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### ADDRESS DELIVERED

BEFORE THE

MEMBERS OF THE SHEFFIELD MEDICO-  
CHIRURGICAL SOCIETY,

AT THE LAST

MEETING FOR THE SESSION 1841-2.

By CHARLES F. FAVELL, M.D.

Before entering on the peculiar task which has been assigned to me for this evening, I feel that it will not be ill-timed if I briefly offer a word of congratulation to the practitioners of this district on the formation and success of the Medico-Chirurgical Society of Sheffield. The existence of such a society was for a considerable period the object of ardent desire. But the failures which had attended the efforts, on former occasions repeatedly made, to carry on such an institution, discouraged many, who have long been zealous in the promotion of medical science, from entertaining a hope that such a society could be successfully established. At length, however, sixteen gentlemen were induced to sign a requisition for a general meeting of the profession, "to consider the propriety of immediately adopting measures for establishing a medical society." This meeting was holden on the 16th of September, under the presidency of Sir Arnold Knight, when it was unanimously resolved to form a society for "friendly conversation on professional subjects, the reading of cases and short essays, with discussion, the analysis of professional works, and the exhibition of anatomical preparations, normal and abnormal, and of new instruments and apparatus." The objects for which we assemble are thus clearly set forth in the first law of the society. But the law is, moreover, strict in the language of prohibition, for it proceeds to state that "medical politics, including the controverted questions of medical reform, medical etiquette, and medical education, shall be carefully avoided." Thus, then, we confine ourselves to strictly professional subjects. We meddle with no topic calculated to give pain or uneasiness to any individual, or to interfere with the happiness and harmony of our proceedings. I am perfectly satisfied that the continued exclusion of all questions which may be thought to have a *personal bearing* is essential to our future prosperity. If we should ever begin to sit in judgment on the character of each other, from that very day we may date the downfall of the society; but so long as we confine ourselves to the scientific part of our profession, and make the session which we now close a model for our future proceedings, we may confidently anticipate continued success. But what are the peculiar features which entitle the past session to be taken as a model for the future? I shall only mention two circumstances which, at first sight, may possibly be

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thought immaterial, but which I am, nevertheless, satisfied are of considerable importance. The first is, that the papers which have been read have been short and practical. There is a period of life when theories and hypotheses afford us most delight—when we love to weave or listen to ingenious sophistries. But time gradually begets in us a disrelish for the unreal, and we step by step become enamoured of mere matter of fact. Now, I do not hesitate to declare that it is the matter-of-fact character of the communications which have been brought before us which has given them the value which they undoubtedly possess. But the papers have been *short* as well as practical, and this is also a point of some consequence. It is tedious to listen to elaborate essays, and it is still more tedious to write them.

The second distinguishing feature of the session which I consider worthy of imitation is, that our discussions have been conversational. There has been an entire absence of formality. It has not been needful even to rise from our seats whilst engaged in the expression of our sentiments. There has been no attempt at speech-making, no striving after eloquence, no vain-glorious endeavour to make the worse appear the better part. Truth alone has been the object of our search, and she has been pursued in the spirit of gentleness and candour. One other observation I must make before passing on to the more immediate object of the present address. The tenth law of the society enacts that "five members (including the president) shall constitute a quorum." I am happy to state, that during the entire session there was not even a single night on which a greater number was not present, so that the proceedings of the society have not once been interrupted by an insufficient attendance of members.

I now pass on to give a brief *resumé* of the proceedings of the past session; and in doing this I shall almost entirely confine myself to a simple detail of recorded facts.

The subjects which have been brought before us for discussion have been of a very promiscuous character; but yet I shall venture, for the sake of convenience, to classify them. I shall be able to comprehend all the topics which have been brought before us, with two exceptions, by making four classes—one to include inflammatory affections; another, cases of abnormal cerebral circulation; a third, hæmorrhages; and a fourth, the action of remedies. To a brief notice of these various topics I proceed without further introduction.

