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MEMOIRS

OF THE

MEDICAL SOCIETY

OF

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INSTITUTED IN THE YEAR 1773.

VOL. IV.

L O N D O N:

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MDCCXCV.

P R E F A C E.

SINCE the publication of the third volume of the Society's Memoirs, the following medals have been presented.

To Mr. Henry Field, Apothecary, Newgate-street, for his Dissertation on the Croup; a Silver Medal.

To Dr. Johnstone, of Worcester, for several valuable Communications; a Silver Medal.

No satisfactory answer having been returned to the question proposed by the society for the gold, or Fothergillian Medal, the same is continued for the year 1795, with the other questions formerly announced, viz.

*“ What are the Effects of Mineral Poisons,
“ upon living Animals, and more particularly*
A 2 *“ upon*

*“ upon Mankind, when taken internally, or
“ applied externally; and what are the most
“ efficacious Means of counteracting these Ef-
“ fects?”*

Question for the Year 1795.

*“ What are the Effects of Vegetable Poi-
“ sons, upon living Animals, and more espe-
“ cially upon Mankind, when taken inter-
“ nally, or applied externally; and what
“ Means are most efficacious in counteract-
“ ing these Effects?”*

Question for the Year 1796.

*“ What are the Effects of Animal Poi-
“ sons, either by internal or external appli-
“ cations, upon living Animals, and espe-
“ cially upon Mankind; and what are the
“ most efficacious means of counteracting
“ these Effects?”*

Question for the Year 1797.

*“ What are the Effects of Aërial Poisons,
“ upon living Animals, and especially upon
“ Mankind; and what are the most effi-
“ cacious*

“ cacious Means of counteracting these Effects?”

N. B. It is desired that every Answer to any of the foregoing Questions may, as far as possible, be founded upon actual Experiments, or well authenticated Facts. And that the several Competitors will, if practicable, ascertain the Specific, or Characteristic Symptoms of each particular Poison; in order to assist Medical Practitioners, not only in their Endeavours to afford Relief, but in the Evidence which they may be required to give upon Questions of this nature in any Court of Justice.

The Society continue to offer two Silver Medals annually; one to the author of the best Essay, read before the Society within the year, by a Fellow, that is, any Member who resides within seven miles of London; the second, to the best Essay by any other person.

One of our members has also proposed to give a gold Medal, or twenty guineas (at the option of the successful Candidate) for the best Essay, in answer to the following question, *viz.*

*“ What Diseases are most frequent in Work-
“ houses, Poorhouses, and similar Insti-
“ tutions, and what are the best means of
“ preventing or curing them?”*

I. *It is required that in the answer to this Question, particular attention be paid to ascertain the causes and best mode of treating epidemic diseases.*

II. *It would be proper to advert to the site and structure of these houses; and the economy in their management, as conducive to health or sickness; as well as to ascertain what species of employment, or what article of manufactory, would best suit each relative situation of the buildings, as they respect emolument or health.*

REGU

R E G U L A T I O N S

RESPECTING THE

GOLD MEDAL.

1. EACH Dissertation shall be delivered to the Secretary, in the Latin, English, or French Language, on or before the first Day of November, 1794; and the adjudication of the Medal shall take Place in the last Week of February, 1795.

2. With each Dissertation shall be delivered a sealed Packet with some Motto or Device on the Outside; and within, the Author's Name and Designation; and the same Motto or Device shall be put upon the Dissertation, that the Society may know how to address the successful Candidate.

3. No Paper with the Name of the Author affixed, can be received; and if the Author of any Paper shall discover himself to the Council, or to any Member thereof, such Paper shall be excluded from all Competition for the Medal.

4. All the Dissertations, the successful one excepted, shall be returned, if desired, with the sealed Packets unopened.

The Directors of the Royal Humane Society of London, having again referred the decision of their Prize Medal to this Society, the following is a minute of their adjudication.

“ *Council of the Medical Society,*

“ Monday June 30th, 1794.

“ *Mr. Armiger* in the Chair.

“ Resolved, that the Dissertation on Apparent Death, bearing for its Motto, “ *Vita brevis, ars longa, experimentum difficile,*” is adjudged by the Council to be deserving of the Gold Medal offered by the Royal Humane Society; and that upon the Letter accompanying it being opened, it appears to be written by Anthony Fothergill, M. D. F. R. S. of Bath.

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A R T I C L E I.

HISTORY *of a* CASE *of* PEMPHIGUS.

BY WILLIAM GAITSKELL, SURGEON,
ROTHERHITHE.

COMMUNICATED BY J. C. LETTSOM, M.D. &c.

Read OCTOBER 5, 1789.

JOHN THOMPSON, aged 44, of the sanguine temperament, but remarkably healthy, after sweating profusely with hard labour, was attacked on the night of August the 12th, with a sensation of prickling in the skin; particularly, on the breast and neck, inside of the arms, legs, and thighs. This was succeeded by several small vesicles, about the size of peas, distended with a pellucid serum: These extended themselves in all directions, and in three days acquired their greatest magnitude.

Their shapes were various, some being round, others oval; the long axis of many
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being more than an inch. In this state they remained stationary ; but changed their colour to a pale yellow : continued near a week, and then burst. A few of the largest gave a slight sense of scalding, but no inflammation, the intermediate skin being quite pale.

There was a succession of crops from August the 12th, till Sept. the 5th ; the number amounting to more than two hundred : though the affection of the skin was general, there was no fever, so that medicine seemed to be useless, excepting a placebo to amuse the mind, and some mild ointment, after snipping the bladders, to prevent the irritation of exposure. Under this treatment they healed rapidly, the cuticle desquamating. The skin having now lost the vesicular tendency, the man went to work, and remains well in his old occupation of drayman and hostler.

REMARKS.

The case which I have described is the Pemphigus Major, an uncommon disease, and, in this instance, not entitled to be classed in the Exanthemata Febrilia of our two great nosologists, Cullen

len and Sauvages. The latter defines it "*Eruptio Phlyctænarum avellanæ circiter magnitudinem fero diluto flavo turgidarum**." And this definition under the head *Impetigines*, would be agreeable to truth; if, we admit, that there be two kinds, acute and chronic; the first attended with fever, the latter without; of which, in my opinion, there is not a doubt.

In other *Exanthemata*, as *Erysipelas*, and *Urticaria*, we have two kinds, one acute, the other chronic: the same obtains in *pemphigus*. Of the latter I have met with but two instances, of the former none. One is the case I have related, the other at the Edinburgh Infirmary, under Dr. Gregory. This was a woman, aged 26, who had it very general, even to the passing into her mouth, down the *œsophagus*, and through the whole track of the intestinal canal, but yet unattended with fever. It was preceded by *hæmatemesis* and *amenorrhœa*, and was her fourth attack. There are two chronic cases mentioned by Sauvages, but five where fever made a part; also, one well-described case, with eruptive fever, by my ingenious friend, Dr. Steph. Dickson, in the *Transactions* of the

* Vide Sauvages, Class III. O. I. *Exanthematicæ*. Gen. III.

Royal Irish Academy, for the year 1787. Therefore, I think, there will be great propriety in placing that with fever, among the exanthematicæ of Cullen and Sauvage, and the chronic, among impetigines, or vitia externa, with this definition of Linnæus, “Vesicula serosa, distenta, pellucida, basi inflammata, rupta dolens*.”

With respect to Dr Cullen, he declares but once having seen a case of Pemphigus, and that was shewn him by Dr. Home; but it was not said whether with fever or without; and this was posterior to his last publications: however, as the Doctor has read all that is written on the disease, and, in his synopsis, has made it contagious, and the vesicles to appear, on the first, second, or third day, we shall see that this is liable to objections. In the febrile case of Dr. Dickson, new vesicles appeared every day for more than a fortnight; and, in the two cases which fell under my cognizance, they appeared in succession for more than three weeks. In the next place it has never yet proved contagious, else why does it not multiply itself like other contagions? instead

* Vide Nosolog Meth. Linnæi, Class XI. Vitia. Gen.

of which, there are very experienced men who have never seen it, and, others, but a solitary case or so. To prove with more certainty its uninfectious nature, I submitted to the experiment of inoculation, but, without being infected; therefore, have reason to conclude, that it is not contagious, and that limiting the eruption to a period of three days, and making it contagious, is not agreeable to experience.

I have mentioned the occurrence of pemphigus, in the same patient, four different times—this is a curious fact, and shews a strong constitutional tendency; which instead of being altered by the action of the disease, as happens in variolous and morbillous inflammation, only modified the skin to renew it again. Therefore, it shews no affinity with these diseases, but great alliance with other chronic eruptions, as erythema, nettle-rash, and shingles, which instead of destroying the skin's susceptibility, only encrease its readiness to produce it. This, by analogy, may be transferred to other cutaneous affections which are apt to relapse, and, perhaps, with great propriety to Pemphigus.

With respect to the cause of vesicular eruptions, it is difficult to be traced; probably some

unknown state of the atmosphere, by stimulating the extremities of the exhalant arteries, combined with strong cutaneous susceptibility, may produce a new modification of action, and cause the phænomena recited. We have many instances where the natural action of parts are so altered by a variety of internal as well as external causes, which we are unacquainted with, but know to exist by their effects, that my conjecture is not quite improbable. That an alteration of action will give a variety of phænomena we have the clearest proof; for in the hydrophobic, cancerous, syphilitic, variolous, and morbillous inflammations, the mildest fluids are actually changed into animal poisons, and all this by some specific action induced upon the vessels which they pass through. This being granted, it may reasonably be employed to explain many cutaneous appearances, which can never be comprehended under the common idea of general acrimony, or particular ferments. The phænomena of small-pox are explained upon the principle of a ferment, and that of measles upon an acrimony of the blood *, but with what propriety I will now leave to be

* Vide Cullen's Practice of Physic.

judged. The same was supposed to occur in syphilis, till the ingenious Mr. Hunter proved it erroneous, and that syphilitic blood would not infect, however violent the specific disease was. Why in small-pox and measles the solids should be so altered, as to be rendered incapable of producing their specific symptoms more than once, while others retain a latent susceptibility to recur again, is beyond my ability to explain, and, therefore, shall leave it unattempted.

