer of fat beneath the skin. Face flushed, skin dry and hot; occasional sweats at night.

Nervous system. Severe stinging pain in left mammary and infra-mammary regions going through to the back.

Occasional frontal headache

Genito-Urinary System. Urine very high colored  
Sp. Grav. 1015. Acid reaction, deposits urates and  
phosphates, chlorides deficient in quantity.  
Indican abundant; slight bile pigment.

She was ordered good nourishing diet, 4 oz of  
Port per diem; 5 or 6 oz of blood to be taken  
from the arm, a turpentine stupe to be applied  
to the chest & the following mixture

R<sup>o</sup> Pot. Bicarb      oz. 1/2  
    ℞ Vin              m 40.  
    Aqua Camph ad fl oz 8.

"Two tablespoonfuls every three hours"

Jan 17<sup>th</sup> Five ounces of blood were taken from the  
arm last night, and she expresses herself as much  
relieved; the pain getting much less within 15 minutes  
of the depletion. This morning her face is much less  
flushed. Pulse 104, and softer, and the pain is very  
slight. Physical signs the same as yesterday. The  
blood drawn was much buffed and cupped, and  
was tested for uric acid, but none was found.

Jan 18<sup>th</sup> She scarcely slept at all last night, on account  
of frequent hard cough. Sputa is becoming frothy  
and sometimes has a reddish tinge. Absolute  
dullness extends on the left side, as high as lower  
angle of scapula; on the lower half of the scapula  
the dullness is less marked, and here the vocal

resonance is much increased. Above the spine of the scapula fine crepitation is heard. In front there is distinct crepitation in sub-clavicular region, and upper part of mammary region.

Jan 19<sup>th</sup> This morning she feels much easier. Pulse 100, soft; no pain in the side now. There is very little crepitation heard over the left lung in front. Friction sound is heard about the middle of the scapula, vocal resonance still much increased behind. She was ordered a few drops of Phosphoric acid to be taken in water and used as a drink, as she complained much of thirst. Urine Sp. Grav 1012. amber, mucoid deposit, chlorides diminished, contains lep like pigment.

Jan 20 Pulse 96 Extent of dullness behind is rather less, and there is less crepitation to be heard over lower half of left scapula.

Feb. 5<sup>th</sup> The patient has been improving daily since last note, ~~when~~ but as there is still great dullness at the base of the left lung, Dr. MacLagan ordered  
R. Pulv. Hyd. & Croc. grs iii

ft pulv omni nocte et mane sumend.  
A few drops of Riquor Morphine to be given if this acted too much on the bowels; a blister was also applied round the left side. The pain, which had returned slightly as the dullness diminished, almost left her after this time and she continued to improve till

Feb. 22<sup>th</sup> When the cough was the only thing that troubled

her, though she seems very weak; Sputum is frothy and tinged with blood.

May Murray. Aet 59 Housewife living at Sect's Close was admitted into No 11 Ward under Dr. Laycock, complaining of great difficulty in breathing, cough, and weakness. Nov. 13<sup>th</sup> 1865.

States that her mother died in childbed; her father after an illness of 4 days beginning with pain in the head. She has always been quite healthy till two months since, has had 9 children, 6 of whom were born dead. Has always been quite temperate. Two months ago, when sitting in her room she heard the postman's knock, and as she expected a letter from her son, who is living in America, she ran down the stairs very fast, and when she got up stairs again, she thought she should never regain her breath; at the same time she was seized with shivering. She recovered a little from this however, but occasionally when going about the house, she would have to stop suddenly, feeling as if she were going to die. She lost her appetite, and there was great difficulty in swallowing. The cough, which was at first very slight gradually became worse, and the dyspnoea

Carotid artery also beats much fuller on  
left side than on right

which at the beginning of her illness, was felt only during the paroxysms, is now constant, though much worse when the paroxysm comes on. She gradually got weaker and weaker, and lost flesh very fast. Yesterday she was seized with such a fit of coughing, bringing up large quantities of fluid, that she determined to come to the Infirmary, which she did to day, and was admitted alone.