CLASS I.—*Inflammatory Affections*.—I place in this division only two communications—the first was the production of Sir Arnold Knight, and the second was from Dr. Harwood. The subject of croup was that to which our attention was specially directed by Sir Arnold; the case which formed the basis of his

remarks was one of considerable interest, and gave rise to an animated conversation. It will be necessary that I should concisely allude both to the one and the other.

At nine o'clock on Sunday morning, October 10, Sir Arnold was requested to visit a little boy, about four years of age, whom he found to be in a very advanced stage of a severe but neglected attack of croup, which had apparently been induced by excessive and continued crying. Two days previously he had been taken to a medical practitioner, who told the friends the boy had got the croup, and gave them some powders and a blister. The former were given but the latter was not applied. On the morning of the 10th the countenance was pale, the lips livid, pulse quick, and the breathing and cough were of that kind which are peculiar to the advanced stage of croup. Sir Arnold was of opinion that the application of leeches would only increase further depression, and that the danger was too immediate to wait for the slow operation of a blister. He therefore omitted both these common remedies, but ordered a sinapism to be applied to the upper part of the chest—the feet to be immersed in hot water with mustard, and five grains of calomel to be taken every hour till it should occasion either vomiting or purging. At one o'clock but little change was perceptible. At seven, p.m., when he was again visited, four powders had been administered; they had produced no effect on the stomach or bowels, but the little patient was not worse. Directions were given to discontinue the powders and to administer a teaspoonful of ipecacuanha wine every quarter of an hour till vomiting was produced, and a blister was to be placed between the shoulders. On the following morning the patient appeared somewhat better. After the second dose of ipecacuanha wine some vomiting had been induced, and a quantity of phlegm had also been expectorated but swallowed. In the evening the little boy was so much worse that Sir Arnold informed the friends he would not survive the night. The ipecacuanha wine was to be repeated, however, and two more calomel powders to be given as before. Early on the following morning his attendants thought him dying, but almost immediately afterwards a great change for the better occurred; and when Sir Arnold paid his visit, he found his patient sitting up, and amusing himself with the keys of a piano-forte. His improvement continued to be progressive, although for a few days the little fellow appeared delicate.

Before noticing the discussion to which this case gave rise, I may remark, that there are two important lessons of a general character to be learned from it. The first is, that it is unwise confidently to predict the death of children labouring under inflammatory affections. Medical men are occasionally deceived in their prognosis in the case of adults, but I believe they much more frequently fall into error when children are the subjects of treatment. I have frequently been surprised to see how perfectly and how speedily children will rally from formidable diseases, even when they have been brought to the very verge of the grave. I need scarcely remark, that the patient often suffers materially from the too confident unfavourable predictions of the physician. The hopes of the attendants are at once extinguished, and they have no

