LONDON JOURNAL OF MEDICINE,

A MONTHLY

Record of the Medical Sciences.

SEPTEMBER 1851.—No. XXXIII.

ORIGINAL COMMUNICATIONS.

ILLUSTRATIONS OF THE DIFFICULTIES WHICH BESET THE DIAGNOSIS OF SOME CASES OF DISEASE.

By THOMAS POYSER, Esq., F.R.C.S.Eng.

(Continued from p. 733 of Volume for 1850.)

I PUBLISHED in the LONDON JOURNAL OF MEDICINE, for August 1850, some observations under the above title; and the following remarks are offered in farther elucidation of the same subject.

It has appeared to me that (in the country at least) we pay less attention to diagnosis, than to therapeutics. We are too apt to prescribe before the disease has fully developed itself; or before we know its precise nature, or the organ affected. Do we not sometimes, by a too precipitate recourse to potent medicines, interfere with the remedial efforts of nature, and not only aggravate the malady, but render its cause more obscure? The French adopt an opposite error: they more carefully investigate the cause and seat of the ailment, and then, by removing the obstacles to recovery, leave nature to perform the cure. In acute diseases, very lamentable consequences sometimes result from this timid system of therapeutics; whereas, if this "expectant method" be cautiously followed in suitable cases, much good results. Energetic remedial measures are judicious, and imperatively demanded, when the disease is acute, and its nature manifest: but, in doubtful cases, it is much safer to wait, than hastily to adopt active treatment, which may be as potent for evil as for good.

The cases subjoined may not possess much practical importance; yet, as illustrating some points of diagnosis, they may not be without some value to practitioners.

CASE II. OSSIFICATION OF THE AORTIC SEMILUNAR VALVES, WITH FATTY DEGENERATION OF THE HEART. R. H., Esq. This gentleman in early life suffered much from spasmodic asthma; but as he grew up, this disease wore off. When he was about fifty, he became subject to gout; and occasionally passed large uric acid calculi,

with severe pain, and generally a considerable discharge of blood. The hæmaturia would also sometimes recur, if he took violent exercise on horseback, or on foot, without the pain, or other symptoms of gravel. He suffered, however, much less from these affections for some years before his death; and, during the last three years of his life, he had no attack of either gout or gravel. He then became more lusty and bloated, and began to suffer from dyspnœa on walking up hill, and from occasional acute pain in the region of the bladder. He attributed the shortness of breathing to increased corpulence; and his own feelings led him to apprehend that the pain in the bladder arose from stone. The pulse was always feeble and quick; the impulse of the heart was also feeble, but the stethoscope did not indicate any other morbid condition of that organ. There was usually a puffy or œdematous swelling of the ankles and feet. These symptoms continued to increase, particularly the pain in the hypogastric region, which was occasionally so severe and long-continued, as to require large doses of opium to assuage it. For a few months before his death, Mr. H. suffered from occasional attacks of syncope; and less bodily or mental exertion brought on the paroxysms of dyspnœa. From the symptoms, as well as from stethoscopic examination, it then became evident that there was valvular disease of the heart. He was, however, never confined to the house, and followed his usual amusements and avocations to the moment of his death, which took place instantaneously, on Jan. 11th, 1851, while sitting in his library.

There existed a peculiarity in the case of Mr. R. H. which it is right to mention: viz. that if he took the smallest quantity of rice, he was immediately attacked with erythema, extending over the whole body, and accompanied with severe itching fever and swelling of the eyes, and generally continuing two or three days.

An autopsy was made thirty-six hours after death. The body was covered with a thick layer of fat. The heart was small. In the apex of the left ventricle, there was a small polypus. The aortic semilunar valves were completely ossified; and the aperture through them was so much diminished, as only to allow the end of the little finger to pass. The aorta itself was larger than usual, particularly about the arch. The coronary arteries had patches of ossific matter on them; and the muscular substance of the heart was pale, flabby, and loaded with fat. The lungs and abdominal viscera were healthy, and the bladder free from calculi, or any other morbid appearance.

REMARKS. This case illustrates too truly the accuracy of Dr. Latham's remark, in the preface to his valuable *Lectures on Clinical Medicine*; that in certain diseases of the heart, "the same signs which notify their existence, declare their incurability". "What a gain," he adds, "will it be to mankind, should observation hereafter discover that the conversion of the valves of the heart, and the lining of arteries, into earthy matter or cartilage, has its sure pathological origin in certain forms of disease, in other parts or in the constitution at large, which are both obvious and curable; or in certain habits and modes of living, which can be rectified or avoided."

In this case, there can be but little doubt that when the peccant matter of the blood ceased to be eliminated from the system, through the agency of the attacks of gout or gravel, a deposit took place on

the aortic valves. It hence shows the importance of not neglecting "to rectify certain habits and modes of living", which may occasion these diseases, or by remedial measures to obviate the cause, even when the paroxysms have ceased to recur.