Nervous system. Right pupil more contracted than left, pain in precordial region

Circulatory system. Pulse soft & full but more compressible on left side than right. There is a bulging at ~~opposite~~ of the wall of the chest opposite the second intercostal space, which extends from the left margin of the sternum about 3 1/2 inches to the right, and is about 2 1/2 inches in extent from above downwards; this bulging is perhaps rather to be felt than to be seen. The skin round the tumor is oedematous, and there is hyperoesthesia all over it, also at the inferior angle of right scapula. Region of cardiac dullness extends up as high as the costal cartilage of second rib, its lower boundaries are about the level of the seventh costal cartilage where it joins the rib; laterally it extends from the middle of the sternum about 3 inches to the right. On auscultation over the swelling a rushing to and fro sound is heard, as the stethoscope approaches the median line the sounds are still heard plainly, and the point of the greatest intensity

Moving

is about  $\frac{1}{2}$  inches from the lower end of the sternum.  
 Respiratory System. Respirations 35 per minute. A tracheal sound as if the trachea was filled with mucus is audible to any bystander. There is great dullness over the whole of the right side of the chest. The respiratory murmur at the apex is so obscured by the to and fro sound already mentioned, that nothing can be made out, towards the base, the respiration is very feeble, and when heard tubular in character, at the back on the right side, expiration is loud and purring, inspiration hardly audible at apex, both sounds being almost inaudible at the base.

Percussion on left side resonant; respiration present in front; expiration prolonged behind, is audible in character, inaudible towards the base. She has violent fits of coughing, bringing up a little thin fluid somewhat frothy, and which Dr. Boycock declared to be the characteristic oedematous sputum.

Genito-Urinary System. Menstruation ceased about 14 years since; at that time she lost the use of her tongue one morning, and the hair on the left side of her head became grey. Urine Sp. Grav. 1018. Acid dark amber colour, contains no albumen.

Digestive system. Tongue clean & moist; bowels open; no appetite and when she does take anything, it seems not to go any further than the pit of the stomach.

Judgement any system. Skin harsh and dry, unpleased, fits her loosely, has evidently lost flesh lately; not very clean.

Temperament Leuco-Phlegmatic

Nov. 14<sup>th</sup> Prof. Laycock saw her this morning, and ordered a warm bath.

15<sup>th</sup> Pulse 70. Respirations 20 per minute, was much troubled with cough last night; tongue moist and clean; has taken very little food; there seems to be a slight impulse over the bulging of the chest. She was ordered the following

R. Sp. Chloroformi fl. oz. i  
Resine Camph. ad fl. oz. xii

"Two tables spoonfuls to be taken when the cough is troublesome"

R. Pot. Iodidi. gr. v  
Inf. Quassiae. fl. oz. i

ft. dose ter die sumend.

Urine Sp. Grav. 1020 acid; contains a large quantity of triple phosphates.

From this time she seemed to improve slowly till Dec 2<sup>nd</sup> when as she insisted on going home, she was discharged very much relieved.

Dec 13<sup>th</sup> She was again admitted, with exactly the same symptoms as before, though they were rather increased in intensity. The respiration is now 40 per minute; her pulse is 100 very weak and irregular; bowels open; tongue covered with a thick fur of dirtyish white color

Dec 15<sup>th</sup> Last night about 8-0 clock, she had a sudden faint nap, became very cold, almost pulseless, tongue felt flabby, and breath was colder than natural to the hand; eyes were half opened and glazed, and altogether she appeared quite moribund

Hot bottles were ordered to the feet, a hot poultice to the feet ~~and~~ abdomen, and a teaspoonful of wine with one of hot water every ten minutes, till some effect was produced upon the pulse. When the House Physician saw her he ordered brandy in the place of the wine; the faintness gradually went off, and this morning though still very weak, she is much easier.

Dec 16<sup>th</sup> - The dyspnoea is getting very terrible for her, and being very importunate for something to be done to relieve her. 4oz of blood were taken from the arm, and though she was somewhat restless after it, her respiration became easier; pulse is 110 frequency of respiration 40 per minute. Large crepitation is heard over both sides of the chest in front.

Dec 18<sup>th</sup> Her breathing is now 30, pulse 100; says she feels a great deal easier altogether; countenance less anxious. Urine olive 1020. Nitric deposit; contains a great quantity of urates, and some phosphates; this morning took a little meat the first for 14 or 15 days.