longer energy to continue their active services. Those means, therefore, which might possibly afford some chance of relief are too commonly disregarded and unemployed. I am perfectly aware, however, that it is often a very difficult and a very delicate matter to awaken in the minds of friends and attendants a sufficient apprehension of danger, without extinguishing their hopes, and inducing the inactivity of despair. The second practical lesson to be deduced from the foregoing case is, that we may generally order more medicine to be given than we expect the patient to take. In the present instance, we find that at nine o'clock on Sunday morning five grains of calomel were ordered to be given every hour, until vomiting or purging was induced; yet, at seven o'clock in the evening, ten hours afterwards, although neither of those effects had been produced, only four powders had been taken. Every medical practitioner must frequently be annoyed by similar instances of gross neglect. But I pass on briefly to notice the discussion which followed the recital of the foregoing case. Now, this discussion very naturally divided itself into two parts—first, with respect to the pathology of the disease, and secondly, with regard to its treatment. Under the first division, one party maintained that croup is essentially an inflammatory affection, whilst another contended that it is of a mixed character, being partly inflammatory, and partly spasmodic. The latter view was also taken by a gentleman from whom Sir Arnold Knight read a communication. The writer contended that all the dangerous symptoms of croup arise from spasm, and suggested that the wisest plan of treating the disease is to relieve the spasm, and leave nature to cure the inflammation. He stated, that for a period of twelve years he had been accustomed, in all cases, to give a mixture of squill, opium, and valerian, and that during this period only one case, out of a great number, had proved fatal. That some cases of croup are complicated with spasm, no one can hesitate to admit; but that the efficient cause of the disease, in the vast majority of cases, is inflammation of the lining membrane of the larynx, frequently extending along the trachea, and even into the smaller divisions of the bronchial tubes, may fearlessly and confidently be maintained. On the second division of the discussion there was not much difference of opinion. All seemed to agree that in the early stages of the disease antiphlogistic remedies are chiefly to be relied upon. The abstraction of blood is not only a valuable means of lessening inflammatory excitement, but also of overcoming spasmodic action; so that whether croup is to be regarded as a spasmodic, an inflammatory, or a mixed disease, the abstraction of blood may be advantageously prescribed. In the treatment of inflammatory affections, mercury will stand second in importance only to venesection. In the case under consideration, the time was past when bleeding could have been resorted to with advantage; and, therefore, the former remedy was, perhaps, the more vigorously administered. Five grains of calomel every hour must certainly be regarded as a large quantity for a child only four years of age. But we must remember that children generally bear mercury better than adults. In the course of the discussion it was stated that the late Mr. Shaw, who was for many years an honourable, intelligent,

and successful practitioner at Attercliffe, was in the habit of prescribing calomel in cases of croup in the same doses, and at the same intervals, as it had been employed in the case under consideration. The signal for discontinuing the medicine was the supervention of vomiting or purging. The value of this treatment was further corroborated by Dr. Shearman, who stated that the gentleman with whom he was for some time an assistant at Saddleworth, in the West Riding of this county, adopted a similar plan with almost unvaried success; the medicine was rarely needed after the sixth dose—that is, after half a drachm of calomel had been given in the course of six hours. Dr. Shearman further stated, however, that although at one time he adopted a similar line of treatment, he had subsequently felt obliged to discontinue it. In some stages of croup emetics are also useful, since they occasionally enable the little patients to void portions of the false membrane which is almost invariably formed. This was the case in the instance under consideration. But there was one point in the treatment of the disease which gave rise to considerable difference of opinion, and that was respecting the employment of the warm bath. One gentleman of considerable practical experience declared that the warm bath had invariably done harm in every case of croup in which he had seen it employed, and this was, to some extent, corroborated by another gentleman, who remarked that he had seen some cases in which its employment had been immediately followed by death. On the other hand, several gentlemen spoke in decidedly favourable terms of the warm bath as a remedy in croup; they had employed it extensively in their own practice, especially during the earlier stages of the disease, with the most marked and decided advantage. The immediate object in the employment of the warm bath, I need scarcely remark, is to occasion a determination to the skin; and, therefore, I am perhaps justified in saying that the testimony and arguments of the advocates in its favour receive some confirmation from the statement which was subsequently made by Mr. Ray, who remarked that he had seen cases of severe croup in which the characteristic features of that disease immediately vanished on the appearance of the eruption in exanthematous fevers. In the course of the evening it was further stated by Mr. Turton that he had recently had a case of croup under his care in which to the patient, a child between three and four years of age, being in too low a state to warrant the employment of either bleeding or antimony, he had given the *tinct. lobel. infl.*, in doses of five minims every hour, with the happiest effect.