My opinion of Pemphigus therefore is this, that it is sometimes acute, and sometimes chronic; the former being constantly attended with fever, the latter as constantly without; that in neither case is it an acrimonious, or contagious matter, thrown off from the blood; but, pure serum, secreted by the cutaneous exhalent arteries; and if acrimony exists, must be attributed to the action of the vessels it passes through. This takes place in catarrh, where the mild mucus of the nostrils and trachea, is changed into a stimulating ichor—and in purulent ulcers, we have instances of the mildest matter being rendered corrosive, by local irritations—enough to explain the origin of acrimony.

I was induced by curiosity to examine the fluid contained in the vesicles, and, see whether it possessed any outward signs of stimulating powers, but found it similar to the serum of blood, only much less saline, and less saturated with coagulable lymph. Of a pale yellow colour, but quite transparent, and slippery, between the fingers, like a thin solution of gum arabic. It was also insipid and inodorous. A quantity collected in four different vials was exposed to the action of three concentrated mineral acids, and rectified spirit of wine. With each it was decomposed, the coagulable matter separating in the form of white flakes: the same happened to the serum of blood; but more coagulum. The proportion of coagulum in the vesicular liquor was two grains in thirty-two.—In some of the vesicles of five days, the coagulable lymph had separated spontaneously, two thirds of the liquor being thin, the remainder adhering to the secreting surface, tremulous like jelly. In a few days this was absorbed, and new cuticle supplied its place, the old one falling off in the form of brown scales.

This finishes all I have to say upon Pemphigus: I wish, however, it were in my power to illustrate

illustrate it more clearly.—With respect to the cure, when it is of the chronic kind, the most mild ointments, are all that is necessary ; but, if of the acute kind, the principal attention must be paid to the fever ; not neglecting the local remedies. In most cases, attended with fever, there has been great debility, and bark with wine have been liberally required ; but, sometimes, it has been more inflammatory, and bleeding has been employed with advantage :—This, however, must be left to the discretion of the practitioner. When it happens that the vesicles enter the mouth, and alimentary canal, the patient must be supported by glysters of broth or milk, till the stomach is fitted to receive food ; and tonics must be had recourse to afterwards, to complete the cure.

WILLIAM GAITSKELL.

Rotherhithe,
Sept. 30, 1789.

ARTICLE II.

*Observations on the Digitalis Purpurea, or
Fox-glove.*

By WILLIAM CURRIE, M.D. C.M.S. CHESTER.

IN A LETTER TO J. C. LETTSOM, M.D. &c.

Read OCTOBER 26, 1789.

I HAVE read with much pleasure the second volume of Memoirs of the Medical Society. The candid manner in which you have given the result of your practice with the Digitalis Purpurea in dropfies, does you honour, and will be of service to mankind. My own observations of the effects of that remedy in hydropic affections correspond intirely with yours:—and there is reason to fear, that the general and indiscriminate use of that vegetable, in consequence of the strong recommendations of some respectable physicians, has in many instances been productive of the most pernicious effects.

The

The *Digitalis Purpurea*, is evidently to be ranked amongst the sedative poisons. It acts most powerfully upon the nervous system, destroying its mobility, and weakening the vital powers. In hydropic affections, therefore, which frequently originate from debility, and, almost in every instance, are attended by a considerable degree of it, no good is to be expected from a remedy that operates so strongly in weakening the powers of life. When hydropic swellings have been carried off by the *Digitalis*, the absorption of the fluid appears to have been owing to the commotion excited in the constitution by the vires medicatrices naturæ, in order to obviate the sedative effects of the remedy. Its operation is therefore general upon the system, and not owing to any particular stimulus excited upon the secretory vessels of the kidneys. But when from the great degree of debility, or a too large exhibition of the remedy the vires medicatrices cannot produce the necessary and salutary reaction, the consequences must be either an encrease of the disease, or a premature death.

This property of the *Digitalis*, which renders its exhibition so hazardous in diseases of debility, recommends it to our attention, as a
very

very powerful and useful remedy, in cases where great excitement, irritability, and increased tone prevail in the nervous and arterial systems. It appears to be particularly suited to that state of irritation of the brain which attends the furious state of maniacs—and that is perhaps the situation in which it may be most safely employed, and when the probability of its doing good is the greatest.

About two years ago a lady was under my care, who from being endowed with much sensibility of mind, and having been exposed to a train of vexations and unpleasant circumstances, sunk into a state of melancholy which ended in mania. The symptoms of irritation, impetuosity and violence, were constant and excessive. In the first weeks of the disorder, large evacuations by bleeding and purging were employed without any apparent effect, either in reducing her strength, or in mitigating the violence of the disease. Afterwards emetics, blisters, large doses of camphire and of opium were had recourse to, with no better success. The sedative effects of camphire intirely failed, and opium, though given in large doses, seldom procured sleep, and

and when it had that effect, the symptoms were always more violent the succeeding day.

Gaining no ground by the usual mode of treatment, and having frequently observed the powerful sedative effects of the *Digitalis* in other diseases, I determined to try it here. It was at first given in a pretty full dose, and repeated so as to produce languor, faintishness, and considerable irregularity of pulse. Its operation was attended by calmness, which was soon followed by sleep. After a few exhibitions of this remedy, there was an evident mitigation of the furious symptoms, and though the confusion of ideas continued, the patient became much more manageable, and had a greater disposition to sleep during the night. I afterwards directed five grains of the powder to be given occasionally upon any considerable appearance of irritation, or when the volatility of her spirits or restless nights should require it. By persisting in the use of the *Digitalis*, accompanied with laxatives, and the use of the shower-bath, this lady was restored to perfect health, and she now continues to enjoy the greatest of all human blessings, the "*Mens sana in corpore sano.*" It may be right to mention that there never was
any

any symptom in this case that could lead to the smallest suspicion of dropfy, and that the medicine neither produced vomiting, nor had any sensible effect in encreasing the urinary or alvine excretions. It appeared to operate, in this case, by diminishing the irritability of the brain and nervous system, and by inducing sleep: And its possessing these properties without any accompanying stimulus, as is the case with opium, renders it peculiarly applicable to the irritable state of maniacs: and, under proper management, it promises to be of great utility in every case of this disease, that does not depend upon an organic affection of the brain.

Encouraged by my success in this case, I have since given the *Digitalis* to several maniacal patients, and frequently with advantage. In almost every instance its sedative and narcotic effects have been manifest.

Several years ago the *Digitalis* was given by my directions to three epileptic patients:—on first taking it, the fits in all of them returned at longer intervals, and were thought not to be so violent; but after it had been used for some time, the fits became as violent and frequent as they had ever been, and the medicine was laid aside.

The great power the *Digitalis* possesses of diminishing the irritability of the heart, and of weakening the force of the circulation renders it a probable remedy in active hæmorrhages. A grain of it was given every six hours to a lady of a very hysterical constitution, labouring under an hæmoptoe, and the discharge of blood soon ceased, though it had before resisted the usual remedies.

A very profuse and obstinate nasal hemorrhage, in a man, ceased soon after administering the *Digitalis*.

These instances appear to be in favour of the efficacy of *Digitalis*, in restraining hæmorrhages.—It must, however, be confessed that in such cases it is extremely difficult to distinguish between the spontaneous cessation of the disease, and the operation of medicines.

If you judge these few loose observations worthy the attention of the Medical Society, you are at liberty to communicate them.

I remain, dear Sir,

With much esteem,

Your obedient humble Servant,

W. CURRIE.

ARTICLE. III.

An experienced and successful Method of treating the Fistula in Ano.

BY JOHN MUDGE, M.D. PLYMOUTH, AND
C.M.S.

IN A LETTER TO J. C. LETTSOM, M.D.
LONDON.

Read NOVEMBER 2, 1789.

I HAVE, on a former occasion, observed, that the practitioner who does not, from the result of a long and extensive business, add his mite to the public stock of professional knowledge, in which he has been engaged, must be deficient in industry, or sagacity, and not well calculated for observation. I am disposed to hope that the subject of this Memoir will exempt me from a censure of the like kind.

Being, in the early part of my life, particularly fond of, and from a mechanic turn, attached to, the operative part of surgery, I was, therefore, solicitous to remove every embarrassment

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raffment that might impede the dexterity, of an operation; and, among others, the difficulty attending the management of Fistula in Ano, or the laying open, in a masterly manner, and consequently the cure of sinous ulcers burrowing in the fat surrounding the rectum, engaged my particular attention.

In the experienced surgeon, I need not observe, that the want of success, independent of any critical indisposition in the habit, arises from the difficulty of coming fairly at the work; and, consequently, of operating or laying open the sinus, and of applying the dressings effectually. Both these important considerations, a very simple contrivance subjected to my management; and as a long, and successful experience hath confirmed me in its great utility, I have persuaded myself into the belief of its being a sort of duty, as I have for some time totally relinquished the practice of surgery, to put the world in possession of the subsequent mode of treating the Fistula in Ano.

