A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

GUY'S HOSPITAL.

DYSPHAGIA; DEATH; INTRA-THORACIC ANEURISM.

(Under the care of Dr. WILKS.)

FOR the notes of this instructive and remarkable case we are indebted to Mr. Percy Reynolds, clinical clerk.

William P——, a leather-worker, aged forty-four, was admitted on December 9th, in an emaciated condition, and afflicted with dysphagia. The family history was exceptionally good. He was a married man, and by his wife, who is living and healthy, had had ten children. His wife had had one still-born, and had also had five miscarriages; but she gave no history of sore-throat, eruptions over the body, pains in the bones, &c., although her hair was somewhat thin. She denied all history of inflammatory affection either of the womb itself or the vaginal passage. When the patient was six years old, he drank some boiling water, and was ill for six months in consequence. He had so-called "bilious fever" when twenty-five, and "inflammation of kidneys" (pain across loins) about eight years ago, when thirty-six; otherwise he had had fairly good health. He had always swallowed well until six months ago; liquids, however, had occasionally returned through the nose more or less during the last few years. Full particulars as to history of venereal affection were not obtained, owing to the man's being very ill and disinclined to be troubled, and to his having died before a complete examination could be made. He was, however, reported to have been temperate and steady in his habits.

Six months before admission he caught cold and suffered from cough, which continued. In three months he found that whenever he attempted to take food he was seized with cough, and was obliged to partly bring it up, whether solid or liquid. For some time he attended as an out-patient at King's College Hospital, where, he alleged, a tube was passed down his throat. The tube seemed "to stick" about the region corresponding to the level of the cricoid cartilage, but was, however, passed beyond the seeming difficulty, and for a time he was generally relieved. He was led to the belief that he had "something" the matter with his throat, but he was not told what. For three weeks prior to admission into Guy's he had had more difficulty in taking food, and had been losing flesh for several months past. On admission he was very emaciated, half-starved, had an anxious and distressed expression, and was apparently very ill. Dr. Wilks happened to be in the ward at the time of his admission. The man was induced to attempt to swallow some milk. He carefully took a mouthful of the liquid, and then with an apparent deliberation swallowed some. Immediately the fluid passed to the back of his larynx an irritative choking cough was produced, and a portion of the milk was at once coughed up, not regurgitated. The remainder was satisfactorily swallowed. There did not appear to be any pain in the act of deglutition, but the man merely refrained from taking food on account of the spasmodic cough, accompanied by a sense of choking, that invariably occurred when an attempt at eating or drinking was made. As far as could be seen with the unaided eye, or felt with the finger, no obstruction of any kind could be made out. There did not appear to be any external signs of enlargement of the throat, either local or general. No blood came away with the liquid coughed up. Diffuse rhonchi and coarse crepitation everywhere audible over both lungs. Pulses apparently equal, but very weak, the man evidently suffering most from starvation. He complained of being choked up by phlegm. No pain after food, and that brought up occurred immediately after it was taken, although the patient said that for some little time afterwards he continued to cough up with his phlegm portions of whatever had been taken previously. No bruit to be heard over cardiac area. Urine abounded with lithates, but contained no albumen. Dr. Wilks ordered the man to be carefully kept quiet, to be cautiously examined with a probang, and to be treated for the present with four ounces of brandy and milk *ad lib.*

Dec. 10th.—Patient has had but an indifferent night, and complained of trouble in bringing up his phlegm, which he said was choking him. He had taken next to nothing since admission, and was apparently weaker. A pint of a mixture of milk, eggs, and brandy having been prepared, the œsophageal tube of the stomach-pump was passed down into the man's stomach. There was not the slightest obstruction to its passage or difficulty in the procedure. On the first occasion the patient pulled the tube out, and it was again passed with the same freedom and ease by the clinical clerk. The nourishing mixture was then passed in by means of a funnel attached to the tube. On withdrawing the tube not a trace of blood or matter was to be seen or found upon it in any part of its course, and there was not the slightest suspicion of its having passed over any obstruction, thickened or abraded surface. The food thus given was retained. Expectoration is muco-purulent in character. It being Sunday, the full examination required for the clinical reports was deferred till the following day.

11th.—After the feeding yesterday the man seemed a little relieved, and certainly swallowed better, for he took without instrumental aid half a pint of milk with an ounce of brandy in it, also some lemonade, and was quite free from pain. About 6 P.M. his breathing became bad, he felt as though he were choking, and he had great pain over his belly. He was then seen by the house-physician, who ordered hot fomentations over the abdomen. There was no tympanites. He continued in pain, and became very restless. Dyspnœa ensued with a great deal of mucous rattling in the throat. He was quite sensible, and at 8 30 P.M. had lost his pain, but said his great trouble was that he could not get the phlegm out of his throat. Some mixture of ammonia and brandy was given, and he revived a little. At 10.30 P.M. an ounce of brandy and egg mixture was ordered every two hours. He lived, however, only long enough to have one dose. He became still more restless, the rattling in the throat increased, and the patient died at 1.25 A.M. The house-physician states that no bruit was discoverable during life, either in front or behind.

