

If, then, it be allowed that one form of rheumatism is sometimes followed by suppuration, it cannot be denied that another form of the disease, almost equally severe, may occasionally terminate in a similar manner. But a most convincing proof that muscular rheumatism is sometimes followed by suppuration, is supplied by the phenomena which attend the course of rheumatic carditis. Many cases are now on record of violent rheumatic inflammation of the heart, terminating in this manner, and the pus has been found either diffused through the structure of the organ, constituting what Bouillaud has termed *ramollissement*, or collected into cysts, occupying various positions in its parietes. The reader will find several instances of the latter variety detailed in Bouillaud's work, (*Sur les Maladies du Cœur*, vol. i. p. 583) in which the cardiac affection was connected with acute rheumatism of other parts. If, then, the muscular structure of the heart, when attacked with rheumatism, may become the seat of purulent deposit, there is no reason why the same termination may not follow a similar form of inflammation of the thoracic muscles; and we are, consequently, at no loss to account for its appearance in the case under consideration.

"2. If not rheumatic, then what was the nature of the disease? The only tangible fact, post-mortem, is the presence of pus—pus diffused over the left side of the chest. (The reader will recollect, that I described the collection of pus as having been confined to the *left infra-mammary region*—R. L. MacD.) Whence, then, did this originate? Not from rheumatic inflammation. It is more probable that it was connected with the typhus-fever, or the small-pox, under which this gentleman laboured. Deposits of pus, it is well known, are very frequent consequences of such diseases. A deposit thus originating may have escaped attention until it became diffused, perhaps, during the violent exercise

which he used. On the day preceding his illness, he began to suffer from the aggravated symptoms then presented. It is also not an uncommon thing to find inflammation at the neck of the bladder; which also was said to be present here, complicated with phlebitis of the veins of the bladder and subsequent deposits of pus. (The bladder was healthy as stated in my report—R. L. MacD.) Connecting, then, the presence of pus with one or other of these sources, it is right to admit that the effects would correspond with Dr. MacDonnell's observations, which show that the pectoral muscles (and also the abdominal—R. L. MacD.) to have been in that state described by Dr. Marshall Hall as spasmoparalysis, whilst the irritation communicated to the phrenic nerve gave rise to the spasmodic action of the diaphragm as a reflex function."

The next supposition, viz., that the pus found between the muscles and integuments of the left infra-mammary region "was connected with the typhus or the subsequent small-pox; and which might have escaped attention until it became diffused, perhaps during the violent exercise which he used," is perfectly irreconcilable with the facts of the case. This gentleman, after his recovery from both these affections, was in the daily habit of taking violent exercise, particularly at Rackets, a game requiring the use of both arms; and consequently one which could not have been indulged in, if such a serious impediment to the free motion of the left arm, as a collection of pus under the pectoral muscles of that side, existed. He took, moreover, a leading part in the garrison theatricals, and always preferred those characters which required great activity and exertion. In fact, it was with the greatest difficulty, I could restrain him from these his favourite amusements whilst under treatment for the stricture of the urethra. These facts are not only incompatible with, but quite subversive of, the opinion, that a collection of matter, the consequence of typhus or small-pox, or connected with phlebitis of the neck of the bladder, existed in my case.

It is certainly new to me to hear that phlebitis of the neck of the bladder is capable of running through all its stages, and of producing death in twenty-four hours; and that an individual in whom "purulent infection" is established, is not incapacitated from taking most violent exercise. I have seen a great deal of this form of disease, and have preserved copious notes of almost every case that has come under my observation; and I can confidently state, that neither in its origin, progress, or termination, did the disease of the late Captain H. exhibit the slightest resemblance to phlebitis or diffuse inflammation.\* And I may be allowed to ask the editor of the *Lancet*, if he has ever seen a case of phlebitis terminating fatally without deposits of pus along the course of some of the principal veins, or within their walls, or in the joints, lungs, liver, spleen, or kidneys, or in which death was not preceded for some days by symptoms of a purely typhoid character? Or, has he ever

cases which have ended in suppuration, the very fact of such termination is assumed as *ipso facto*, proving that the disease had not been rheumatism but ordinary 'disease of the joints.'"—*MacLeod on Rheumatism* p. 96.

In the last clause the author anticipates the objection of the Editor of the *Lancet*, which amounts to this—that though a case should present all the characteristics of severe rheumatic inflammation, yet, it is not of a rheumatic nature because a small quantity of pus is discovered spread out in the cellular tissue between the muscles! It seems strange that the editor should not have made any remarks upon the improbability of muscular rheumatism terminating in suppuration, when publishing the clinical lectures of Schönlein, in the first volume of the new series of his periodical. Schönlein not only supports this view, but maintains that it is extremely difficult to prevent suppuration, when the rheumatism seizes on the abdominal muscles. In a case described in one of his lectures on rheumatism, we find the following observations,—“The pain remains fixed in the part above the symphysis, a phenomenon which I have frequently observed in cases of rheumatism of the muscles of the abdomen. Yesterday evening a great aggravation of the local affection took place; the pain was more severe, even on the slightest touch, and more extensively felt, on which account we again ordered local bleeding; after which, a remission took place; and yet it is very doubtful whether we shall be able to obtain a complete resolution. I repeat, that I have seen, when the affection frequently recurred, that in spite of the most careful treatment, suppuration could not be prevented, and this is an axiom that has been proved by experience, in cases of rheumatism of the muscles of the abdomen, or, as it is falsely called, of external or muscular peritonitis.” When we recollect that Schönlein is the most celebrated clinical teacher of Germany, and has obtained this distinction from his great powers of observation, and bedside study of disease, we cannot, for a moment, doubt the truth of the above doctrine.—*Vide Lancet*, vol. i., for 1844, p. 178.

\* I have alluded to phlebitis and diffuse inflammation as separate affections, merely out of deference to nosological arrangement; for I believe that, in their true pathology, they are merely varieties of the same affection; and like puerperal phlebitis, glanders, dissecting wounds, and purulent absorption after wounds, they are but so many evidences of a pyrogenic condition of the system—the absorption of pus and its admixture with the blood producing the formidable train of symptoms, characteristic of these different affections.