Dec 25<sup>th</sup> - Since last note her pulse has got gradually weaker; it is now 106. Urates have disappeared but phosphates have increased in urine. No breath sounds can be heard on the right side of the chest at all, and it is quite dull upon percussion; the expectoration is quite unobtrusive colored, and is small in quantity. On the left side of the chest the respiration is loud, but there are coarse rales all over it; the dullness over the sternum, which is on a level with the 2<sup>nd</sup> and 3<sup>rd</sup> ribs, is perhaps slightly increased in extent.

This morning between 12 and 1-o'clock, she seemed again to be almost moribund; she was covered with a cold sweat. the pulse could hardly be felt at the wrist, and there was coldness of the extremities. Hot bottles were put to the feet, a mustard and meal poultice to the abdomen, and a teaspoonful of wine and brandy mixed, was given every 10 minutes, till the pulse was again felt at the wrist; in the course of half an hour she began to rally, and this morning she has recovered so far as to be much in the same state as yesterday.

Dec. 28<sup>th</sup> Yesterday and to day she has continued about the same, but seems to be very discontented with what was being done for her, and so her son took her out. I have since heard that she died on the following day.

Mary Skinner. Aetat 55. Farmer's wife was admitted into No 11 Ward Nov. 24<sup>th</sup> 1865 with symptoms of aneurism of the arch of the aorta.

She has always been very healthy till her present illness, though she has gone through a great deal of hardship, and worked very hard. She is now living with her husband, near Jain in Hampshire, of which place she is a native, having a small farm there. Eight or ~~9~~<sup>nine</sup> weeks ago, she first began to complain of a feeling of fullness about the head; and

also stiffness and soreness about the neck. This discomfort went on increasing, and caused her a great deal of pain, whenever she lied down. About 5 weeks ago her head and left ear became very painful, the pain being worse at night. At present, she is unable to give a good cough, (though she often has the desire) or to raise her left arm to her head.

Present State

Circulatory System. Pulse 92. Full, dicrotic, artery sinuous. Heart's apex beats strongly between fifth and sixth ribs  $\frac{13}{4}$  inches below and  $\frac{1}{4}$  inch to the inner side of the centre of the nipple. Impulse distinctly visible. A pulsating tumor can be both felt and seen, just above the notch in the sternum, and also at the right side of the neck, just above and below the clavicle. Pulsation of both carotids, and right sub-clavian is distinctly visible. The right carotid seems to merge into the tumor, an inch above the clavicle, on the outer side of the sternomastoid muscle.

The left carotid pulsates less strongly than the right and appears to be distinct from the tumor, as low as the clavicle. The Pulsation of the right sub-clavian gives a peculiar thrilling sensation to the finger, which is present in a less marked degree in the carotid.

Cardiac dullness extends from midway between the 3<sup>rd</sup> and 4<sup>th</sup> rib.  $2\frac{1}{2}$  inches vertically downwards and from about an inch to the right of the centre of the sternum  $3\frac{1}{2}$  inches transversely to the left. The heart sounds are much obscured by a rushing to and fro sound, which is heard most distinctly over the

upper end of the sternum, or over the lower part of the right side of the neck. This sound is so loud, that being transmitted it quite drowns the natural sounds of the heart.

Respiratory System. Respirations 25 per minute. Percussion and Auscultation normal; the chest measures 30 1/4 inches in circumference above the nipple, after expiration, increasing 3/4 inch on inspiration. Some cough, but no expectoration.

Digestive System. Tongue moist, red & fissured in the center, smooth and greyish at the margins; has entirely lost her appetite; there seems to be slight dysphagia, though there is no pain after food. Bowels very constipated.

Genito-Urinary System. She has had three children; has ceased to menstruate for some years. Urine Reddish.

Sp Grav. 1025 mucous cloud; acid reaction; no albumen; chlorides normal; trace of phosphates, indican, oxalates and cells very much resembling pus.

Integumentary System. Countenance florid, fair complexion. Rheumatic diathesis strongly marked; temperament sanguine.

Nervous System. She lies on her back and sits up alternately, as the pain is much increased by her lying down long together. For the last two or three weeks has had shooting pains in her left ear, and left side of head and neck. She was ordered.