This case also confirms a point of diagnosis, first, I believe, adverted to by Mr. Allan Burns, in his *Treatise on the Diseases of the Heart*: that in certain affections of that organ, more especially chronic inflammation, acute pain in the hypogastric region is a common attendant, if not a pathognomic symptom. He relates some fatal cases, where the true seat of the disease was not suspected during life, the symptoms being attributed to disease of the bladder, and in one instance to disease of the uterus: yet dissection proved that these organs were quite healthy, and that the morbid condition of the heart was the sole cause of the symptoms, and of the fatal termination. In the case above narrated, the pain in the bladder was the only symptom which arrested the patient's attention, or for which he was anxious to obtain relief. As it occurred before there was any evidence of disease of the heart, and continued at intervals during the whole of its progress, I think it deserves attention, not only as a concomitant, but as a premonitory symptom, of these intractable maladies.

CASE III. LARGE RENAL CALCULI. John Brocklehurst, aged 40, the servant of a gentleman of this town, for three or four years before his death, suffered from dyspeptic symptoms, and occasional pain in the loins. He had no difficulty in micturition, nor did the urine exhibit any morbid appearance. Having tried various remedies without any relief, he was admitted into the Derbyshire Infirmary, and was several weeks under the care of the late Dr. Baker, who treated the case as one of dyspepsia. He was discharged from the infirmary without being relieved. He then consulted an irregular practitioner, who, regarding the case as one of lumbago, used heating and stimulating internal, as well as external remedies, which aggravated the symptoms. Subsequently he put himself again under my care. He was now sallow, emaciated, and the pain in the back had become more constant and severe. He had been taking the oil of turpentine and carbonate of soda in large doses. He made water freely, and without pain; but the urine was alkaliescent. On examining carefully the seat of the pain, it was in the region of the kidneys, and was a little increased by pressure. At this advanced period of the disease, and from his emaciated state, the hard projecting kidneys were easily felt through the integuments. He took barley-water acidulated with muriatic acid, and opium, in such doses and at such intervals as the pain required. Under this treatment, he lived in a state of comparative comfort for about three weeks, when he sunk from exhaustion and debility.

Autopsy. Twenty-four hours after death, the body was examined. Nearly the whole substance of each kidney was absorbed, and the space occupied by calculi of great magnitude. This mass of calculous matter was surrounded only by the fibrous tunic of the kidneys. One kidney contained four, the other three calculi, closely fitted together; and the whole had assumed the shape, and the ordinary size, of that organ. The calculi were composed of the earthy phosphates, confusedly cry-

stallised, and weighed altogether eight ounces and four drachms. The body was extremely emaciated, but free from any other disease.

REMARKS. Many cases similar to this are on record; but I have selected it, as illustrative of the object I have in view, viz., to direct attention to a more careful diagnosis. It is not improbable, that if in the early stages of the disease, the urine had from time to time been tested, the further deposit of earthy matter might have been prevented by appropriate treatment, instead of being increased by magnesia and the other alkaline medicines, which were the remedies mainly had recourse to.

It is remarkable how large a portion of the glandular substance of the kidneys may be displaced by calculous matter, without impairing their functions, and sometimes also without occasioning much pain. In this case, till within a few weeks of the patient's death, the pain was not of a fixed character; nor did it disable him from following his usual occupation, till he was prevented doing so by exhaustion and debility.

In the Descriptive and Illustrated Catalogue of Calculi, in the Museum of the Royal College of Surgeons in London, there is an engraving of a large Calculus, of the shape and structure of those I have described. This calculus, now in the museum, weighs seven ounces and four drachms. In an original memorandum by Mr. Hunter, appended to it, it is stated, that "this calculus was taken from the pelvis of the right kidney of Mrs. —, a natural daughter of Sir Richard Steele. She was never known to have a nephritic symptom till just before her death, when she was taken with a violent pain in her right side, near to the back, the seat of the right kidney, which appears to have thrown her into a fever, of which she died: and upon opening the body was found this stone, filling up an enlarged pelvis, and the substance of the kidney itself become so thin, as only to appear like a coat or membrane covering the stone, which gave the idea to the surgeon, that the substance of the kidney was grown into a stone."

Wirksworth, July 31, 1851.

REPORT OF A CASE OF ACUTE GLANDERS, FOLLOWED BY RECOVERY; WITH REMARKS.

By F. W. MACKENZIE, M.D. Lond., Fellow of University College; Physician to the Paddington Free Dispensary for the Diseases of Women and Children, etc.

It is unnecessary, at the present day, to adduce any additional facts or arguments to prove that Glanders is a disease which is communicable from the horse to the human species. This has been completely established by the researches of many accurate observers, and is, I believe, generally admitted by the profession at large. As, however, the recorded cases of its occurrence in man are not very numerous, from the fact, probably, that it is not readily communicated to the human race, and as consequently many points relating to the pathology of the disease are obscure, it is presumed that the report of an additional case will not be unacceptable to the profession. I therefore subjoin the particulars of one which has lately been under my care,