Clinical Lecture

ON

D R O P S Y.

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GENTLEMEN,—On two previous occasions I have called your attention to one of the most important and fatal diseases we meet with—I mean Dropsy. Although those lectures were given on cases then under treatment, I entered as fully as time permitted me on the consideration of the pathology of the disease.

It has been fashionable of late (for in medicine, as in everything else there is a fashion, and too often a very arbitrary one) to deny the existence of dropsy as an idiopathic disease. My own, and not a very limited, experience, however, has taught me that dropsy is quite as much a disease as either fever or, in fact, any inflammation, whatever part or organ such state may involve. That dropsy, too, frequently occurs as a mere result of disease in some one or other of the more important organs of the body, does not admit of either denial or question. But, admitting this, you will, in a large majority of cases, find that, by a minute and careful examination of the symptoms, there is little difficulty in distinguishing *symptomatic* from *idiopathic* dropsy.

Having, as I have already said, on two former occasions considered, not only the details of individual cases, but also the pathology of the disease, I purpose now rather to bring under your notice the peculiar plan of treatment which I have pursued in the wards of the Queen's Hospital, the results attending it, and, in fine, a sort of statistical report. With this end in view, I now at once enter on my agreeable task—agreeable, because the results have very, very far exceeded my most sanguine expectations. From the list of cases which I will submit to you, you will, I think, agree with me that dropsy is a disease independent of any organic cause, and also that, in a great number of cases, it admits of a complete and permanent cure.

Thirteen years have elapsed since, on the very slender experience of *three cases* successfully treated with croton oil, I published these in the *Provincial Medical and Surgical Journal*. I have often, in the interval, intended to publish the results of a somewhat extensive experience in private practice; but I delayed doing so in order to test my mode of treatment more fully, and which, as you all know, I have done in the wards of the Queen's Hospital. This I have now done, as will be acknowledged when I say that, on going over the register of the hospital, I find that it has fallen to my lot to treat no less than forty-three cases of this disease, besides three others, which have been admitted on my last reception-day, and are now under treatment.

Now, gentlemen, if I call a case by the name of dropsy, I do not mean a mere case of effusion of fluid into either a cavity or into the cellular tissue, as in common *œdema*; such effusion resulting from either disease of some important organ, or the suspension or obstruction of the due performance of its function. Far from it. If such had been my system of nosology and diagnosis, instead of reporting forty-three or forty-six cases, I might have converted them into some hundreds. For example, with one solitary exception, to which, from its *anomaly*, I must recur, I do not even mention a single case of the many which I have treated of dropsy as a sequela of scarlatina. To make this more plain to you: if a man be admitted under my care labouring under hypertrophy of the heart, and this organic lesion be accompanied by dropsical effusion, I have not been in the habit of designating such case as one of dropsy, but at once put it down as one of hypertrophy of the heart.

Again: if from symptoms, into the detail of which it is unnecessary now to go, I apprehend that a man is suffering from cirrhosis of the liver, of which condition, so far as my observation and experience enable me to speak, dropsical effusion is

an almost invariable concomitant, it matters not to me how big his abdomen may be, or how swollen his extremities, I call such case, as it ought to be called, one of *cirrhosis*, and regard the dropsical effusion simply as an effect of such morbid state of an important viscus. The same has been my rule in regard to renal disease, especially that form of it called *albuminuria*, or "Bright's disease."

It may not be irrelevant to remind you now, of what I have, both in the wards of the hospital and in this room, frequently mentioned to you—that to Dr. Blackall belongs the honour of first pointing out the diagnosis between renal and hepatic dropsy.

One fact only in connexion with the pathology of dropsy, after my former lectures, I deem it necessary to reiterate—that is, that in every such case, you have a decided loss of equilibrium between the exhalants and absorbents. This I now repeat, because, when I come to the consideration of the comparative value of elaterium and croton oil, you will find that my preference for the latter mainly depends upon this conviction.

In a subsequent part of this lecture, it will be my duty to demonstrate to you, what I conceive to be the real therapeutic difference between these two medicines, and on what foundation my preference of croton oil is actually based.