℞. Sp. Alth. Sulph. fl. oz 1/2  
Aquea Camph ad fl oz 8.

Two tablespoonfuls every three hours

Nov. 27. She thinks she has caught cold; dry and harsh

Breathing is heard, with chonchus here and there over both sides of the chest. Urine is light amber. Sp. Grav. 1.020. no cloud or deposit; very acid; was ordered

R. Sp. chloroformi. fl oz 1.

℞ Camph & Oil fl oz  $\frac{1}{2}$

℞ lique Cinnamon ad fl oz 8 ℞.

This tablespoonfuls every four hours

Nov. 30<sup>th</sup> Dyspnoea increased very much since last note. Urine same as on 24<sup>th</sup> except that it is lighter in colour. As the pain at the upper part of the chest is much increased, she was ordered a piece of lint dipped in solution of morphia to be applied over the painful part. Also to take Pil Col. Co. & Hyoscy grs  $\frac{x}{2}$  at bed time

Dec 3<sup>rd</sup> Since last note, the dyspnoea seems to be getting worse and worse; the pain in the head, and the sense of suffocation is very terrible; was ordered yesterday to be bled to 4 oz; this relieved her very much, the cough which had become very troublesome, is now much softer and easier, and she has slight ~~ruminal~~ ruminal expectoration. Percussion is somewhat duller posteriorly on the left side, than on the right, and moist sounds are now heard over both lungs.

Dec. 5<sup>th</sup> She continued to be easier after the bleeding till yesterday, when the dyspnoea again became very troublesome. Pulse  $\frac{7}{4}$ . Breathing is harsh in character, and bronchophony is heard over both lungs. Sputum is much more viscid and tenacious

Dec 18. Since last note she has been much about the same till the present time, having paroxysms of pain and dyspnoea occasionally, which were slightly removed by the administration of chloroform, and painting with Belladonna Liniment. Her bed was changed on the 15<sup>th</sup> and she now occupies one, by which the head and upper part of the body can be raised, or lowered at pleasure

Jan 14<sup>th</sup>. She went on much the same till to-day, having sometimes a small dose of chlorodyne, or a subcutaneous injection of 10 minims of the solution of Bicarbonate of Morphine (9grs to fl.oz!) at bed time with great relief. To-day however as her dyspnoea was very great she was again bled, but only 1/2 fl.oz were taken, and it was followed by little or no relief.

Jan 30<sup>th</sup> Dysphagia is now becoming a prominent symptom. She thinks that the first bleeding relieved her so much that she wants it to be tried again, though the last was unsuccessful. She was ordered

R. Ft. Bromidi . grs 50.  
F<sup>o</sup> Digitalis fl. dr. iii  
Aque Cinnamon. ad fl.oz viii ℥ss.

Two tablespoons every 4 hours.

Jan 31<sup>st</sup>. Slept very little, the cough troubled her very much the pulse to-day is very quick and jerking; was ordered by Prof Laycock to be bled to 6oz, which however was not done, as Prof MacLagan who took charge of the Clinical Wards on the following day counter ordered it

△ she could not touch anything

Feb. 2<sup>nd</sup> The dyspnoea being still very bad, and heart's action very tumultuous, she was ordered.

R. ℞ Acridi fl dr. 1 $\frac{1}{2}$

Aque ad fl oz 6 ℞

A tablespoonfull to be taken three times a day.

Feb. 12<sup>th</sup> The dyspnoea and dysphagia have not been improved at all by the last prescription; dry cupping between the shoulders tried to day, with very little success.

Feb. 21<sup>st</sup> Six ounces of blood were taken from the arm by Dr. Wolsten with great relief to the dyspnoea.

Feb. 26<sup>th</sup> The cough is now troubling her a great deal, and there is a difficulty in expectorating, the sputum seems to be almost entirely composed of pus. She was ordered

R. ℞ Sp. Chloroformi fl drs 6.

℞ Camph & Opio fl. drs 6.

Decoct Sengoe ad fl oz 12. ℞

Two tablespoonfuls to be taken every four hours

March 2<sup>nd</sup> She still continues very bad; suffering greatly from paroxysms of pain, and feeling at this time as if she were going to die; she had an attack last night, which was relieved by chloroform; bronchitic symptoms much aggravated, Dysphagia increasing greatly.