Autopsy by Dr. GOODHART, *fourteen hours after death.*—Heart weighed seven ounces and a half, quite healthy. Aorta thin, its coats charged with a grey material. It was much (aneurismally) dilated from the valves to past the left subclavian; here the tube narrowed again, or rather retained its normal size, when turning round the left bronchus, but about half an inch or so beyond it again became dilated into a fusiform aneurismal sac about three inches long, occupying the site of fourth, fifth, and sixth dorsal vertebræ, all three of which were eroded, the fifth mostly. The lower sac contained some clot of laminated appearance towards the bronchus, and it was closely adherent to the lung at its base, so that the lung-tissue was stripped of its surface-layer in getting the sac away. The trunk of the vagus, too, on this side was caught in the sac and closely adherent to the sac wall. On the other side the main trunk was free. The dilated arch seemed to press upon and separate the fibres of the left recurrent laryngeal nerve, as it passed from behind the aorta to its tracheal position. The arch was free from clot. The apertures of the head-vessels were free from narrowing, except, perhaps, the left carotid, which was slightly smaller from pressure. The rest of the aorta was healthy, as also the femorals and radials. The œsophagus was not anywhere obstructed; it was a little displaced round the sac, and had in it two small pouches, one just below the bifurcation of the trachea towards the space below that bifurcation, and one about an inch and a half higher. Both were small, rather elongated diverticula, capable of holding, perhaps, fifteen minims to half a drachm of fluid, and were either congenital or the result of over-distension from pressure of the aneurismal sac below, or due, perhaps, to some former glandular abscess. Probably they were congenital. Liver: Forty-eight ounces; healthy; the diaphragm a little adherent to the right lobe. No evidence of syphilis. Spleen very firm. Lungs: A thin layer of recent lymph all over right upper lobe and part of lower. Both lungs soft and with commencing pneumonia at the

bases. The left lung a little compressed at its base by the aneurismal sac. Larynx a little swollen, and vocal cords unusually close together, but not in any condition which would have prevented free respiration during life. Kidneys rather full of blood, but quite healthy. Prostate healthy. Testes: One quite fibrous, and all its tubes spoilt. At one spot—the more fibrous part of the disease—was a central spot of degeneration, very small in extent, hardly more than a pin's head in size, not distinctly yellow, but yet rather suggestive of a small gumma. No other evidence of syphilis, however, could be obtained in the body.

The nature of the dysphagia in this case was evidently paralytic. Such a condition is extremely rare in cases of intra-thoracic aneurism.

ROYAL FREE HOSPITAL.

SUDDEN DEATH FROM INSUFFICIENCY OF THE AORTIC VALVES.

(Under the care of Dr. COCKLE.)

FOR the following notes we are indebted to Mr. W. J. Pickup.

E. P——, aged thirty, housemaid, unmarried, was admitted in the early part of October, 1876. During the last eight years she had been more or less frequently under the care of Dr. Cockle. Her illness originated in a severe attack of rheumatic fever, during the progress of which the heart became implicated; both aortic and mitral valves were affected, the former, however, to a much greater extent, and leaving as a permanent result free regurgitation through the aortic orifice. Dilated hypertrophy of the left ventricle gradually supervened. In course of time, however, so perfect a compensation was established that she was enabled to resume her occupation, remaining in her last situation upwards of three years. In the spring of last year she was admitted with a second attack of rheumatic fever. Although protracted, this attack, so far as could be ascertained, produced no further mischief in the heart, unless it were to render the slight mitral murmur left by the first attack a little more manifest, but the characteristic murmur of aortic reflux was always strongly marked.

When sufficiently recovered she was removed to a convalescent institution, where she remained some weeks. Shortly after her return, she was re-admitted into the hospital in a state of alarming debility. Her complexion was of waxy paleness; her breathing hurried; the pulse less bounding; the cardiac impulse diminished; the lower extremities were thickly covered with dark purpuric spots. After some days perfect rest in bed, good diet, and ferruginous tonics, the purpuric spots gradually lost their dark hue, and the complexion assumed, to some extent, a healthier aspect. On the morning of the day of her death—Oct. 13th—she looked and said she felt better, and seemed to be progressing favourably. She had no untoward symptoms during the greater part of the day. Five minutes before she died Mr. Pickup passed her bedside, when she was sleeping quietly on her left side. Immediately afterwards he was called back to the ward and informed that, just after he left, she awoke, screamed, threw up her arms, and was dead before the nurse could reach the bedside. She was now greatly cyanosed, and the temperature taken at once was 102·4°, though on the previous day it had been scarcely above normal.