From what has now been said, you will understand that, in my opinion, dropsy may be idiopathic, or, in other words, a disease in itself. In most cases you will find that some very active agent has been in operation to produce the disease, however obscure such agency may be; and this is more especially the case when dropsy occurs in an acute form. I have had several such cases under my charge in the wards of the Queen's Hospital; and if you cannot call them to mind on the present occasion, the fault is yours, not mine, as both at the bedside, in going my diurnal round, and here, I have called your attention especially to them. This form of dropsy I have known to follow the suppression or cessation of almost every inordinate discharge; and such of you as have really attended my practice in the hospital cannot fail to remember cases illustrative of this statement. You may, perhaps, more particularly call to mind one case in which ascites, with anasarca, followed a suppressed gonorrhœa. This case, in the course of less than three weeks, left the hospital perfectly cured—I say perfectly cured, because there was no indication of any organic cause for the disease, and, in the absence of such, there is no valid reason, in a generally healthy system, for apprehending a recurrence of the disease.

In addition to the forty-three cases I have enumerated, there are now three additional cases in the wards,—two males and one female,—one of the two first manifestly depending on general derangement of the system rather than on any organic lesion. The other as certainly arising from hepatic disorder, if not actual organic disease. The latter I apprehend to be the case; and if this poor fellow's liver be really diseased, I have not the slightest doubt that the disease is cirrhosis. The third case, to which I would now direct your attention, is that of A. P.—. She is a young woman, twenty-three years of age, who was confined about three weeks ago, and, from the history of the case, it appears that dropsy had supervened almost immediately on her delivery. She is suffering from ascites to an enormous extent; she is also suffering from "phlegmasia dolens" of the right leg. This I only ascertained to be the fact on very minute inquiry, instigated by the fact that, after the disappearance of the *œdema* from the left leg, the right continued not only immensely enlarged, but also offered to the most cursory observer the whiteness, hardness, and uniform swelling of the limb, which is met with only in this disease. On more minute inquiry, I find that previously to any tumefaction of the limb taking place, she suffered from that acute and agonizing pain in the groin which, according to my experience, is the invariable precursor of phlegmasia dolens. The ascites is gone, the *œdema* of the left leg is hardly perceptible, and the enlargement of the right is sensibly diminished under the use of the roller of flannel, the pressure being most carefully and gradually increased on each application. This poor woman, however, can hardly recover, as now pulmonic symptoms have supervened, which are in themselves far more than sufficient to destroy life. After this statement you will agree with me that this is not a case of simple acute dropsy. Of the dropsy she is at this moment cured, but she will most assuredly sink under the complication which I have described.

As to the treatment of dropsy. There are several points connected with the diagnosis of the disease to be attended to before you can hope to arrive at anything like a rational mode of treatment. There is the great and important distinction

first enunciated by Dr. Blackall—viz., the distinction or diagnosis between hepatic and renal dropsy, and this is of more importance than may at first sight be apparent, from the vast influence which it exerts over our therapeutics. Dr. Blackall, long before Bright's disease or albuminuria was heard of, showed that in almost every case, where dropsy depended on disease of the kidneys, albumen existed in the urine, whilst in similar cases of hepatic origin such was not the case.

Having said this much, I will now call your attention to the cases which have terminated fatally. The first was a man, T. O—, whose case was evidently of hepatic origin. Long before he died I stated to the pupils in the clinical ward my conviction that he suffered from cirrhosis. He died. His liver was not as large as my hand, and could hardly be cut through with the knife. Another was the case of a man, J—. He died from extensive disease of the heart, of which the dropsy was a mere consequence. This also was fully proved by examination after death. The next was the case of S. B—, who died of heart disease, and during life suffered from general dropsy. The cases of C. B—, S. M—, and E. G—, were all precisely similar. All of these suffered from general dropsy; but all must have died, even had no dropsical symptoms ever occurred. The case of W. H— deserves your special attention, not only from its duration and the great benefit which he derived from the plan of treatment which it is my object in this lecture to advocate, but still more from the fact that no case which I have treated illustrates more perfectly than this the palliative effects of the croton oil, where, from extensive organic disease, all hope of absolute cure is futile. In fine, in every case which has proved fatal, the scalpel showed that no human means could have by possibility been of avail. Hence I am fully justified in affirming that in every case which admitted of cure, the croton oil has effected it; and that where it has failed in my hands, no other means could have produced any other result, as the patients died not from dropsy, but from organic diseases, which must have inevitably destroyed life without its occurrence.