March 13<sup>th</sup> Since last note the dysphagia has got much worse, and two days last week till she got her usual injection of 30 drops of solution of morphia. The upper part of the sternum and the right clavicle are now very prominent

the latter seeming to be somewhat loose.  
The pulse is now not near so full as it was, and  
is about 88 per minute. She is still in the hospital

*See Report in Annex of Last Issue 25*

Perhaps there is no fact more astonishing to the student, in the whole history of medicine, than the change of practice, which has taken place with regard to the use of the Lancet; so great is this change that if a student were formerly shown this instrument, and asked what it was used for, he would have replied at once that it was chiefly used for venesection; but if a student were to be shown the instrument now, and asked the same question, he would most probably say its chief use was for vaccination, and opening small abscesses. There have been two views propounded with respect to this change, one being the very simple one, "that practitioners were formerly altogether wrong in their use of the lancet and that we are altogether right" the other being "that the change is not due to the increased knowledge, that we have got upon diseases, since the lancet was so much in fashion, but that it is due to change in the nature of diseases themselves, or in the constitution of those subject to these diseases". Curiously enough the ablest advocates of both these views have been connected with the Edinburgh School - viz. Prof. Bennett maintaining the ~~first~~ <sup>former</sup> of these views, together with Prof. Syme, of (as his address upon purpura at the last meeting of the British Medical Association showed), and Prof. Alison Prof. Christison, and Prof. Laycock holding the latter opinion.

I propose here to examine a few of the arguments

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adduced by both sides, and firstly there is the argument that inflammation (for which bleeding was very much used) is and must be always the same in its nature, as proved by the fact, that no differences have been observed in the morbid anatomy of inflammation, since accurate post-mortem observations have been made. Now this very fact was disputed by Prof Stokes last year in his inaugural address to the British Medical Association; for he said that in Pneumonia formerly, coagulable lymph was thrown out in large quantity, becoming very firm, and ~~having~~ <sup>there was</sup> slight tendency ~~to go on~~ to suppuration, whereas now the lymph that is thrown out does not coagulate so firmly, is more friable and easily broken down, and there is now greater tendency ~~to go on~~ to suppuration. Now upon this point it is very material to notice that Prof Stokes, having been engaged in the practice of medicine before the change in type, as it is called, is said to have taken place, and being confessedly, one of the most accurate of observers, speaks with great authority; and this is especially the case, as those who hold the opposite opinion have for the most part been men, who have been observers, only since the time when the change in disease was said to have occurred.

But supposing that the morbid anatomy of Pneumonia is now exactly the same as it ever was, the local phenomena ~~do~~ not constitute the whole of the disease, as Prof Christison has

+ that is a greater proportion

noticed in a paper sent to the Edinburgh Medical Journal of 1868. (Jan<sup>r</sup> and July). The essence of the disease as is there mentioned may be and probably is the same now as it was in the days of Hippocrates; but that is not all, the disturbance of the circulation though not always present, is so seldom absent that it must be taken into account in the treatment of inflammation, and unless Dr Bennett means to say that there is no difference at all in patients, in the constitutional symptoms which accompany inflammation, his objection that the essence of inflammation is the same now as it ever was, will not hold water at all.

Another objection is, that if disease is of a more asthenic type now than fifty years ago, that more of the soldiers wounded in the Crimea should have died, than of those having the same kind of injuries at Waterloo and in the Peninsular war. Now the people who bring forward this objection, entirely ignore the fact, that on account of an improved style of surgery altogether, the mortality of injuries and operations of every kind have been much diminished, notwithstanding the asthenic character of the constitutional symptoms which are observed after injuries; and again when we take into consideration the rapaciousness of the army authorities, the obstinacy with which they will sometimes insist on having men moved here and there, without reference to the sanitary conditions of the places to which they are moving them,

(though even they at last have come to see the necessity of sanitary precautions in these days) I do not think that these returns from the army will suffice to ~~overcome~~ overcome the mass of facts brought forward upon the other side of the question.