It is not needful that I should dwell longer on the proceedings of the first night of meeting; I pass on, therefore, to notice the second disease of an inflammatory nature which was brought under our consideration. This was a case of pleuro-pneumonia, introduced by Dr. Harwood. The subject of the Doctor's remarks was a boy, aged twelve, who had been ill four days when he was first visited. It is not needful that I should recapitulate the symptoms, nor yet that I should dwell upon the treatment, since neither the one nor the other presented any remarkable feature of interest. The patient died, and an account of the post-mortem examination was detailed by Dr. Har-

wood. One interesting fact, however, in this case must not be passed over without observation. I allude to the circumstance of each kidney presenting a beautiful specimen of granular degeneration. The little patient had scarcely ever enjoyed a good state of health; he had been a delicate and ailing child, but had never any long-continued anasarca. A short time before the attack of illness of which he died, the inferior extremities were œdematous, but this continued for only a few days, and never reappeared, and there was not at any time infiltration into the cellular tissue of the rest of the body. There was, therefore, an absence of the symptoms by which what is called Bright's disease, or albuminaria, is usually characterised; but yet there was perfect granular degeneration. It is a matter of regret that the specific gravity and albuminous nature of the urine were never tested. We should naturally expect that whilst coagulation would have been abundantly manifest, the specific gravity of the urine would have been less than natural. That granular degeneration of the kidney is not necessarily attended with anasarca, is now abundantly proved. In illustration of the truth of this observation, I need only refer to the case under consideration, and to several others which have been published by Dr. Bright in "Guy's Hospital Reports." For my own part, I am disposed to think that too little attention has heretofore been paid to the condition of the urine, and I would venture to suggest an accurate examination of it in many complicated and tedious cases, unattended with dropsical symptoms, which do not yield to the usual remedies.

CLASS II.—*Abnormal Cerebral Circulation.*—Under this general division I shall notice four separate communications; the two first which claim our attention were on the subject of delirium tremens; I shall, in the first place, very briefly notice that which was brought before us by Mr. Turton, who dwelt chiefly on the symptomatology and pathology of the disease. He alluded to the two species pointed out by Dr. Blake as depending upon the direct, or the indirect, influence of intoxicating liquors. The three separate stages of the disease, on which Dr. Blake and some other writers insist, were also pointed out; and it was contended that, although there is considerable disturbance of the cerebral circulation, there is not any amount of inflammatory action usually present. The morbid appearances within the skull which have been most commonly observed are, slight opacity of the arachnoid and injection of the pia mater. But it is probable that these changes ought rather to be regarded as the consequence, than the cause, of the peculiar cerebral excitement by which the disease is characterised. There can be but little doubt, however, that delirium tremens is occasionally complicated with meningeal inflammation, and requires the adoption of antiphlogistic remedies. The efficient or procuring cause of the disease, it need scarcely be remarked, is the long continued abuse of stimulating drinks—ardent spirits, wine, or ale. Sometimes the symptoms come on shortly after the withdrawal of the stimulus, and occasionally they seize their unhappy victim during the full tide of his intemperance. The general health first becomes deranged; dyspepsia is induced; a train of nervous symptoms sets in; and, in a short time, delirium tremens becomes fully established. Such

were the general topics to which Mr. Turton directed the attention of his auditors.

In the communication which was read at a much earlier period of the session by Mr. Thomas, the method of treatment to be adopted in the same disease was chiefly dwelt upon. Mr. Thomas related a case which had occurred in his own practice, in which he commenced by giving two grains of opium, and afterwards repeated one grain every three hours. On the following morning the patient took sixty drops of the tincture of opium, and a progressively increasing dose was given every three quarters of an hour, till in the evening it amounted to one hundred minims. The disease yielded in three days and a half, during which period the patient took eighteen grains of opium, and five ounces and a half of the tincture. In about a year afterwards the patient suffered from another attack, which continued four days and a half. The total quantity of opium taken during the latter attack was four scruples and eight grains of the powder, and twenty-seven ounces and a half of the tincture. The largest dose given at one time was three drachms of the tincture. In the subsequent conversation to which the recital of these cases gave rise, it was generally agreed that the exhibition of full doses of opium at short intervals is the most judicious and successful practice; but of course, when the disease is complicated with other affections, the treatment must necessarily be modified. The opium treatment, however, even in simple cases, is not commended by all writers. Dr. Ware, of Boston, in North America, for example, has published an analytical table of cases in which various methods of treatment were adopted. In eight of his recorded cases treated by large doses of opium, four died; in seven treated with small doses, only two died. "It appears," says he, "that of fifteen cases in which opium constituted the principal remedy, six died; whilst of fifty-four cases in which opium was not used at all, or only incidentally in small doses, only five died." Other narcotic medicines besides opium are occasionally employed with advantage in cases of delirium tremens. Thus, in the course of the evening, a case was related in which opium and morphia seemed to produce no effect, whilst free doses of tincture of hyoscyamus were productive of decided benefit; and it was further stated by our late associate, Dr. Bartolomé, that a friend of his had very successfully employed lactucarium after opium had entirely failed. This latter remedy, it will probably be recollected, was at one time very extensively employed in a great variety of cases by the late Dr. Duncan, sen., of Edinburgh; but the extreme nicety which is required in its preparation at all times renders it a very uncertain medicine.