We have, however, dropsy arising from causes altogether independent of those to which I have just alluded, and most especially in young persons and after scarlatina or scarlet fever. In these cases, I find the treatment is comparatively simple. Except one case, I never, in my own experience, met with an instance of dropsy after scarlatina which proved fatal. The exception to which I allude was H. W—, a boy, nine years of age, who presented to us what may be considered as an almost unique case. I am not aware, either from personal or derived experience, that the annals of medicine afford a parallel to it. He laboured under ascites, anasarca, and oedema of the scrotum, the consequence of disease following scarlet fever two years ago. He had been in St. Thomas's and some other London hospitals before he was admitted into the Queen's. I mention his case thus particularly, because, as already said, I never met with such organic disease as "cirrhosis" in so young a child. It is the only case, even up to the period of adolescence, where a person laboured under that disease, which has come within my knowledge. The liver was not more than half its natural size, whilst the spleen was as large as the liver was small, weighing not less than twelve ounces, whilst its normal weight should only have been three, or at most four ounces.

There was another memorable case in a man named J—. He suffered from ascites, anasarca to a vast degree, and also from oedema of the scrotum, with very intense erysipelatous inflammation of the latter. For the relief of the latter, scarification was resorted to. This was followed by sloughing, to such an extent that the right testicle protruded, and was only retained in its position by the spermatic cord. This man, as you all know, was discharged from the hospital perfectly cured.

Another man, P—, suffered from ascites, anasarca, and oedema of the scrotum. He got well, and was discharged cured; but from the fact of his urine being charged with albumen, I have very little doubt that the disease will recur.

If time had permitted me so to do, it would have afforded me infinite satisfaction to have given you a complete analysis of all the cases which I have treated, with pathological and therapeutical remarks on each. From the very scanty and utterly inadequate portion of time which is allotted to clinical instruction, it is in vain to attempt it.

From what has now been said, you find that, in all, I have treated forty-six cases of dropsy in the Queen's Hospital, out of which number *thirteen* have died, every one of which must have done so, even though no dropsy had ever taken place.

As to the mode of treatment which I have pursued, all of you are too familiar with it, to render it necessary for me to go into any very minute details. You have it before you

every day in the hospital, and can, therefore, judge of its efficacy for yourselves. *Facts are real or apparent*, and in nothing more than in the science of medicine, is it of greater importance to discriminate between that which is *real* and that which bears the semblance of *reality*. What I have this day brought under your notice is the *reality*.

You are all of you cognizant of my predilection for croton oil in the treatment of dropsy, whether as a curative or merely palliative agent. Let me now, as briefly as the subject will allow me to do, state to you the grounds on which I prefer it to elaterium, which has so long held the first place as a remedy in dropsy. If you refer to the best works on *materia medica* and therapeutics, you will find that elaterium and croton oil are both put down as *hydragogue cathartics*. In regard to elaterium, this is quite correct; but, as to croton oil, I, from extensive experience, affirm that, although a *drastic*, it is not a *hydragogue cathartic*, being in this respect inferior to a *seidlitz powder*. In illustration of this, I can say, and without fear of refutation, that an ounce of Epsom salts will give rise to more watery evacuations than even *three* minims of croton oil. What, then, it may be asked, are the grounds on which, and why do I prefer the croton oil? Why, because it at once diminishes the quantity of fluid effused, and, at the same time, exalts rather than depresses the power of the absorbents; in this respect affording a well marked and important distinction between it and elaterium.

My objections to elaterium are the following:—no man can deny that it is the most potent hydragogue cathartic that we possess, and that from this property it induces the most speedy diminution of dropsical effusion; but what is its ultimate and counterbalancing effect? It as certainly depresses the power of the absorbents; hence any benefit which arises from the speedy, though temporary, diminution of the dropsy, is far more than outweighed by this inseparable, and, so far as my observation extends, invariable result. Again: given with the utmost discretion, it is a medicine, the action of which it is impossible either to predetermine or to regulate. On many occasions I have seen all but fatal syncope follow its exhibition. Have any of you ever witnessed such an effect from my mode of giving the croton oil? Never: nor have you seen a single instance of hypercatharsis, tenesmus, or any other dysenteric symptom ensue on its employment. The croton oil also possesses another very marked superiority over other purgatives, not only in the disease under consideration, but also generally—i. e., that in a very small compass it affords us at once a safe and certain purgative. For this reason it is that I so very frequently use it as an *immediate* and active purgative in cases of a comparatively ordinary character.