Another argument is that along with the disuse of the lancet by those who undertake to treat human beings, there has been a corresponding disuse of it by veterinary surgeons and cattle doctors, and then the objectors triumphantly ask "Has there also been a change of type with regard to diseases in cattle"? To this I can only answer that I have not studied the facts of the case with reference to cattle, though I think a great deal might be brought forward to prove that animals too, have been subject to some influence producing a change in their constitutions. I believe it is a pretty well known fact that Stormandy was the first pony horse that won the Derby for several years. The hypothesis which has been suggested by Dr. Christison would apply equally well to explain the change of type in cattle, as in man - viz as he puts it in the following words "When we know that the nervous energy may be powerfully influenced in Asthma, Neuralgia, and other diseases, by atmospheric agencies of mysterious import, and

Facts like these indeed seem to me  
to be an answer to all the arguments  
upon the opposite side.

of which temperature, moisture, barometrical pressure, and electric state can give us no adequate account, it is no vain hypothesis, that some such unseen agency, exerted enduringly, or frequently on the body, may so modify the governing power of the nervous system, as to suspend for a time a change in the constitutional part of fever." I have no doubt that for fevers he would put diseases generally, as we cannot well conceive a mysterious agency of this kind acting upon the body, so as to produce the asthenic type of disease, in fevers only and not in other diseases.

But as far as objections, drawn from the observation of animals, are concerned I do not see how the objectors can get over the fact that Prof. Christison, points to <sup>in</sup> a lecture given in 1836 in which he says that fevers had changed their type since 1834, and that they did not bear bleeding so well, but they bore stimulants better than they had done previous to that date. And then again he relates how he had a third attack of what he describes as "Synocha" in the autumn of 1819, for which having been bled to 14 oz and then feeling faint, he insisted on having other 16 oz drawn making 30 oz in all; and this vigorous practice was followed with great benefit, not only in his own case, but in those of others, the mortality

Perhaps I should say the constitution of patients

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not being more than 1 in 22. This to my mind is the most conclusive proof of all, for I am well convinced that in the present state of things, no physician could pick out 22 patients, from those coming into the Infirmary, and take 30 ounces of blood from each without killing more than 1 of them.

There is also another set of facts, which cannot be explained upon any other supposition than that diseases are now of a more asthenic type than formerly, excepting we suppose those who bring them forward to be natural fools. It is well known, that formerly in country practices the peasants used to come every spring and fall to be bled from the arm; now some few physicians carried on this practice for many years after the rest had given it up; among others was a Dr Brown of Rochester, who continued ~~the~~ the practice till quite lately, and he says, that whereas patients could formerly bear to lose 14 oz to 16 oz of blood without fainting, they could not bear now to lose more than 4 oz to 6 oz.

To these facts may be added that the older physicians such as Cullen, quite recognised that epidemics of fevers not only differed as far as the rate of mortality was concerned, but also that the tendency to death was by different ways in different epidemics; for instance in some the tendency to death was by fainting, in others by active delirium followed

by coma, and in laying down the rules for bleeding, he mentions that the practitioner is to be guided in his conduct, by the nature of the epidemic.

Having received my medical education at a school, where more perhaps had been done to put a stop to the practise of venesection, and to initiate the ~~giving~~ practice of giving stimulants, in disease, than in any other, and never having seen a person bled, it may be expected that I watched the cases recorded above with great interest, and I must say that if any deduction at all can be drawn from the cases narrated with regard to the theory of the change of type in disease, they would go to prove that there has been a very great change indeed. But I do not think that any such conclusion could be fairly drawn, for two reasons, firstly that the cases narrated are so few in number, and secondly the venesection was only practised in most of the cases to give relief for the time and not to cure, still however these cases were very interesting to me, as it is quite certain that in some cases where death is imminent in a longer or shorter time, it is justifiable to do almost anything to relieve the patient, since the next best thing to ~~to~~ prolonging life, is to make death easy.

Now an Analysis of these cases gives the following results gives 7 cases and 3 deaths, and 3 of those who are still alive much relieved ~~at~~ temporarily, 1 out of these 3 being so much relieved as to be able to go out and return to his employment. The three deaths were the men Mr. Losky and Rogan and the woman Murray. Now the case of Mr. Losky, was one of those in which the constitution had been entirely undermined and broken down by drink, and in which there was little or no hope from the first, and at the time he was bled, he was evidently sinking, and the bleeding in fact was not done with any hope of prolonging life, but merely with the hope of making death easier; and on the whole I am inclined to think that he was much easier after it, for though the dyspnoea returned, it was never so bad as before the venesection was performed.