Formerly, when a sinus running upon, or in the neighbourhood of the rectum was to be laid open, the generality of surgeons contented themselves with doing it at random,

with the probe scissars; an imperfect, and therefore, frequently an unsuccessful mode of operating.

Cutting also, on the common direction, in a part so confined; and the necessary subsequent dressings to a wound so difficult of access, were attended with uncertainties, and embarrassments, which entitled the operator to little better hopes of success.

Mr. Pott, indeed, with his usual skill and sagacity, simplified, and greatly improved the old mode of operating; and the success frequently attending his method, is a proof of its superior merit; however, I think even his mode of operation capable of great improvement.

When, therefore, sinuses, which run into, or burrow on, the fat surrounding the rectum, are to be laid open, and afterwards treated with proper dressings, I have many years, and with uninterrupted success, adopted the following method.

First then, in order to see clearly and distinctly the parts to be operated upon, I have found some sort of specula absolutely necessary; but those I have employed, are of a very simple construction: they are not unlike the gorget used in cutting for the stone, except
that

that they are not so taper, and without the beak. The first and largest, is subservient to the knife; the other, and smaller, is for facilitating the application of the subsequent dressings. In order, therefore, to lay open a sinus, in its whole extent and direction, the patient ought, in order to empty the rectum, the evening preceding the operation, to take a dose of rhubarb; then being placed in a proper situation, which will be found that of kneeling upon, not against, the side of a bed; his body should be inclined forward and downward, sufficiently so to spread the buttocks. If the sinus is on the left side of the intestine, the fore finger of the left hand being first oiled, is to be introduced its whole length into the anus and rectum; and then the concave part of the large speculum oiled also, being placed upon it, is under that direction to be gently introduced almost its whole length, but so, that by pressing the end of it against the finger, the rectum may not be injured by any corrugation of the intestine, between the instrument and finger. The speculum being in the rectum, and the finger withdrawn, gives a fair view of the gut, provided the patient is placed

advantageously for the light, to an extent of nearly four inches. A director is then to be introduced into the sinus, the end of which, if it perforates the intestines, will be seen; or, if it does not, will be felt; and the cavity must be laid open its whole extent, with a straight edged knife. This being done, a dossil of dry lint should be applied with a probe between the lips of the wound, the whole extent of the incision, and the speculum withdrawn; which will leave the dressing, provided the probe is kept upon it till then, in its proper place, with the lips of the wound closed upon it. On the succeeding dressing of the next day, the finger is again to be introduced, accompanied with the smaller speculum, still bearing on the opposite side of the rectum; when, if the patient has not had an intermediate stool, the dressing will be found in its place, and the wound seen in its whole extent.

The consideration now, is the giving the wound a good surface, by the removal of callosities: this purpose is effectually answered by dipping a hair pencil in butter of antimony, and lightly touching, or smearing expeditiously the whole wound, and its edges, therewith;

therewith; which, by the assistance of the speculum, will be done at the expence of a momentary pain, and with the utmost convenience and precision. Dry lint is then again to be placed into, and between the edges of the incision, and the speculum withdrawn as before.

After the next dressing or two, a slough will be thrown off, about the thickness of shammy leather; when the surface of the wound will be found rather unfavourably smooth; but in a day or two after, by the use of the præcipitate medicine, the whole will have a proper granulating surface, and the wound usually heals rapidly, without any intervening impediment. I need not observe that, excepting the incision, and the application of the caustic, both of which are momentary matters only, the whole is attended with so little pain, that the dressing speculum, after introduction, is generally held by the patient himself. I usually carry the specula in my side-pocket, that the patient may not feel them disagreeably cold; and it may be necessary to observe, that they should always be filed before their introduction.

An horizontal position of the trunk, during the cure, will be found to expedite it.

I shall not enlarge upon the superior advantages of the above mode of treating the fistula in ano; I think they will be apparent to every operator, whatever they are; however, like most other inventors, I do not choose to be deprived of the credit of the improvement, and have, therefore, a satisfaction in giving it notoriety by this manner of asserting my claims.

The writer of the preceding memoir, concludes with observing,—that many years ago, a paper of his was published in the London Philosophical Transactions, No. 491, Vol. 46, Page 24, in which a method was proposed for obviating the great remaining imperfection in *Chefelden's Lateral Mode of Operating for the Stone*; an improvement which at that period stood acknowledged and unrivalled, and has deservedly at present, a distinguished place in the annals of modern surgery.

He likewise mentions the unfair and illiberal treatment which he experienced from some persons, who availed themselves of the invention,

tion, without acknowledging its author; and then takes a comparative view of the two different modes of operating, wherein he points out in a clear and decisive manner, the superior advantages which his method evidently discovers over *Chefelden's*.

ARTICLE IV.

*An Account of the medicinal Effects of the Resin
of the Acaroides Resinifera, or Yellow Resin,
from Botany Bay.*

By CHARLES KITE, SURGEON, GRAVESEND,
and C.M.S.

Read APRIL 26, 1790.

I SOMETIME since received a small piece
of a yellow gum * from Botany Bay, and was

* Strictly speaking, it should be called a *resin*, as will
will be seen by the experiments I have made with it:—but,
partly to avoid confusion, as it has hitherto been called and
described by the name of a *gum* only,—partly, because its
proper name is not yet finally settled—but more particular-
ly, as a great variety of *resins*, are by universal consent call-
ed *gums*, such as gum elemi—gum anime—gum hederæ—
gum juniper—gum benzoin—gum tacamahac—gum copal
—gum labdanum—gum mastich—gum storax—gum sanda-
rac—gum guaiacum, &c.—as well as all the *gum resins*;—
I thought it would be better, at least for the present, to
continue the name as I received it.

at the same time informed, that it had been found very useful in many complaints of the stomach.

I happened just at that time to have a patient under my care with a very troublesome complaint in his stomach,—it appeared to be either dyspeptic, or spasmodic; I was not perfectly satisfied which:—he had been vomited—his bowels been opened—and he had taken opiates, bitters, and æther, without any apparent advantage—all the medicines except the opium seemed to disagree, and they afforded only a temporary relief.

I thought this a fair opportunity of trying the effect of my new gum,—and I gave him ten grains rubbed with a little common water,—with directions to take such draught every six hours, provided he did not find them to disagree.

At the time of his taking the first draught, he was almost as bad as he had been at any period of the complaint:—it, however remained upon his stomach, and he observed that it did not produce that disturbance which his food or other medicines had been used to do. After the second draught, the sickness, fulness, and pain, of the stomach, materially

terially abated ;—and when he had taken the third, he thought himself so much better, as to have no occasion for any further medicine : he, however, desired to have a few more that he might secure against a relapse ;—these he took the next day, and the day following, he was so well as to be able to go about his usual business.

I was very well satisfied with the event of this case—for although I would not venture to attribute the sudden alteration, altogether to the effect of the medicine, yet it proved that the remedy might in similar cases be given not only without the least apprehension of inconvenience, but with very probable expectations of material advantage.

Another case occurred soon after, in which it seemed to produce very good effects ;—and this fixed my resolution of examining its chemical properties,—and of attempting to discover its medicinal effects.

All the information I have been able to collect respecting the history of the yellow gum is the following :

“ The plant that produces it is low and small, with long grassy leaves ; but the fructification of it shoots out in a singular manner from the centre of the leaves, on a single
strait

strait stem, to the height of twelve or fourteen feet. Of this stem, which is strong and light, like some of the reed class, the natives usually make their spears. The resin is generally dug up out of the soil under the tree, not collected from it, and may perhaps be that which Tasman calls "gum lac of the ground." See Philips's Voyage, p. 59, 60, where an accurate engraving is given of the plant.

Mr. Bowes, the Surgeon of the Lady Penrhyn gave me a somewhat different account; and as this gentleman appeared to have paid considerable attention to the subject, his account may certainly be relied upon.

After describing the tree in precisely the same manner as above, he observes, that at the top of the trunk of the tree, long grassy leaves grow in great abundance. The gum is found under these leaves in considerable quantities: it commonly exudes in round tears or drops, from the size of a large pea, to that of a marble, and sometimes much larger. See specimen No. I. These are by the heat of the sun, frequently so much softened, that they fall on the ground, and, in this soft state, adhere to whatever they fall upon; hence the gum is frequently found mixed with dirt, wood, the bark of the tree, and various other substances.

substances. See specimen No. II. I have seen one lump composed of many small pure pieces of various sizes, united together, which weighed nearly half an hundred weight. It is produced in such abundance, that one man may collect thirty or forty pounds in the space of a few hours. The convicts have another method of collecting it; they dig round the tree, and break off pieces of the roots which always have some, and frequently considerable quantities of the gum in them. This gum appears nearly, but not entirely, the same, as that which exudes from the trunk of the tree: the former is often mixed with a strong smelling resinous substance of a black nature, and is so interwoven in the wood itself, that it is with difficulty separated: See specimen, No. 3. The latter appears a pure unmixed resinous substance.

The following experiments were made principally with the view of determining what menstruum would dissolve the gum the most readily, and in the greatest quantity.

EXPERIMENT I.

Thirty grains of the bright yellow gum in powder, was agitated in a vial with one ounce
of

of spring water; it readily mixed with the water, but it did not appear that much was dissolved. In three days, the water was filtered through paper; it retained a strong flavour of the gum, and on evaporation, four grains of matter were encrusted very firmly on the sides of the glass.

II.

Thirty grains of pure yellow gum was boiled several minutes in a Florence flask with eight ounces of spring water; while boiling it was passed through fine tow—the liquor was evaporated, and gave five grains and a half of extract.

III.

