

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE very laudable design of your excellent Publication being to rescue the practice of medicine from the hands of empirics, by encouraging a recital of such cases as may be conducive to the improvement of science, either by tending to establish just theory, or to refute vague hypothesis, I do myself the honour of transmitting the following account of a patient who was placed under my care in the year 1798; and, if it shall be thought of sufficient importance to merit a place in your Journal, the insertion of it will oblige,

GENTLEMEN,

Your most humble servant,

G. LIPSCOMB,

March 6, 1800.

Surgeon, at Birmingham.

C A S E.

William Hunt, of St. Nicholas' Parish, Warwick, aged thirty years, had, during almost two years, been afflicted at irregular intervals with a difficulty of breathing, which came on more frequently in the evening when he lay down in bed; was succeeded by excruciating pain about the heart; and when the pain went off, great faintness and weakness followed. His appearance was emaciated, his skin tinged with a yellowish cast, and the smallest exertion brought on the difficulty of respiration. He slept very unquietly, and the pain, which commenced at the scrobiculus cordis, extended up towards his shoulders, particularly on the left side. His pulse was hard and oppressed, varying considerably when the breathing became affected; it then usually beat with amazing celerity, and was greatly laborious. As soon as the difficulty of respiration ceased, the pulse sunk rapidly, till it was scarcely perceptible. It has often decreased in frequency, while I kept my fingers on the radial artery, from 160 beats in a minute to 40. It continued very slow while the pain lasted, and gradually acquired its accustomed degree of celerity when that symptom ceased. The pain and oppressed breathing *seldom* took place at the same time; the former *almost always* succeeded the attack of the latter; and the duration of the paroxysm varied from a few minutes to three hours or longer. The urine was high coloured, and deposited a reddish flocculent sediment: it was less turbid when evacuated, either in the paroxysm or soon afterwards;

wards; and its quantity was considerable. The state of the bowels was regular, but the pain returned more frequently when a diarrhoea had supervened. The skin was dry, but easily relaxed; and the pain was mitigated when a copious perspiration took place; the extremities were *very* cold during the paroxysms.

The unfortunate subject of these distressing complaints, previous to his being placed under my care, had consulted *several* practitioners, and taken a great variety of medicines without any considerable benefit. The wheezing and oppression of the chest, when he lay down, induced me to suspect, that the functions of the lungs were interrupted by the presence of a fluid in the cavity of the thorax; but the strictest examination did not afford the smallest proof in support of that conjecture, for the thorax was not at all enlarged; and when he assumed a vertical position, he could walk about briskly without *any* inconvenience. The state of the pulse induced me to bleed him; twelve ounces of blood were taken away; and the *three* ensuing paroxysms were shorter and less painful than usual. His pulse became softer and less obstructed, and in the paroxysm did not increase to more than 110. The operation was repeated in a few days, but without any apparent advantage. The blood coagulated speedily; the proportion of red particles was but small, and the serum was turbid, resembling pus diluted with water: the violence of the pain and the difficulty of breathing again increased. The secretion of urine was promoted by diuretics, without much advantage; powder of digitalis was continued for a fortnight without any benefit. He complained of great pain in the kidneys, and evacuated some gravel: the pain continued, and the diuretics were laid aside. A sort of asthmatic paroxysm took place, which was relieved by ammoniacum squills and other expectorants, a very thick and viscid phlegm being thrown up. His appetite was much impaired, and he slept little. Nauseating doses of ipecacuanha joined with calomel were given, but no beneficial alteration followed the use of any medicine whatever. He was seen by different practitioners with whom I happened to be acquainted; and in April, (about two months after he had been placed under my care) one of them strongly recommended the use of guaiacum, which was accordingly exhibited in large doses, but with no advantage. The pain in the paroxysm became intolerable, and opium was resorted to from necessity; for, as I had long thought there was a considerable derangement of the heart or the great vessels, it did not appear to me at all probable, that antispasmodics would produce benefit. Opium was given in doses of 2, 3, 4, and 5 grains, at the commencement

mencement of the paroxysm, without any diminution of the violence of the pain or its continuance. Blisters were applied to the scrobiculus cordis, which discharged plentifully, but the pain continued to recur at short intervals. No particular alteration took place, excepting that the patient's appetite was a little increased by the use of infusion of quassia, until the 9th of May, when he complained of a total suppression of urine; and the next morning, as he was walking across his room, he fell down suddenly and expired.

The relations of the deceased very readily submitted to my request to be permitted to examine the state of the viscera; and the appearances, on dissection, were as follow:

The lungs were found diminished to less than half of their natural size, pale, flaccid, the inferior edges of both lobes discoloured and apparently impervious. No tubercles, nor matter in the bronchia; more than five pints of a pale watery fluid in the cavity of the thorax. The pericardium, greatly distended, contained one pint (exactly) of the same fluid. The heart considerably enlarged. The left ventricle full of coagulum. The right contained a large polypus, part of which passed into the auricle, and prevented the valves being applied close. The end, which terminated in three points, reached about three inches into the vena cava. The pulmonary artery was in a natural state.

The liver was discoloured, but firm and free from tubercles. The gall bladder of a large size, and full of bile. The duodenum in a natural state. The jejunum, ileum, and colon of a darker colour than usual. The bladder empty, though no urine had been discharged for more than twenty-four hours. The appendic. verm. was not quite half an inch long. The omentum was also remarkably small. The spleen and kidneys afforded no uncommon appearance.

The diminution of the size of the lungs seemed to have been as gradual as the accumulation of the water; and this accounts for no fluctuation being perceptible, nor any degree of tumescence observable, during the progress of the disease.

After the death of the patient (but not before) his relations recollected that he had sustained an attack of peripneumony about the time when the complaint of difficulty of breathing first took place, in consequence of immersion into the river Avon on a very hot day.

In the relation of such cases as the present, humanity cannot but shudder at the deficiency of the medical art. We see disease baffle the most industrious exertions, and we feel the insufficiency of human acquirement. For if the understanding can develop the *cause*, the hope of relief is but farther removed from us, and we *know only to lament!*