The case of Rogan, was one which assimilated itself to pueria <sup>many</sup> in ~~many~~ of its characters, he was a man who had suffered many hardships having been exposed to all weathers, and <sup>having been</sup> in a chronic state of starvation for many years, and as the disease went on and the haematuria increased it became certain that he was not going to get any better. I do.

not think that the cupping relieved him to any marked extent, but as the disease went on he seemed to lose all consciousness to external impressions, and it is to be hoped to all sense of discomfort too.

In the case of Mrs. Murray, all hope of cure was entirely gone, and it was only a question whether she could be relieved; and in her case it was a most important question, for aneurism is one of those diseases, which often progresses very slowly, the patient being likely to live many weeks or even months, and it is of course a most important thing that the patient should have as much comfort as possible during that time: Bearing this in mind I think that the relief given to Mrs. Murray, was as much as can reasonably be expected from any remedy in that formidable disease, either by physician or patient. Before taking leave of this case I may say, that there is one very interesting fact connected with her history, bearing upon the theory so strongly supported by Dr. Hughlings Jackson of the London Hospital, viz that at the change of life she suddenly lost her speech one morning, and the hair on the left side of her head, became grey in front, and even when she came into the hospital the hair on the left side was a shade lighter than that on the right. Unfortunately we did not get an opportunity of examining

the brain, or indeed any other organ after death.

The case of David Sounds though very interesting as a case of ileus, cured by the administration of opium, and large enemata, was perhaps the only one in which bleeding was followed by no relief at all.

The case of Matthieson is perhaps the most interesting of all in this respect, that this was the only one in which the temporary relief produced by the bleeding, ~~was~~ became permanent; and this was more remarkable as his was one of those cases, in which we do not expect to get a complete cure; but though he was not cured when he went out, that is to say the bad symptoms were all likely to return again if he exposed himself too much to atmospheric changes, yet he was so far relieved as to be able to go out of the hospital and about his ordinary work again.

The case of the woman Christina Hodgson, is remarkable in this respect, that the relief was more speedy, and much greater in her case than in any of the others; it however was not permanent, she remained in the hospital for a long time, for though I have only got the notes of her case down to Feb. 28<sup>th</sup> she remained in the hospital till March 18<sup>th</sup>, was still very debilitated when she went

much like those

out and symptoms of incipient phthisis had developed themselves.

The case of Mrs Skinner is the only one in which the bleeding was repeated, and this at her own desire. This of course was a case in which permanent relief was not expected, but the relief which she obtained for several days after the first bleeding was very great indeed; and she herself had so much faith in it that she was continually clamouring for it to be done again when she got worse.

The second bleeding when 1/2 oz of blood only were taken, as the Horse Physician could not get the vein to bleed, on account of its having been opened many times before, could not be expected to give much relief, nor did it do so. The third bleeding however was followed by marked relief for several days, and this leads to me to say what I think to be the indications for ~~the~~ treatment, and the means of fulfilling those indications that we have at command, in cases of Aneurism. (I mean medical treatment).

- I believe it is pretty well agreed that the indications for treatment are
- Firstly - The diminishing of the force of the heart.
- Secondly - The diminishing of the volume of the blood; and

Thirdly; To increase the coagulability of the blood.

How are these indications to be fulfilled? Well the first indication is to be fulfilled by keeping the patient at rest; if he or she is in the habit of taking stimulants to knock them off, and if the patient has not contracted the habit, to be careful not to give him any stimulants, either in the shape of alcohol, ether, ammonia or any other shape; though in this matter one must not be dogmatic, ~~and~~ <sup>but</sup> must be guided by the symptoms in each case; and thirdly ~~the second~~ he may be given those medicines which diminish the force of the heart, such as Digitalis, Acetate &c.