Thirty grains of the same gum in powder, was added to one ounce of alcohol, they were shaken together till the gum was dissolved. On evaporation it became a beautiful transparent balsam.

IV.

Thirty grains of the same gum in powder, was in the same manner agitated with one ounce of rectified spirits till it was wholly dissolved.

solved. On evaporation it became a beautiful transparent balsam.

V.

Thirty grains were treated in the same manner with one ounce of brandy—and the gum was dissolved. On evaporation it yielded an opake gummy resin.

VI.

Thirty grains were added to one ounce of ether; it wholly dissolved.

VII.

The same quantity was added to one ounce of *spt. æther. vitr.*—and also to one ounce of *spt. æther. nitros.*—both dissolved all the gum entirely, and only a very small quantity of grit remained on the filter.

VIII.

Thirty grains were added to one ounce of *aq. kali pur.* and it was entirely dissolved.

IX.

Thirty grains were added to one ounce of each of the following wines—port, calcavella, and cyder. On filtering the wines and evaporating them the port gave eight and a half grains:—the calcavella eighteen grains of very tenacious extract:—and the cyder twenty-five grains of tenacious extract.

X.

Thirty grains were added to one ounce of aq. kali—the liquor becomes of a deep yellow colour—the gum floats at top, and very little solution appears to have taken place.

XI.

Thirty grains added to one ounce of aq. ammon. pur. forms a very deep tincture—but the gum collects into a lump, and appears to be very little dissolved.

XII.

Thirty grains were mixed with one ounce of acid. vitr. dil. the liquor becomes of a pale yellow

low, and the gum remains immoveable at the bottom.

XIII.

Thirty grains mixed with one ounce of acid. nitros. dil. emitted many air bubbles—and continued to do so a week afterwards. The quantity of the gum did not appear to be lessened.

XIV.

Thirty grains mixed with one ounce of acet. distill. produced a very pale yellow: the gum collected into a lump, and appeared to be very little dissolved.

XV.

Thirty grains mixed with one ounce of ol. tereb. produced a very pale yellow—the gum collected into a lump at the bottom of the vial. By boiling it dissolved three parts of the gum.

XVI.

Thirty grains mixed with one ounce of ol. oliv.—the gum does not appear to be dissolved.

ed. On boiling about three fourths of the gum seemed dissolved.

XVII.

Thirty grains of the gum were added to a mixture of one ounce of water, and one dram of quicklime. It produces a high bright coloured tincture, and seemed as if it had dissolved about ten grains of the gum.

XVIII.

Thirty grains of the gum were added to one ounce of lime water—it did not appear to have dissolved so much as spring water.

XIX.

Thirty grains of the gum were added to a mixture of one ounce of water and ten grains of kali—it produced somewhat of a dark colour, but does not seem to have taken up much of the gum.

XX.

Thirty grains of the gum were added to a mixture of one ounce of water and one scruple of magnesia:—on filtering and evaporating, the liquor gave two grains of extract.

XXI.

Camphor mixed with the gum, dissolved it after some time, but it does not promote its solution in water.

XXII.

Half a dram of gum arabic in powder was made into a mucilage: thirty grains of the yellow gum was then well rubbed with it, and two ounces of spring water added by degrees: after standing sometime, the greater part of the gum falls to the bottom.

XXIII.

With the view of determining the greatest quantity of gum that rectified spirit will dissolve, I added thirty grains to one ounce of the spirit: as soon as it was dissolved, I added thirty grains more—and continued to add, sometimes that, sometimes double the quantity, till I found it became of so thick consistence, it would not dissolve any more:—in this way, and in the space of about a month, one ounce of rectified spirit dissolved two ounces of the powdered gum—at which time the tincture was of the consistence of treacle.

Ether.

Ether.—Spt. ether. vitr.—Spt. ether. nitr, each took up eleven drams, in one day.

Brandy treated in the same manner, in the space of a month, was made to suspend seven drams, which were added at eleven different times, I say suspend, for the brandy did not retain the gum in perfect solution—for at the top of the vial there was about three drams of a clear, light, yellow fluid: below this, a quantity of light matter, resembling the gum dissolved, and deposited in a light loose state; this, and the yellow fluid, occupied nearly the same space in the vial:—under this, a dark brown liquor, not transparent, in quantity about an ounce; and at the bottom of the vial about twelve or fifteen grains of the gum undissolved.

The transparent yellow liquor was decanted—it contained but a small quantity of spirit, for it would not take fire when a lighted paper was applied to it, till it was heated, when it caught fire, and about one third burnt away: the residuum was like milk: it was evaporated, and only four grains of light gum remained. What remained in the vial was too thick to pass the filter.

XXIV.

Alcohol, rectified spirit, brandy, ether, spt. etheris nitros: spt. ether. vitr: and aq: kali pur: dissolved the gum completely and in considerable quantities: this experiment was made to shew which of these would dissolve a certain quantity of the gum the most readily. Thirty grains of the gum in powder were added to each of the above; they were then briskly shaken together, and required the following time to make the solution.

	Alcohol.	S V. Rect.	Brandy.	Ether.	Eth. Nitr.	Eth. Vitr.	A. Kali.
1st. 30 grains required	1m.	1m.	2m.	0 45	1 30	1 30	2m.
2d. 30	1m.	1m.	4m.	1	1 30	1 30	3m.
3d. 30	1m.	1m.	12m.	1	1 30	1 30	would
4th. 30	1 15	1 15		1	1 30	1 30	not dif-
5th. 30	1 30	1 30		1	1 30	1 30	solve
6th. 30	1 30	1 30		1	1 30	1 30	any
7th. 30	1 30	1 30		1 45	1 30	1 30	more.
8th. 30	1 30	1 30		2 30	1 30	1 30	
9th. 30	2 15	2 15		8	1 30	1 30	

T H E
FOLLOWING TABLE

Shews the quantity of gum that is dissolved
by one ounce of various menstrea.

	$\frac{3}{2}$	3	9	gr.
Alcohol - - -	2			
Rectified spt. - - -	2			
Ether - - -	1	3		
Spt. eth. Vit. - - -	1	3		
Spt. eth. nitr. - - -	1	3		
Brandy - - -		7		
Lixiv. Sapon. - - -		1		
Cyder - - -			1	5
Calcavella - - -				18
Calc. viv. et. aqua - - -				10*
Port - - -				$8\frac{1}{2}$
Ol. tereb. - - -				4*
Water - - -				4
Aq. kali - - -				3*
Aq. ammon. p. - - -				2*
Acid. vit. dil. - - -				2*
Acid. nitr. dil. - - -				2*
Acet. diff. - - -				2*
Aq. calcis - - -				2*
Ol. oliv. - - -				2*

Where asterisks are placed, it shews that the quantity dissolved is calculated, as it would have been impracticable in many instances to determine the exact quantity by evaporation.

XXV.

Thirty grains of the gum were mixed with eight ounces of water—the infusion was continued several days during which time it was frequently shaken. It was afterwards filtered.

One ounce of the filtered liquor was mixed with two drams of aq. kali—no effervescence ensued—the liquor became of a bright yellow colour.

One ounce of the filtered liquor was mixed with two drams of acid. vitr. dil. no effervescence, or change of colour ensued.

One ounce of the filtered liquor was mixed with one dram of a solution of sal martis—the mixture assumed somewhat of a dark colour.

One ounce of the filtered liquor was mixed with twenty drops of a solution of sublimate—no alteration in colour took place.

XXVI.

Half an ounce of the gum was distilled in a glass alembic, with a pint of spring water,
nearly

nearly a pint of water smelling somewhat strongly of the gum, came over. The residuum when dried weighed three drams and half. This dissolved in spirits.

XXVII.

Half an ounce of gum was distilled with a pint of rectified spirit—the spirit came off pure.

XXVIII.

Half an ounce of the powdered gum, was put into a small glass retort—it was placed in a water bath: at 180 degrees, the powdered particles began to unite, and almost to flow. The retort was then placed in a sand heat, and very soon, about half a dram of insipid water came over—then about one dram of a dark, heavy, empyreumatic oil. About two ounces of water was then added to the residuum—it was distilled, and the liquor that came over, had a very strong smell of the oil.

XXIX.

The gum inflames in the naked fire—but if thrown on a red hot iron, it is mostly dis-

sipated in white fumes. On treating one dram of pure yellow gum in this last manner, a cinder remained on the iron, weighing seven grains.

XXX.

Half a dram of the residuum, obtained in the same manner as in the last experiment, was infused in four ounces of spring water; in a few days it was filtered, and the lixivium was tasteless.

To one ounce of this lixivium was added one dram of the diluted vitriolic acid—not the least appearance of effervescence.

To half an ounce of this lixivium was added one dram of aq. kali. Not the least appearance of effervescence.

To half an ounce of this lixivium was added one dram of syrup of violets—the colour of the mixture was exactly the same as when the syrup was diluted with the same quantity of spring water.

To half an ounce of the lixivium, thirty drops of an infusion of galls were added:—scarce any alteration in the colour ensued:—if any, the mixture became somewhat darker.

To half an ounce of the lixivium, ten
drops

drops of a solution of *sal. martis.* were added:—it did not make any difference in the appearance of the mixture.

I content myself with merely relating the event of these experiments, and shall leave it to the reader, to draw what conclusions from them he may think proper.

I now proceed to lay before the Society, the cases of several patients in which it has been administered under my own eye: and several cases likewise, wherein it has been given under the direction of other medical gentlemen, who have employed it at my request.

CASE I.