(To be concluded in the next Number.)

#### ENLARGED CLITORIS.

Clitoris enormously enlarged, successfully removed by Mr. Auchinleck; the tumour weighs five pounds, and occupied a period of only eighteen months in attaining this vast size; its attachment was narrow and contracted, so that but little difficulty was experienced in performing the operation. Its structure is dense and fibro-cartilaginous, like that of the other specimens; the surface is hard, warty, and lobulated. —*Houston's Catalogue.*

### THREE CASES OF EMPHYEMA, OR PLEURAL ABSCESS.

By W. S. OKE, M.D.,

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[For the Provincial Medical Journal.]

CASE I.—I was requested to visit a lad, the son of a labourer, aged thirteen, suffering with acute pain of the left side, cough, dyspnoea, and fever. His illness had been of short duration, and was supposed to have arisen from cold.

On examining the thorax I found a swelling a little below, and posterior to, the left nipple. The swelling was fluctuating and without pulsation, and indicated the presence of pus in large quantity; nothing, in short, could be more easy than the diagnosis in this case.

A free incision was immediately made, and a torrent of healthy pus poured from the wound. The quantity measured ninety-six ounces, and must have filled the whole of the left thoracic cavity. The lad was greatly relieved by the evacuation, and in a few weeks he completely recovered.

CASE II.—Thomas Peters, aged 40, was admitted into the South Hants Infirmary on the 26th of April, 1841. He had been steward in a steam-packet, and very intemperate in his habits of drinking. The history of his disease was somewhat obscure. It appeared that, from exposure to sudden changes of temperature, to which his situation was liable, he caught cold, which fell upon the respiratory functions. On his admission, I found him suffering from pain and weight of the left side of the thorax, cough, slight expectoration, and difficulty of breathing, which was much aggravated by any exertion; his tongue was not much furred, and his pulse ranged from about 85 to 100 in a minute.

On exploring the external surface of the chest, the result was as follows:—

There did not appear to be any difference as to size in either side of the thorax; nor could any material difference be proved by a transverse measurement. The left side of the thorax was found to be everywhere completely dull on percussion; the intercostal spaces were dilated; the ribs motionless; and the intercostal muscles taking no part in the respiratory action. On the right side, the sound by percussion was normal, and the intercostal muscles and ribs in hyper-respiratory action.

On applying the stethoscope to different parts of the left side no respiratory sound whatever could be detected, and the heart's action was heard at a distance. On the right side the respiration was distinctly puerile, and the action of the heart was found well developed on the right side of the sternum.

These circumstances led to the diagnosis that there was pleural abscess in the left thoracic cavity, compressing and interrupting the action of the left lung, and displacing the heart *a situ naturali* towards the right side of the thorax.

As the general health was not much disturbed, and there being no *urgent dyspnoea*, it was decided that there was no immediate necessity for the paracentesis, and that an attempt should be made to cause absorption of the fluid by a general mercurial treatment,