Autopsy, twenty-four hours after death.—Both lungs were considerably congested. The left ventricle was distended and filled with clotted blood, the clot extending up into the aorta. The aortic semilunar valves were thickened, cord-like, and rigid, preventing closure, and admitting free regurgitation. The orifices of the coronary arteries were patent. Patches of atheroma existed in the aorta. The segments of the mitral valves were thickened and fringed with vegetations, but capable of closure; two threads from these, an inch in length, hung free in the cavity of the ventricle. The walls of the left ventricle were thickened, the chamber immensely dilated. The right ventricle was also much dilated. No marked evidence of either fatty or fibroid degeneration was observable on microscopic examination. The heart, emptied of blood, weighed sixteen ounces. There was nothing special to note in the other organs beyond a slight adhesion of old-standing between the pericardium and the lower and anterior surface of the left ventricle. The sac contained about an ounce of clear serum.

Remarks by Dr. COCKLE.—This case exhibits a comparatively rare though direct result of aortic insufficiency—sudden death—in its nearly purest form; for the mitral lesion may, practically, be disregarded. The valvular incompetence resulting from the first attack of rheumatic fever caused dilatation and consecutive hypertrophy of the walls of the left ventricle. So perfect an adjustment was gradually effected that the working of the heart was fairly well maintained for a series of years. A second attack of rheumatic fever was followed by great deterioration of the general health and obvious loss of power; the cardiac adjustment now failed, and eventually, as happens in such cases, at some quite unexpected moment, sudden cessation of the contractile power of the ventricle ensues when its cavity is distended with refluent blood during diastole. In the case detailed, sleep might have had some indirect influence. The enlargement of the right ventricle finds ready explanation.

HITCHIN INFIRMARY.

CASES OF PHTHISIS PULMONALIS TREATED WITH HYPOPHOSPHITE OF SODA.

(Under the care of Mr. GRELLET.)

FOR the notes of the following important cases we are indebted to Mr. E. A. Praeger.

CASE 1.—James W——, a painter, aged thirty-six, admitted Feb. 26th, 1876. Had been losing flesh some months, and had had a cough for the same time, and expectorated a quantity of tenacious mucus. His family history was good.

On admission he was a tall and rather stout man. There was pectoriloquy all over left lung, and amphoric resonance and puerile breathing over right lung. The heart-sounds were feeble. After walking a few paces he was so breathless that he was obliged to sit down. Ordered meat diet and four ounces of whisky per diem, and a mixture containing ten grains of hypophosphite of soda, ten drops of diluted phosphoric acid, fifteen drops of compound spirits of ether, and five drops of tincture of digitalis.

March 21st.—Patient discharged. Breath-sounds clear. No cough. Has gained flesh.

October.—Patient is still working, and has had no return of the cough, and feels nothing the matter with his chest.

CASE 2.—A. C——, aged fourteen, was admitted March 18th, 1876. His brother had been suffering from phthisis for some years, and was lately discharged from the infirmary as incurable. The patient had had a cough and cold for some months.

On admission there was crepitation over left lung; voice very husky. He looked wan, and was very emaciated. Given a mixture of hypophosphite of soda and phosphorised cod-liver oil.

May 6th.—Discharged cured.

October.—Boy continues to do well.

CASE 3.—William P——, aged seventeen, a farm labourer, was admitted May 17th. He had always been delicate. One sister died of tuberculosis; all the rest of the family healthy. He had suffered from shortness of breath for six or seven months, and had had a cough and pain in the left side for several weeks. He sweated very much at night. Had lost flesh, and could not take solid food, as it almost deprived him of his breath.

On admission, he was a tall thin lad; very emaciated; skin dusky, dry, and hot; very pale; clavicles hardly moved when he inspires; crepitation over both lungs; pectoriloquy at apex of both lungs. Ordered a nourishing diet, and the following mixture: twenty grains of hypophosphite of soda, ten drops of dilute phosphoric acid, one-sixteenth of a grain of acetate of morphia, and ten drops of spirits of ether, three times a day; and two grains of oxide of zinc and conium pill at night.

June 12th.—Patient has gained flesh, and is in every respect better. Left lung slightly dull on percussion.

26th.—Patient discharged well.

Nov. 4th.—Patient paid a visit to day to express his gratitude for what had been done for him. He says he is now strong, and can do a good day's work.