Mr. Staples was suddenly seized with a violent vomiting and purging, which in a very few hours brought him into a dangerous and alarming situation—by proper management however, and the assistance of considerable quantities of opium and aromatics, the violence and severity of the disease was, in a short time, abated, and nearly as soon as this was done he left off his medicines. His constitution in general, and his stomach in particular

cular, however, suffered so much in consequence of this attack, as to disable him from following his business a considerable time after:—sickness and sometimes vomiting—and a constant pain in the stomach, which two or three times in the day increased to a violent degree—together with what is called a bilious aspect, and very high coloured water, made me apprehensive of some serious *disease* about the stomach or liver. In this state he had continued a month. He was still unwilling to take medicine, but knowing him to have a piece of the yellow gum by him, I directed him to infuse it in three or four times the quantity of brandy, and to take two tea spoonsfull of the clear tincture, two or three times a day, and as often as the pain was more violent than usual:—This after some time was complied with, and *he found immediate relief from the very first dose*:—the pain would often return in a slighter degree, but he informed me that it *always* gave way as soon as he had taken the drops.

It may be suspected that the great and immediate relief this patient experienced, might be in a good measure, if not entirely, owing to the tea spoonsfull of brandy in which the
gum

gum was dissolved—but both before and while this plan was pursuing, a large quantity of pure brandy was had recourse to, without any sensible advantage.

C A S E II.

Mrs. Brett—a spasmodic complaint remaining in her stomach after a fever:—the fever was removed—and this symptom treated with one dram of the tincture of the gum, twice or thrice a day:—by taking eleven doses, this was cured, and her appetite and strength returned.

C A S E III.

Mr. Chambers—had an apoplectic fit, from which he was recovered by bleeding:—a great and universal prostration of strength remained without any other concomitant symptom: for this I directed a scruple of the gum to be taken twice a day, and when ten doses had been taken, the debility was so far recovered as to enable him to return to his usual occupation.

C A S E IV.

Mr. P——t, about 40 years old, an irregular

gular liver, and subject to violent epileptic fits, on any particular, or long continued excess. On the 4th of August he was attacked with one, different in some respects to those he had been subject to before. When recovered from it, he found a much greater degree of general debility than he had been used to experience before, and likewise a pain and relaxation of the stomach to an unusual degree. The bowels were kept open, and he took quassia and ether:—the same sensation however continuing, on the evening of the 6th he had draughts, with one scruple of the powdered gum mixed in water, and one dram of Tr. Cinn. comp:—the day following he took three—on the 8th the quantity of gum was encreased to half a dram, which agreed very well, and he was so much mended as to render any further assistance unnecessary.

CASE V.

Mr. Webster—aged 70; a great degree of debility from an immoderate flux of blood from the nose.—After taking a considerable quantity of bark without any seemingly good effect, one scruple of the extract was given thrice a day:—the dose was gradually encreased

creased to double that quantity,—and in three days this patient persuaded himself he had received considerable benefit from this remedy.

CASE VI.

Miss S——s,—a young lady about 19, on the 3d of August was taken with hysterics:—she was very well in health before they came upon her, but on leaving her, she had a very severe pain in the stomach and bowels—for which opiates, joined with rhubarb, and antispasmodics were given, without effect. Aperient medicines were then given, but although frequently repeated and assisted by enemas of various kinds, a passage through the bowels could not be procured till the evening of the 7th.—Some considerable degree of pain and uneasiness remained, for which the conf. opiat. with ether was given, but without much advantage:—on the 9th she took one scruple of the powdered gum, mixed with simple water by the assistance of mucilage of gum arabic—it agreeing very well, it was repeated twice that day, and twice the day following:—she said she gained evident advantage from the medicines—and she appeared so much better that I recommended her not to take any more.

CASE VII.

Miss H——n, about 22 years old—of a constitution exquisitely irritable, and extremely susceptible of hysterical affections. This young lady was at times, excessively harrassed with a very violent and uncommon disturbance of the stomach and bowels—the abdomen would swell to an enormous degree, and be attended with considerable pain:—at other times the swelling would not be so great, but then the abdominal muscles would be seized with a convulsive motion, beginning at the scrobiculus cordis and gradually passing along the muscles, to the pubis:—it would then return in the opposite direction, from the pubis to the scrobiculus cordis. As there was always some considerable quantity of air in the bowels, and as the bowels were necessarily affected by the motion of the muscles, a very loud and particular noise always attended. I am unable to convey a proper idea of it, but as it evidently arose from the passing of the contents of the bowels from one part to the other, it may readily be conceived. To remove, or abate these complaints, I had given every thing which an attentive consideration
of

of the case could suggest: particular attention was paid to the proper regulation of the state of the bowels; a very fair chance was given to the quassia, in substance and infusion—to the bark—steel—zinc—and cold bathing;—and when the symptoms were urgent, foetid medicines, the volatile alkali, ether, and opiates were had recourse to, and in considerable doses—but with so little effect, either as to diminishing the present symptoms, or preventing a return of them—that I am in doubt whether she derived any benefit from them. A Physician of very considerable eminence and respectability, resident in this part of the country, saw her:—she had likewise the opinion of two other Physicians in London—their directions were followed with exactness, but without any advantage.

On the 16th of August last, she had a severe return of hysteric faintings, and its usual attendant, the convulsive disturbance of the abdominal muscles:—something was to be done, and as our former plan had so often failed, I relinquished it, and gave a scruple of the yellow gum, with the same quantity of gum arabic, in common water—a draught of this kind was repeated two, three, four, or
five

five times a day, according to the severity of the symptoms, till she had taken nineteen doses, when she was so much better, as not to require any further immediate assistance. It was evident in this case, both to the patient as well as myself, that greater advantage was gained from this medicine, than from any other she had taken. In about six weeks the complaints returned, when, as in the last instance, their continuance was very much shortened by the use of the gum.

CASE VIII.

Mr. Ashwood.—I was not able to ascertain with satisfaction to myself what this patient's complaint really was—he had great shortness of breath, and very considerable difficulty in breathing, particularly on lying down—his pulse beat 110 feeble strokes in a minute—his face was very much pinched in—some degree of œdema in the feet—a short cough, but no expectoration:—All these symptoms strongly indicated water in the thorax; but as no fluctuation was discoverable, and as the symptoms pointed out considerable debility of the system, I directed my attention to the removal of that circumstance:—draughts, with 25 grains

grains of extract, dissolved with mucilage of gum arabic, were given every six hours, and a grain of opium at bed-time. For two days there was no alteration for the better—and I apprehended my patient to be in very considerable and immediate danger: the quantity of extract was increased to half a drachm:—on the third morning, however, there were symptoms of amendment, and from this time, he continued in a progressive state of recovery. It is remarkable in this case, that all the symptoms gradually subsided without my being able to detect any thing like a critical evacuation, more especially by urine or expectoration. No other medicines were given from the beginning to the end of this case but the gum in extract, and the opium pill.

C A S E IX.

Mrs. Prescott,—about 50 years old, near three months since was attacked with a very violent cholera; the vomiting abated, but the purging continued, which in a few hours reduced her amazingly:—this was treated with opiates and stimulants, which always afforded a temporary, but never any permanent relief:—bitters and tonics of various kinds were had recourse to, but without

E

any

any advantage; and at the expiration of three months, she was so much reduced by this constant disorder in her bowels, that a favourable change was scarcely to be expected:—the yellow gum was now however, had recourse to, in doses of half a drachm, mixed in plain water—one to be taken twice a day.—I was informed that in two days she was very materially mended and had a more distinct cessation of her complaint than at any time since she had been taken ill:—from this period her health improved daily, and she has not had any return of the purging since: she took twelve doses in six days, and to prevent a return, I directed one to be taken daily for ten days or a fortnight longer.

CASE X.

— Merrell, a plumber and painter,—had been for upwards of a year, subject at times to pains in the bowels and costiveness, but they had usually given way on the use of purging medicines. In December, however, these complaints came on with unusual severity and obstinacy, and they were not in the least altered by the use of a vast variety of purging medicines, and the occasional use of opiates. When he had been in this state a week, I had recourse to the application of cold

cold water to the extremities, which being continued about 15 minutes, produced an immediate and profuse evacuation:—the next morning, however, the pain in the bowels returned, and it did not give way to either glysters or opiates:—one scruple of the gum in powder was therefore given in plain water, every four hours,—he became easy after the first dose, and when he had repeated it three times, he was as well as he had been for some considerable time before.

There is a disorder in the chest—a species of catarrh—which is extremely common among the tide-waiters of the customs at this place: this description of men, are from their situation necessarily exposed to every vicissitude of weather, and every irregularity in their mode of living. In whatever manner these circumstances may operate, it is not my business in this place to enquire:—it is only necessary for me here to mention, that on the first attack the air vessels of the lungs appear to be affected with some degree of inflammation; but, if that viscus is tolerably sound, and the constitution not remarkably athletic, the inflammation very seldom terminates in suppuration; but in two or three days, the symptoms

indicating that state, begin to abate, and an expectoration of matter or mucus ensues. There is at this time also a troublesome cough, which is particularly urgent at night so as usually to deprive the patient of rest:—a soreness and weakness of the chest: a pain in the forehead:—very little, if any fever attends;—and the appetite is tolerably good. If no attention be paid towards the removal of these symptoms, I have found, by experience, that they will continue a very considerable length of time, I have known them often to remain several months, with but little variation. From the general mass of observations, I am induced to consider the continuance of this complaint, as depending in a very great measure, on a debility of the bronchial glands, or of the innermost membrane of the trachea—and my opinion seems strengthened by the observation that whatever tends to lower, or relax the constitution, invariably does harm; and whatever on the contrary has the effect of increasing the general strength, very generally does good.

