

Original Communications.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

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IN reading the valuable and interesting paper by Dr. Ransome, of Bowdon, Cheshire, "On the Need of Combined Medical Observation", I was particularly struck with the following remarks.

Speaking of the literary labours of the medical profession, Dr. Ransome observes: "All the more curious and rare forms of disease are thus brought to light, and carefully studied. Eminent men connected with hospitals contribute the results of their experience in the treatment of intricate or dangerous cases, and give their opinion upon difficult questions of diagnosis or pathology. In truth, our officers fight well; but the rank and file of the profession, more trained to observe, and thoroughly capable of giving material aid, yet find no direction pointed out, in which they might also push on the advance of their science. There still remain to be gathered in many items of observation, each, by itself, apparently unworthy of record and too unimportant to advance the reputation of any one, which, when massed together, would form a most valuable store of evidence."

It is to this "rank and file", or, in other words, the busy, practical, general practitioner—he who is accustomed to deduce facts from his own experienced observations, and who is ready and anxious, in return, to receive short practical deductions from the daily observation of others—that the incalculable value of the record of "combined medical observation" must especially apply.

When we consider the enormous amount of practical lore that might be culled from the observation of a portion only of the members of our large Association, were that to be, systematically and in a few words, committed to paper, we can only regret that so much valuable matter is lost to the profession, and which would, if duly registered, prove of such inestimable assistance to the young practitioner.

Often, in my own neighbourhood, when I have asked my busy medical friends why they do not briefly jot down the result of their own every day valuable experience, have I been met with the following replies: "I have no time"; or, "Anything that I could say would be of no value"; or, "To detail a case properly would occupy more time than I can afford." Now, it is to this latter reply that I would mainly advert.

I have constantly heard it asked, "Why do not our journals contain shorter and more practical papers; inasmuch as it is impossible that the mind, harassed and over-fatigued with its daily round of toil, can appreciate or digest the more lengthy, yet more valuable, matter that is weekly put before us?"

While inculcating the advantages which I think would obtain by the record of the large experience of busy practitioners, scattered over different districts, and accumulated under different circumstances, I would by no means ignore, or in any way depreciate, the great value of the labours of those who, from possessing more time and talent, are enabled to give the result of their deeper researches towards the unravelling of the more intricate phenomena of disease.

It appears to me, however, that what we require in

addition, is a brief, but faithful, detail of facts, emanating from every grade of practitioner, and giving the results of his personal experience; more particularly in reference to the value of remedies, the effects of atmospheric changes, and the influence of locality; and, also, the importance of particular symptoms, with a view to a correct diagnosis. The collection of facts bearing upon these points may appear trivial to him who is called upon to make them; but, in the aggregate, they cannot but prove of inestimable value, as the result of concurrent labour, worked out in different localities and under varying circumstances, but each having the same grand object in view; viz., the advancement of his profession, and the good of his fellow man.

Having made these observations, I propose now to give a cursory detail of the class of cases that have presented themselves as out-patients within the last two years at our local hospital. In doing so, I shall confine myself to those that have fallen under my own care; making such brief remarks upon symptoms and treatment as the nature of the case may warrant.

The town of Ipswich stands in a valley, in the midst of a purely agricultural district. The locality, in warm weather, especially for the young and to those unacclimatised, is relaxing; and, consequently, we find disease assuming, more or less, the asthenic type. Acute diseases, as obtaining among out-patients, is very rare; but the more chronic and tedious forms present themselves in almost every variety for relief; and this is especially seen in the different forms of pulmonary and gastric disorder.

In noticing the diseases classed under the several heads, I shall consider them in reference to their frequency of occurrence.

NERVOUS SYSTEM.

1. *Cerebral Congestion.* This is a common form of complaint; and, when not arising from direct cardiac disease, it may be more frequently attributed to a deficient propelling power of the heart, and a turgid, languid condition of the venous system generally. Atmospheric influence, with the depressing effect of long continued east winds, greatly aggravate the congestive tendency.

The patient complains of "confusion", headache, and depression of spirits, giddiness, singing in the ears, muscæ and sometimes scintillations, and occasional nausea, although this seldom amounts to actual vomiting.

In the more severe cases, cupping between the shoulders has acted most favourably. Repeated blisters behind the ears; and, if the symptoms be obstinate, a seton in the nape of the neck, are useful. The bichloride of mercury is certainly useful in this affection. Ammonia, with the spirit of nitrous ether and tincture of colchicum; and acting steadily upon the bowels with neutral salts in occasional combination with the compound decoction of aloes should be employed.

The urine should be always carefully tested, both for albumen, oxalates, and excess of uric acid.

2. *Neuralgia.* The forms which this affection has presented during the two years have been Facial Neuralgia; Hemicrania; and Sciatica.

Facial neuralgia, when not depending upon decayed teeth or intracranial disease, may, in general, be traced to one of two exciting causes: 1, a general deficiency of nerve-tone, the result sometimes of malaria; and 2, which among all classes is a very common excitant—viz., a deranged condition of the digestive organs. In the treatment of the first variety, quinine, with or without cod-liver oil, will often effect a speedy cure; but I have, as a rule, found drachm doses of the sesquioxide of iron of the *London Pharmacopœia* more to be relied on.

Regulation of the bowels and attention to diet are, of course, very important auxiliaries.