In dropsy, I feel convinced, from an extensive experience, and most careful observance of its action, that very much more of its efficacy is attributable to its stimulant effect upon the absorbents, than to its mere cathartic powers. No doubt persons unacquainted with its action will hold up their hands in astonishment at the *diurnal employment* of such a potent medicine; and yet every one who now hears me has seen patients taking it daily, even for weeks consecutively, with not only the most perfect impunity, but also with the most salutary results. Wherefore, I consider myself fully justified in affirming, that croton oil is not only the most effective, but also the safest medicine in dropsy; as I am not at this moment aware of any one of the patients whom I have treated with it, some of them in the last stages of the most formidable diseases, and reduced to the lowest possible state, having even fainted after its action; whilst even in the most hopeless of these cases, a greater or less degree of relief was experienced from its employment.

Thirteen years have elapsed since I first brought this treatment before the profession. At that time I was in the habit of giving the oil in doses of *three minims*, from which I never witnessed any unpleasant effects—although Mr. Braithwaite, in his "Retrospect" took occasion to honour me with a sneer. You may feel disposed to ask why I am now content to exhibit the medicine in doses of *one minim*? Because I find that the last more minute dose fulfils my object. Some of you may be aware that Rassori, who first introduced the antimonial treatment in inflammatory diseases, more especially of the chest, gave the medicine (potassio-tartrate of antimony) in doses of three grains, in which practice he was followed by a host of Continental and British practitioners. Now you all of you know that I generally give this medicine in doses of from one-sixth to one-quarter of a grain, and that I obtain the desired effect, at the same time guarding my patient against the consequences inseparable from the administration of such a medicine in the larger dose.

As to diuretics: these medicines are doubtless to be regarded as powerful auxiliaries to other remedial measures; but you will also constantly see that they do not produce the effect anticipated and wished for. This is more especially the case where the disease is of renal origin. The reason of this is obvious, the cause of the disappointment being, that from the morbid condition of the kidneys, those agents which, acting on a healthy organ, would produce the desired effect, have no power over the same when in a state of disease.

In conclusion, I may observe that, to Mr. Huntley, of Howdon, near Newcastle-on-Tyne, I am indebted for the plan of treatment which I now not only advocate, but from which I have obtained such satisfactory results. This acknowledgment I make, not only from a sense of justice, but also as a comparatively small tribute of respect to very considerable practical acumen and experience. If the plan of treatment now recommended be carried out with due care and discrimination, without which any therapeutic agency becomes mere empiricism, you will find that I have not said one word regarding the croton oil treatment of dropsy, which is not more than justified by the facts which I have brought before you.

At a future opportunity, I shall lay before you a tabular statement of the cases treated, with the cause of the disease, the result, and, where fatal, the structural changes.

(To be continued.)

ON THE INTRODUCTION OF IODOFORM INTO MEDICINAL USE.

CLAIM OF M. BOUCHARDAT.

By R. M. GLOVER, M.D., F.R.S.E., &c.

IN the *Bulletin Général de Thérapeutique* for January 15th of the present year, there is a memoir on the therapeutic use of iodoform, with formulas. It is stated very properly, as a reason for employing iodoform, that it contains no less than nine-tenths of its weight of iodine, that very favourable results have been obtained from its use, and, finally, that the "learned Professor has endowed therapeutics with a precious agent." It is less with the view of putting in my own claims to the introduction of this interesting remedy than of again calling the attention of the profession to it that I now write. I have submitted more than once in silence, and seen others deck themselves in my plumes, but this is a somewhat special case, and besides, the practice is so common on the other side of the water, that it deserves a rebuke. There is not a single point in which I have not anticipated M. Bouchardat, except in the use of iodoform in cancer, where I firmly believe it will do more harm than good.

The first published notice of the singular physiological properties of iodoform is an account of an experiment on a dog, at which I assisted, published in Dr. Cogswell's work on Iodine, 1837. In the year 1842, in my paper on Bromine and its Compound, published in *Craigie's Journal*, there will be found a chapter on the Physiological Properties of Chloride and Bromide of Olefiant Gas, Chloroform, Bromoform, and Iodoform, with a note stating that I had used iodoform successfully, both internally and externally, in bronchocele, scrofulous enlargements, and skin diseases; and finally, in the April number of the *Edinburgh Monthly Journal*, 1848, there is a paper by me on the Physiological and Medicinal Properties of Iodoform, where I give a process for the preparation of this substance, the theoretical formula of its preparation, and practical directions for its use, with cases.