In what way it may act, I will not pretend to say, but I have found in very many instances, that the yellow Gum in tolerably
large

large doses, has, in these cases been productive of very beneficial and powerful effects, insomuch that those patients who have once taken it, have strongly recommended it to their friends—and instead of asking my opinion as usual, generally prescribe this medicine for themselves. That the cure of the complaint does here really depend upon the medicine, and not as in many other cases, upon any spontaneous alteration in the constitution, change in the mode of living, or alteration in the state of the air, is rendered extremely probable in the first instance, by what I have said respecting its continuance where no means for its removal is used—and is evident in the second and third, as they are necessarily obliged to be exposed to every vicissitude of weather; and to live on such kind of diet as chance throws in their way.

Besides these cases, there are many other complaints wherein I found it extremely serviceable, more especially in certain complaints of the stomach and bowels; these complaints were such as arise from a debility, a loss of tone, or a diminished action, in the muscular fibres of that organ, such as, loss of appetite, sickness, vomiting, flatulency, heart-burn,

pains in the stomach, &c. when they were *really idiopathic* complaints, and not dependent upon any *disease* in the stomach, or affections of other parts of the body communicated to the stomach.

In debilities and relaxations of the bowels, and the symptoms from thence arising, such as purging and flatulency, I have found it of good effect: in certain cases of diarrhœa however, (and it seemed those in which an unusual degree of irritability prevailed,) I think it did not answer so well, unless given in small doses and combined with opiates, when the patient seemed to gain greater advantage, than when opiates only were had recourse to.

In cases of amenorrhœa, depending on (what I believe most of those cases do depend upon)—a sluggishness, a debility, and flaccidity of the system,—this medicine, when assisted by proper exercise and diet, has, by removing the symptoms of dyspepsia, and by restoring the tone and action of the muscular fibres, been found very serviceable.

This medicine does not, in the dose I have been used to give of it, appear to possess any remarkably sensible operation;—it neither vomits, purges, nor binds the belly, nor does it materially

materially encrease the secretion of urine or perspiration. It has indeed sometimes been said to purge, and at others to occasion sweating, but they are not constant effects, and when they do occur, depend, I believe, on some accidental circumstance. It should seem to possess in a very extensive degree, the property of allaying morbid irritability, and of restoring tone, strength, and action, to the debilitated and relaxed fibre.

When the gum itself was given, it was always the pure unmixed part:—if given in the form of a draught, it was mixed in water with mucilage of gum arabic:—if made into pills, a small portion of Castile soap was employed, as I had found the *lixiv. sapon.* dissolved it entirely. It was commonly however made into a tincture by mixing equal parts of the gum and rectified spirit; one drachm of this tincture (containing half a drachm of the pure gum) made into a draught with water and syrup, by the assistance of fifteen grains of gum arabic in mucilage, forms an elegant medicine, and at the same time so palatable that I do not recollect an objection being made to it by any one patient.

Once or twice I had used all my pure gum and could not get any fresh supply—I therefore collected all the small pieces and refuse together, and steeped them in an equal quantity of rectified spirit; after shaking them thoroughly the tincture was strongly pressed through a linen bag:—the tincture was then weighed to ascertain the quantity of gum it contained; or else it was evaporated to nearly a solid consistence, and given in the same manner as the gum itself. In this manner all the gum may be extracted from the very worst specimen: I believe however that the druggists are now in possession of a large quantity of a very good kind: Messrs. Hopkins and Jackson have supplied me with some at the rate of 3s. 6d. per pound,—which one pound with the other yielded 12 ounces of pure unmixed gum; and from the residuum about 3 ounces of extract might be obtained.

Dr. Beugo of Rochester has employed it in a great variety of cases: I am indebted to him for the following information.

‘ It has been found extremely serviceable in
‘ diarrhœas; and on repeated occasions, it has
‘ very

‘ very speedily relieved both the purging and
‘ the pain, *when opiates had no effect.*

‘ In incipient dysenteries, and in some of long
‘ standing, it has proved remarkably useful :
‘ but in inflammatory dysenteries, it was oblig-
‘ ed to be omitted till the inflammation was
‘ removed.

‘ In one instance of pains in the bowels,
‘ three doses of the tincture (one dram in each
‘ dose) *gave more relief than six grains of opium:*
‘ this effect it produced not only once, but on
‘ repeated trials. When the gum was given,
‘ it brought away large quantities of scybala
‘ or knotted fœces, which repeated cathartics,
‘ both saline and resinous, would not effect :—
‘ and this it did without the gum seeming to
‘ act as a purgative.

‘ It was given in many complaints of the
‘ stomach, both of the spasmodic and dyspep-
‘ tic kind, that had continued two or three
‘ months :—and in so short a time as two or
‘ three days, the disturbances in most of them
‘ were materially abated.

‘ In what are called spasms of the stomach,
‘ it has been found of great use.

‘ In spasmodic complaints of various parts
‘ of the body, such more especially as stitches
‘ in

‘ in the side and in the abdominal muscles,
‘ attended sometimes with a degree of fever,
‘ it has been productive of considerable
‘ service.

‘ In violently excruciating rheumatic pains,
‘ *it has often relieved, when opiates even in large*
‘ *doses* did not procure ease.

‘ In a case of oppression of breathing, which
‘ appeared to arise from debility—it produced
‘ a good effect.

‘ The gum was given in a case of foetid
‘ and ichorous discharge from the vagina,
‘ a fortnight after miscarriage, attended with a
‘ low fever. In two days the discharge was
‘ removed, the fever subsided, and the strength,
‘ appetite, and spirits began to improve.

‘ It has appeared to have a good effect in
‘ fluor albus. In general it has no effect
‘ when fever attends, either in abating, or
‘ encreasing it.

‘ The gum in no instance appeared to pro-
‘ duce any inconvenience, except once during
‘ the inflammatory stage of the dysentery.

‘ The mode of administering the gum in the
‘ above cases was by infusing two ounces
‘ of the gum in one pint of brandy:—one
‘ dram of this tincture dissolved in mucilage of
gum

‘ gum arabic, was the usual doses ; and finding that answer so remarkably well, the quantity was not increased.’

Mr. Thompson of Rochester has favoured me with the following cases.

CASE I.

‘ Mr. Dixon, a gentleman of Rochester, was seized with a violent pain in his bowels, attended with vomiting and purging :—his pulse was quick and his tongue dry.—After several hours he applied for assistance :—he immediately took a draught with ten grains of the gum and repeated it every four or six hours ;—this soon relieved him, and in a few days he got quite well.’

CASE II.

‘ John Painter was attacked with similar symptoms while he was in a weak and reduced state from a previous illness—the same quantity of the gum in powder was given every four hours, and he soon recovered.

A. B. had

‘ A. B. had the same complaint, differing
‘ only in his having a few bloody stools—he
‘ took the same medicine—soon found ease,
‘ and recovered fast.

‘ In some other similar cases it was given
‘ with equal success—from the very beginning
‘ of the complaint—but in others it had not
‘ that effect, until a vomit and some rhubarb
‘ had been given—it there appeared to act
‘ very powerfully in relieving the purging, and
‘ in restoring the patient.

Mr. Thompson adds, that ‘ when it is
‘ more known he thinks it will be found an
‘ useful medicine in what are called bilious
‘ cases, and in dysenteries:—but that as a
‘ great deal of gum is foul and impure—its
‘ operation will not always be the same.’

In a second communication with which I
am favoured by Mr. Thompson, he informs
me of two cases in which he says ‘ it almost
‘ *instantly cured.*’

CASE III.

‘ Master Anderson applied to me a few days
‘ since with a violent pain in his bowels and
‘ purging—he could scarcely stand upright:
‘ I gave him one dram and an half of the tinc-
‘ ture

‘ ture (containing about ten grains of the
‘ gum) in an ounce of water, and desired to
‘ see him in three hours :—he had had no
‘ stool, and the pain was still violent. I re-
‘ peated the dose :—in three hours more he
‘ was almost free from pain—and had had
‘ one stool :—two doses more quite cured
‘ him.’—

CASE IV.

‘ A pauper at the workhouse had a violent
‘ purging, with some pain :—Mr. Smith my
‘ Assistant saw him and gave him two drams
‘ of the tincture, and he was cured :—he has
‘ since had natural stools daily.’

The following cases were communicated
by Mr. Andrews of Brompton.

CASE I.

‘ Mrs. Andrews, of a delicate and irritable
‘ habit, is frequently troubled with cramp in
‘ the extremities ; and when free from it, in
‘ those parts, she in general has it in her sto-
‘ mach, attended with griping in the bowels,
‘ which

‘ which almost always terminates in a violent
‘ purging ; I have frequently given 100 drops
‘ of tincture of opium for a dose, which has
‘ *sometimes relieved after 200 or 300 drops had*
‘ *been taken:* Æther joined with camphor, has
‘ also *at times* had a good effect in procuring a
‘ temporary relief.

‘ In October last the above complaints at-
‘ tacked her violently in her stomach, and
‘ bowels, when I had recourse to the tinc-
‘ ture of opium, æther and camphor, which
‘ at first relieved the spasms a little, but did
‘ not at all remove the complaint. After con-
‘ tinuing those medicines about three days,
‘ I determined to try the effect of the yellow
‘ gum from Botany Bay :—half a drachm of a
‘ tincture, containing seven grains of the gum,
‘ was united with water by means of mucilage, and was given four times in the day.
‘ After taking the above for two days, the
‘ spasms and complaint in her bowels were
‘ very much relieved; the same medicine was
‘ therefore continued for some time after,
‘ twice a day, when the complaint seemed
‘ perfectly removed. However, any slight
‘ Cold brings on a return of the cramp,
‘ which if it attacks the stomach, the bowels
‘ are

‘ are immediately affected, but relief is *always*
‘ had from the gum as above.’