In the treatment of the second, or gastric variety of facial neuralgia, the duration of the complaint is, I believe, often much prolonged by the too early exhibition of tonics, especially quinine. I have so frequently seen the pain, which had been agonising, subside so unmistakably upon the withdrawal of the quinine, and the substitution of an antacid digestive mixture, that I have no misgivings in jotting down this hint as one to be borne in mind. An useful formula is the following (*Lond. Phar.*):

℞ Potassæ bicarbonatis ʒiiss; potassæ nitratis ʒss; tincturæ hyoscyami, spiritus ammoniæ aromatis, a ʒij; ætheris chlorici ʒj; misturæ camp. ad ʒviij. M.

One sixth part to be taken three times a day.

With this, I give compound rhubarb pill at night; regulating the diet, and directing sherry (with water) to be substituted for malt liquor.

The case of hemicrania was a very severe one, resisting for a long time all remedies. It yielded at last, however, to arsenic and cod-liver oil.

The sciatica cases were also severe in character, and somewhat obstinate. In them, I certainly saw great benefit accrue from the purgative formula of (I believe) Mr. Hancock, of Charing Cross Hospital.

℞ Olei tiglii mʒ; pilulæ colocynth. comp. gr. viij; extract hyoscyami, pilulæ hydrargyri, a gr. iv. M. Make four pills.

Two of these pills are to be given every second or third night, so as to ensure free purgation. This plan of treatment is certainly valuable. Of the direct tonics, provided the stomach be in a condition to receive them, the most efficacious will be found to be the sesquioxide of iron, in drachm doses, with cod-liver oil. I have seen benefit also from the extract of stramonium, in doses of half a grain, increased to one grain, every four hours. Guaiacum sometimes does good; but very frequently it fails. If a syphilitic taint be suspected, the iodide of potassium, with the bichloride of mercury, will be the proper remedies. Large blisters along the course of the nerve often afford much, and permanent, relief; and I have seen the hypodermic injection of a solution of morphia relieve the pain almost instantaneously. The cases giving rise to these notes having been purely functional, I do not here include such as depend upon the pressure of a tumour or a portion of necrosed bone. In forming a diagnosis and prognosis, however, this should not be lost sight of.

3. *Chorea*. The disease next in frequency is chorea. The cases treated as out-patients have not been severe; as the only two aggravated instances were advised to become in-patients, and were admitted as such.

One case only deserves a passing remark, inasmuch as the disease was confined to the muscles of the face and neck, the extremities being unaffected. In this patient, the eyes blinked continually, and the mouth, when opened, was closed with a sudden snapping motion. The head also, at the height of the attack was twitched continually towards either shoulder.

In the treatment of a case of chorea as an out-patient, the great obstacle lies in the difficulty of ensuring a diet sufficiently nutritious, with the additional stimulus of wine. These are remedial adjuvants of such importance, that it is thought by some practitioners that, with a nutritious diet, with wine, medicine, if necessary at all, plays but a very secondary part in the treatment. I have been so well satisfied with the result obtained from arsenic, that I have entirely depended upon Fowler's solution in the treatment, provided merely that the digestive

organs be not disordered, nor the bowels much confined. Occasionally a blister to the nape of the neck will be found of signal service.

4. *Epilepsy*. The cases of epilepsy that have presented in the last two years among our out-patients have been fewer in number than have obtained in previous years. Two of these cases have been functional only, depending upon the period of puberty in both sexes.

In the treatment, if the attack be slight, I have been satisfied with the application of a blister to the nape of the neck. If, on the contrary, the disease be of a severe character, and the fits of frequent occurrence, I believe that no remedy acts with such good prospect of success as a seton at the same spot.

Of medicines given internally, I think that I have seen decided benefit follow the use of the bromide of potassium, in doses of five grains, increased, if necessary, to ten grains, three times a day. With this may be combined the ammoniated tincture of valerian. Steel, zinc, and arsenic, in the milder cases, are also valuable remedies. The beneficial effect of nitrate of silver has, I think, been much overrated. It must be borne in mind, however, that, in uncomplicated epilepsy, every new remedy for a time appears to do good.

The diet should be nutritious, with wine rather than malt liquor; and all over-fatigue, with mental excitement, strictly prohibited.

[To be continued.]

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

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THE course of these papers having been unavoidably interrupted, it becomes necessary to recapitulate the argument which the illustrations were intended to support. In the first papers, Melancholy was described; first, in its most simple form; next, with intellectual disturbance; then, with prominent motor symptoms—that is, in some cases with restless activity of motion, in others with a fixed and semicataleptic inactivity. After that, cases of Mania were given; and it was shown that, as a rule, all cases of acute mania commence with a melancholic stage—that the states of melancholy and mania run imperceptibly together, so that there is no evidence of any pathological difference between these different forms of insanity.

That a stage of melancholy ushers in a very large proportion of all cases of insanity is beyond question. It is the commencement as well as the chief portion of those attacks, to which the name of Melancholia is given; and we have seen that it also ushers in typical cases of mania. That every variety of mental disease has a primary melancholic stage has been doubted and denied. The question is an important one on many accounts; and therefore I have analysed all the new cases that came under my observation during the year 1863 at Hanwell, excepting the cases of general paralysis, epilepsy, and idiocy. I find that there were 198 admissions; and of these 32 belonged to some form of mania. The history of the disease was complete, however, in only 18 of these 32; and there was a distinct and well marked premonitory stage of melancholy in 13, and none in 5 only.

These five cases, without a melancholic stage pre-