The *Bulletin de Thérapeutique* states that M. Bouchardat gets one-sixteenth of the weight of the iodine he employs in iodoform by his process. By mine, published in the *Edinburgh Monthly Journal*, I get, I find, one-eighth; and by both processes the excess of iodine of course admits of recovery. I say, "When we consider the constitution of iodoform, $C_2H_2I_3$, so that 13 grains of carbon and hydrogen in this body render about 380 grains of iodine organic—change the iodine from an inorganic to an organic substance, of the same nature as an acid secreted by animals, (the formic,) and possessing relations with alcohol and ether, an assimilable substance;" that, in short, such a body is likely, as well as from its analogy to chloroform, to possess extraordinary properties. The doses in which I recommended it were three grains, in pill, two or

three times a day, chiefly in bronchocele and scrofula; externally, half a drachm or a drachm to the ounce of lard in skin diseases and tumours. The doses recommended by M. Bouchardat are nearly the same, except a strong external application to cancer, where I veritably believe it will do harm.

In the same article in the *Bulletin*, it is stated that a M. Rhigini, druggist at Oleggio, had found iodoform to be possessed of anæsthetic properties, but these much feebler than in the case of chloroform. In an article on Anæsthesia and Anæsthetic Agents in the *British and Foreign Medico-Chirurgical Review*, January, 1852, which was written by me, iodoform is classed amongst anæsthetic agents beside chloroform and bromoform; but it is stated, "Of the bodies analogous to chloroform, bromoform in all probability, and iodoform, certainly, are not sufficiently volatile." I must do THE LANCET the justice to say, that it noticed my paper on Iodoform, and called the attention of the profession to it. Now that my results have been confirmed by so distinguished a scientific man as M. Bouchardat, I hope parties may be induced to try the remedy in suitable cases. I may as well say, in case any one consults my paper, that at p. 579 of the *Monthly Journal* there is an erratum— H_2 for H.

Tavistock-place, February, 1857.

ON A CASE OF CANCER OF THE MAMMA REMOVED BY A PAINLESS METHOD.

By RICHARD BARWELL, Esq., F.R.C.S.,
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FOR several years—that is, since 1852—I have been engaged in the study of cancerous diseases, chiefly with a view of finding some constitutional remedy on which reliance could be placed. The question of gradual removal comes naturally into consideration, and I have had such cases where the tumour bore every external character of carcinoma. In the accompanying example, however, all proofs as to the nature of the disease are so clear, so beyond doubt, that I believe the details will be interesting to the readers of THE LANCET.

The treatment adopted requires but few words of explanation. There are, besides the many mineral escharotics, several belonging to the vegetable kingdom, which have the advantage of painlessness; moreover, they hardly act on any but fungoid or lowly organized growths; such are, for instance, oak-bark, the sanguinaria canadensis, &c. &c. In the case below reported, tannic acid was used, because a large surface of diseased growth was open to the action of any application, and because it was deemed advisable to use the least irritating even of vegetable escharotics. I must say that I have failed in finding any especial advantage in removing the tumour *en masse*, as insisted on by Mr. Haviland in THE LANCET of Feb. 14th. Canquoin's pastes, of which he uses the strongest form, are very painful, torturing in only a less degree than arsenical applications; their use has for some years been known and abandoned in all but a very few cases. The mere removal of a carcinomatous growth is very far from being a cure of the disease, and therefore with the local treatment was combined a remedy in which I have learned to place great reliance. I have found that chlorine, given either simply or in combination with soda, acts as a most powerful absorbent and tonic. The weakest and most worn-out system can bear it; it relieves the gastric irritation and rheumatoid pains, so frequently the signs of commencing cancerous cachexia. Even in far advanced cases of uterine disease I have proved the value of this medicine, finding it followed by the above effects, and by a restoration of almost the healthy skin-colour. I hope soon to furnish some examples, wherein the action of this remedy will be fully shown. In the following case it was given in combination with soda (its weakest form), was commenced in a very small dose, increased by five drops every third day.

M. H—, aged sixty-two, came to Mr. Canton at the Charing-cross Hospital, with a tumour in the right breast, on the 5th January, 1857. She has borne and suckled seven children, and suffered eight miscarriages; ceased menstruating at fifty. For some years past has been troubled with business difficulties; but about Christmas, 1854, more important family troubles deprived her of sleep and appetite; she lost flesh, and has since remained thin. In February, 1856,—that is, fourteen