CASE II.

‘ Miss Howe, of a delicate constitution,
‘ in October last had a low fever, which she
‘ soon got the better of, but was followed by
‘ a violent burning pain (as she expressed it)
‘ in her stomach, which came on every day
‘ about noon, continued the remainder of the
‘ day and great part of the night: her appe-
‘ tite was bad and she was generally worse af-
‘ ter taking any kind of nourishment. I gave
‘ her a strong infusion of Cort. St. Lucia, to
‘ be taken every four hours, and every third
‘ day an opening draught with rhubarb,
‘ which plan was followed for twelve days,
‘ when finding I gained no ground, I deter-
‘ mined to try the effects of the gum from
‘ Botany Bay, which I gave in the proportion
‘ as mentioned in the other case; on the se-
‘ cond day she found great relief, and conti-
‘ nuing it for about one week, the complaint
‘ was entirely removed, and she had no re-
‘ turn of it since.

‘ Her pulse was low, but regular, till af-
‘ ter taking the gum, when it rose to it's usual
‘ state;

‘ state ; her bowels were not affected, but she
‘ found a pleasing warmth in her stomach af-
‘ ter taking the medicine.’

The following Cases were communicated
by Mr. Harris of Gravesend.

CASE I.

‘ S. B——k aged 20, subject to a nervous
‘ disease, complained to me on the 29th of
‘ October last, of violent pain about the Py-
‘ lorus, attended with vomitings, particularly
‘ after taking the smallest quantity of nourish-
‘ ment ; her spirits were much dejected and
‘ her pulse low, and quick. I ordered a large
‘ blister to be applied to the stomach, and from
‘ one drachm to two drachms of æther every
‘ hour till better, this had not the desired effect ;
‘ although more than an ounce was taken, it
‘ only afforded short intervals of ease.—
‘ 30th. The blister had risen well, she had had
‘ no rest. The pains were still violent ;
‘ vomitings continued and the pulse and spirits
‘ were lower ; I then ordered her small doses
‘ of Tinctura Opii, joined with stimulants, the
‘ Infus.

‘ Infus. Ligni Quas. and other bitters were
‘ given, but with no better effect ; I then gave
‘ her one drachm of the tincture of the yellow
‘ gum from Botany Bay ; dissolved in mucilage of gum arabic, every three hours.
‘ *The first draught gave her immediate relief*
‘ *and stopped the vomitings ; and the second dose*
‘ *removed the pain entirely ;* I then desired the
‘ draughts to be continued two days, one every
‘ eight hours and she has not had the smallest
‘ return of her complaints since.’

CASE II.

‘ Mrs. W——d aged 26, and Mrs. F——n
‘ aged 24, both subject to nervous disorders,
‘ complained on the 31st of October last, of
‘ the same symptoms as were mentioned in the
‘ preceding Case : I gave them immediately
‘ the tincture of the yellow gum and they
‘ soon recovered.’

CASE III.

‘ I was sent for the 3d of November to
‘ Mrs. Farmer’s son, 4 years old, of a very
‘ weak and delicate habit, — with general debility,
‘ particularly of the stomach, which
‘ would

‘ would not retain any kind of nourishment—
 ‘ it being immediately rejected. I gave him
 ‘ half a drachm of the tincture dissolved as
 ‘ above, which stopped the vomitings in 24
 ‘ hours, and the stomach was enabled to retain
 ‘ its usual food. The medicine was continued
 ‘ only three days.’

CASES IV. V. VI. VII.

‘ Mrs. W——t, aged 57, of a dropfical ha-
 ‘ bit, applied to me the 6th of November last,
 ‘ with vomitings but without pain.’

‘ Miss G——e, aged 20, of a delicate habit, the
 ‘ 22d. of November complained of reachings,
 ‘ particularly in the morning with pain.’

‘ Mrs. A——d, aged 32, of a delicate habit,
 ‘ the 6th of December complained of sickness,
 ‘ with loss of appetite and rest.’

‘ Mrs. T——r, aged 32, of a delicate con-
 ‘ stitution, the 8th of December complained of
 ‘ being very languid; she had a nausea, and
 ‘ loss of appetite, her spirits were much de-
 ‘ jected and her pulse low and quick.

‘ The gum given as above directed, in a
 ‘ few days removed their complaints, and re-
 ‘ stored their healths, spirits, and appetite:
 ‘ except Mrs. W——t, and to her it always
 ‘ afforded a temporary relief to the vomitings;
 ‘ but she lately died of a dropfy of the chest.’

CASE VIII.

CASE VIII.

‘ Mrs. E——n, aged 35, complained to me
‘ the 6th of December of a quartan fever, at-
‘ tended with loss of appetite, and violent
‘ reachings so that her stomach would not bear
‘ the cort. Peruv. or any of its preparations ;
‘ the saline draughts therefore in a state of
‘ effervescence, opiates, cardiacs, prepara-
‘ tion of lignum quassia, and other stomachic
‘ bitters were given, but without any good ef-
‘ fect ; nor did the tincture of the yellow gum
‘ dissolved with mucilage answer here so well
‘ as expected ; I therefore ordered one tea-
‘ spoonfull of the tincture to be taken alone,
‘ when she found herself sick, since which time
‘ the sickness and nausea have been effectually
‘ removed, and the stomach now retains an in-
‘ fusion of the cort. angustur. without the
‘ least uneasiness.’

CASE IX.

‘ Mrs. M——n, aged 28, very much afflic-
‘ ed with rheumatism, complained on the 20th
‘ of December, of pain in the stomach which
‘ was so violent that the neighbourhood was

‘alarmed with her cries: I gave her one drachm
‘of the tincture dissolved at first which abated
‘the pain; and some time after I gave one
‘drachm of the tincture alone, and *it immedi-*
‘*ately carried it off*; she has had another re-
‘turn of the pain since, attended with a greater
‘degree of flatulency, when I gave a dose of
‘the tincture, with as good success as be-
‘fore.’

CASE X.

‘Miss S. O——m, aged 17, of a delicate
‘constitution, complained the 6th of Decem-
‘ber of a very acute gnawing pain in her sto-
‘mach, with sickness and at times a difficulty
‘of respiration. I first ordered the tincture
‘dissolved, which was taken for four days suc-
‘cessively, and only afforded a temporary cessa-
‘tion of pain, for about an hour, when it ge-
‘nerally returned:—I then desired one
‘drachm or more of æther to be taken every
‘five hours, and that being continued for
‘three days, and not even giving so much re-
‘lief as the former medicine, I determined to
‘give one drachm of the tincture alone, which
‘*immediately released my patient from her pain.*
‘The medicine has been continued every day
‘since.’

CASE XI.

CASE XI.

“ Mrs. P——n, aged 40, very much afflicted
“ with the gout. She had had pains in the
“ extremities for some weeks past:—on the
“ 20th of December I was sent for, when I
“ found her almost distracted with pain in her
“ stomach, during which time she could not
“ feel those in the extremities which she before
“ complained of: I gave her the tincture of
“ the yellow gum dissolved; The first dose
“ abated the pain for half an hour, when it re-
“ turned; I gave a second dose which released
“ her for two hours and a half: I gave a third
“ dose, which again gave ease but it was only
“ for half an hour: finding the last intermission
“ of so short duration, and her respiration be-
“ coming very quick, I gave her two drachms
“ of æther, and repeated it three times in the
“ space of an hour, without its affording any
“ relief. I had every reason to expect I should
“ have lost my patient, as her pulse and spirits
“ began to sink very fast, and the extremities
“ were covered with a cold, clammy sweat; I
“ then gave one dram of the tincture *alone*,
“ *which instantaneously removed the pain from*
“ *her*

‘ *her stomach*, and it has not been felt there
‘ since ; only in the extremities as at first, and
‘ now gets better every day.

‘ The tincture was made by mixing equal
‘ parts of the pure gum and rectified spirit.
‘ One drachm of this was the usual dose.’

Mr. Bowes the Surgeon of the Lady Penrhyn transport from Botany Bay, assured me, he had seen it produce very good effects in various instances of debility in the stomach and bowels, when given in doses of fifteen grains or a scruple.

The chief mate of the Lady Penrhyn informed me, that in his voyage home, he had been very much troubled with a nausea and sickness of stomach : and it was attended regularly every morning after breakfast, with vomiting :—Having in many instances witnessed the good effects of the yellow gum in stomach complaints, he was induced to take some of it himself : he did so, and the complaint immediately left him.

In Philipps’s Voyage to Botany Bay, its effects are thus spoken of ;—‘ In the dysentery,
‘ the red gum * of the tree which principally

* This is said to be ‘ drawn from the tree by tapping,
‘ or taking out of the veins of the wood when dry.’ It

‘ abounds on this coast, was found a very powerful remedy. The yellow gum has been found to possess the same property, but in an inferior degree. p. 59.

‘ We are informed by Dr. Blane physician to St. Thomas’s Hospital, that he has found it remarkably efficacious in the cure of old fluxes, and this not only in a few instances, but in many obstinate cases.’ p. 294.

As the yellow gum, the subject of the present paper, must be in a great measure unknown to the generality of practitioners, it having been but very lately introduced into this kingdom, I have thought it necessary to produce before the society, as large a collection of facts respecting it, as I have been able to collect in the short space of time that it has come under my observation; and I have been more particular in the relation of its effects, as no account of its medicinal properties has yet been made public.