The second indication, was formerly always fulfilled in one way, viz by drawing fluid out of the blood either by means of the lancet, or by means of cathartics, diuretics, sudorifics &c; but it is obvious that if we prevent fluids from going ~~to~~ into the blood we shall have at least quite as certain a mode of <sup>lessening</sup> ~~restricting~~ the amount of the volume of the blood, and this could be done by restricting the amount of fluid, which the patient takes, and there is no reason why these two modes of diminishing the volume of the blood, may not be tried at one and the same time. In fact the dry treatment

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which has been proposed for many diseases would seem to be a most admirable one for the treatment of aneurism, and if I were suffering from the disease myself, I would restrict the amount of fluid I took to the smallest possible quantity; at the same time bleeding and evacuants might be tried, or not according to the opinions of the physician in attendance. The third indication is very difficult to fulfill, but it is quite clear what we should not do, we should not give those drugs which are known to increase the fluidity of the blood such as the alkalis and their salts, and we should be especially on our guard against giving ammonia, because this not only increases the fluidity of the blood, but also the force of the circulation. For increasing the coagulability of the blood, some have great faith in gallic or tannic acid, some in perchloride or persulfate of iron, some in acetate of lead &c. and some in mineral acids, I think I should be most inclined to try these latter, though it would be entirely on theoretical grounds, and I confess I have no facts to show that they are of any use or not. I have only to say further with regard to the treatment of aneurism, that Mr Skimm seemed to be on the whole more benefitted.

by the hypodermic injection of morphia than by any other single thing.

There is also no other case which I have not reported along with the others, because I have not the time to report it so fully as I should like. Her name is Janet Watson Petat 29 Cook and Single was admitted Nov. 24<sup>th</sup> 1865, with scarlatina, she had no albuminuria, but her recovery was much retarded by rheumatic? pains flying about the body, she however went out of the hospital on Jan<sup>y</sup> 4<sup>th</sup> /66, but the pains became so bad that she was re-admitted on Jan<sup>y</sup> 8<sup>th</sup>, the pain being chiefly on the left side of the chest, about the margin of the lower ribs, she also perspired a great deal, with intermissions of pyrexia, and there were many symptoms of hysteria, especially the globus hystericus, which was very well marked; there was also great tenderness in the region of the left ovary, pressure over it bringing on the sensation of the globus in the throat. On Jan<sup>y</sup> 9 she was bled to 6 oz, which gave her some temporary relief. Jan. 12<sup>th</sup> she had six leeches applied over the seat of pain, which eased her considerably, and the next day the menses flowed profusely; this relieved her considerably for the time, but she gradually fell back, the right ovary becoming also affected, if one could

judge from the tenderness upon pressure.

Feb. 12<sup>th</sup> Three leeches were applied over each ovary, the pain was alleviated, but no menstrual discharge was induced as before. She however again got worse after this and was ordered first one thing and then another to relieve the symptoms as they arose, till March 4<sup>th</sup> when about a tea-cup full of purulent matter was passed per vaginam, with great relief to her, since this time she has been slowly improving, but is still in the Hospital (March 24<sup>th</sup>).

I do not think that there is anything in this case to make one very enthusiastic about bleeding; it relieved her very little at the time, and though I do not know, that any one could say that it ~~shortened~~ her disease, I am quite sure that no one could say it shortened it.

And now after this brief summary upon the cases, and considering them fairly, I do not think they will in any way tend to make us follow the practice of bleeding as our forefathers did. But the conclusion I have come to is, that these cases tend to show, that when death is inevitable in a longer or shorter period, that it is the proper practice to relieve your patient by any means, which you can, and that bleeding is undoubtedly one of those means.

lengthened

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But the only two cases, in which it could be said that there was acute inflammation present, with the pyrexia attendant upon it viz in the women Hodgson and Watson, were on the whole I think very little benefited by the bleeding, though the temporary relief which the former of these two obtained was quite marvellous to me, who had never seen bleeding tried before these cases. And on the whole I do not think that there is sufficient in these cases, to make one think that the lancet is a panacea for all the ills that flesh is heir to. I cannot conclude without expressing my thanks to Professors Layscock, Macdagan, and Christison; ~~the two~~ for their great kindness to me, a complete stranger to them, and I shall ever remember with gratitude, the manner with which they have directed, and assisted me in my studies, in whatever position or whatever part of the world, it may please God to place me.

James Innes.

In R. G. S. & R. G. S. hand