From what has been said respecting its effects, I cannot entertain a doubt that it will be

appears to me, and I have no doubt from the specimen I have seen, it really is the gum rubrum astringens. I transmit a small portion to the society, who will be the better judge.

found a very useful acquisition to the medical practitioner; and in this opinion I am confirmed by the concurrent testimony of every one of my acquaintance who has employed it. It is not to be expected, that I can yet have had an experience of its effects, sufficiently extensive, to enable me to point out with confidence, all the diseases in which it is most likely to succeed: I will for the present therefore content myself with observing, that independent of the complaints in which it is here related to have succeeded, such as, nausea, sickness, vomiting, flatulency, heartburn, pains in the stomach, and all the other symptoms of dyspepsia. Diarrhœa, mild degrees of cholera, dysentery, flatulency, and pain in the bowels, spasms, in the stomach, in the muscles of the trunk, and in those of the extremities, the gout in the stomach, and violent pains in the extremities resembling the gout or rheumatism,—Great and general prostration of strength,—Catarrhus affections,—And in certain cases of amenorrhœa and fluor albus.—Exclusive of these complaints I say, in all cases where debility itself is the idiopathic complaint, where it is independent of, and unconnected with any real organic disease—I should expect, whether
the

the affection be local or general, that the yellow gum will be found a very powerful and effectual restorative. In what other cases beside those already mentioned, it may be likely to answer, I will not take upon myself, at this time, to say ; but from what has here been stated respecting its general effects, every one will be able to form the opinion for himself.

January 1st. 1790.

ARTICLE V.

Case of Sphacelated Omentum, with Observations; by

MR. WILLIAM WHITE, SURGEON, at MORPETH;

And MEMBER of the CORPORATION of SURGEONS, LONDON.

Read JULY 12, 1790.

W. T. aged 35, of a low stature, and of the sanguine temperament, began to complain, during the month of September, 1785, of pain and uneasiness in his bowels, accompanied with a distressful sensation of coldness in the lower extremities, more particularly at the soles of his feet.

These complaints, though continued for a length of time, were not sufficiently urgent to confine him in the house: but his appetite was gradually impaired under them; he grew pale and dejected; was restless at night; became costive; had frequent vomitings, and a very scanty secretion of urine.

He

He had been in this state nearly ten weeks before I first visited him. I found him then exceedingly languid and emaciated.

His ideas being confused, he could give only an imperfect account of his complaint; but when closely questioned, he referred to the umbilical region as the principal seat of them. The degree of pain had never been considerable: nor was there at that time any tension or hardness to be felt on pressing the abdomen.

His respiration was deep and slow, his pulse was quick and very weak, his tongue whitish but moist, and he had no thirst.

The small quantity of urine which he made was high coloured, and deposited a pink sediment. His feet were always remarkably cold. A considerable degree of delirium usually came on towards evening.

He had no stools except from the application of purgatives or clysters; but neither these, nor other remedies that were administered, at all contributed to alleviate his disorder. He lingered in the same state for about a fortnight after my attendance on him; during the two last days of which he was constantly delirious.

After his death I obtained leave to examine
his

his body; and, on opening the abdominal cavity, found the omentum and peritoneum compleatly sphacelated, forming together a soft, black, irregular mass. A large quantity of coagulated matter covered the transverse arch of the colon, and filled up the interstices of the folds of the other intestines, making a general and firm attachment of them to each other.

The colon itself on the outside appeared livid; but the internal surface of the whole canal was in a natural state, excepting that slight patches of inflammation might be observed in one or two places.

OBSERVATIONS.

The symptoms and progress of inflammation affecting the peritoneum or omentum, though probably they may be well understood by many practitioners, are not clearly pointed out by medical writers.

According to Sauvage; *Epiplöitis cognoscitur ex febre inflammatoria, cum dolore acuto lancinante, per superiorem & mediam abdominis regionem infra tegumenta in ipso abdominis cavo.*—Vogel thus defines *omentitis*: *omentis inflammatio, febris continua cum dolore & tu-*

more

more in regione epigastricâ & hypogastricâ.—
Dr. Cullen's definition of *Peritonitis*, is pyrexia dolor abdominis corpore erecto acutus, absque propriis aliarum phlegmasiarum abdominalium *signis*.

From several cases which have occurred to me, I am convinced that the distinct train of circumstances mentioned by the nosologists, is rarely to be found in such internal inflammations.

On the contrary they have no marked febrile accession; are more insidious and slow in their progress; and often approach to a fatal termination without any strongly characteristic symptom either local or general.

In affections so obscure and so dangerous, we are bound to avail ourselves of every sign which may demonstrate their nature and tendency.

The case above related affords some distinguishing marks worthy of attention. The very scanty secretion of urine, the continued nausea, costiveness, and that peculiar sensation of coldness in the lower extremities, occur, I have reason to believe, in most cases of omental and peritoneal inflammation. These therefore where other symptoms are equivocal, may sometimes

times lead to a right knowledge of the disease. When that is once ascertained, the requisite mode of treatment is obvious; and if it be timely applied, may prevent the fatal termination by gangrene. The early application of cupping-glasses, or of a great number of leeches to the abdomen, along with the use of cooling purgatives will be generally found sufficient for the purpose.

ARTICLE

ARTICLE VI.

Observations and Experiments on the External Absorption of Emetic Tartar and Arsenic.

ADDRESSED TO J. C. LETTSOM, M. D.

BY WILLIAM GAITSKELL, SURGEON,
ROTHERHITHE.

Read AUGUST, 2, 1790.

DEAR SIR,

PERMIT me to describe to you some experiments on the external absorption of Emetic Tartar, its operation on the body, and the conclusions proper to be deduced from them.

The first idea of administering this medicine by the cutaneous absorbents, was suggested by Mr. Blizard, in the VIIIth. volume of Medical Journals ; * and, the first instance of its being adopted, was by Mr. Sherwen, in the IIId. volume of Medical Memoirs. †

* Medical Journal, vol. VIII. folio 57.

† Medical Memoirs, vol. II. folio 386. Mr. Sherwen was the first who applied Emetic Tartar externally as a

The

The perusal of these papers, induced me to prosecute this novel method; but the event of my trials, was so diametrically opposite to what I expected, that it is impossible to avoid thinking, that this mode of application will never supersede its introduction by the mouth.—But, without discussing its utility or inefficacy at present, I will proceed to unfold to you the nature of my experiments, and they will demonstrate the justness of my conclusions.

Saturday, April 4, 1789. About ten o'clock at night, I rubbed into the palms of my hands five grains of Tartar Emetic, with two drachms of distilled water; having previously wiped them with a dry cloth, that the absorbent vessels might be more active—the only effect was a slight sense of heat in the palms of my hands; but no nausea, perspiration, vomiting, or any other symptom of general operation.—The same quantity was made trial of by Mr. Dent, a young Gentleman in the final part of

general alterative and sudorific; but Mr. Blizard, had made many experiments prior to this on its *modus operandi* as a local application in foul ulcers, and only hinted at its general effects,

his apprenticeship, who wished to experience the action of this medicine in the new way; but the same inefficacy attended it.

The next night, Sunday, April 5, we used ten grains each instead of five, with as much distilled water as was just sufficient to hold it in solution: this was applied to the surface of both hands, and both arms, till the whole was consumed upon the parts; but, to my great surprize without the least sensible effect.

Being disappointed at the failure of our attempts, as they differed so materially from what we expected, and Mr. Sherwen has described, we determined to persevere in our plan, till sensible effects were produced, or the dose of medicine so large, as to make the menstruum disagreeably copious, or the portion of metal introduced, too precarious. With this view, we augmented the dose, ten grains, every other night, till the quantity amounted to two drachms; which required for its solution, assisted with heat, seven ounces of distilled water; while warm, we rubbed it into our legs, thighs, arms and abdomen, till the whole was disposed of: but notwithstanding the largeness of the dose, which is twelve times as much as Mr. Sherwen has stated to have given him a

diarrhæa, and palled his appetite, still our constitutions were insensible to its stimulus.

This being the case, we prosecuted the subject no farther, till the month of June, 1790. When the same experiments were repeated again, upon myself, Mr. Kell my assistant, and Mr. Yeld, an ingenious medical friend : but, with one variation ; that we triturated 120 grains of Emetic Tartar till it was extremely subtile, and then mixed it with axunge, with which we anointed our bodies, till it was all expended, and the only effect ensuing from thence, were itching pimples on the skin, many of which suppurated.* During the period of these operations, I never restrained myself from eating fruit, oranges being ate the whole time, and malted liquor drunk at my meals.

Now from these facts, the only inference that can justly be drawn, is that Tartar Emetic rubbed into the skin, can never be prefera-

* A saturated solution of 120 grains of Emetic Tartar in water proved so irritating to the cutaneous follicles in Mr. Yeld, that a great many of them suppurated—and such an universal sensibility took place, over all the integuments, as confined him to his bed a whole day, being incapable of bearing the friction of his common dress.

ble, or even so advantageous, as the judicious administration of it immediately to the stomach; because, if ten grains can stimulate one constitution, as related by Mr. Sherwen, and twelve times that quantity applied in the same way, can produce no sensible operation on another, there can be no limitation for the medicine! * Besides, the difference of doses in this way is vastly greater, compared with the difference of small doses taken internally, allowances being made for peculiarity of constitution, and accidental circumstances to make it more than usually active.—Do we ever find a stomach in fever so insensible to the action of this remedy as to require twelve times the quantity to promote diaphoresis? i. e. instead of receiving a quarter of a grain every four or six hours, to require three grains for a dose in the same intervals?

Perhaps it may be asserted by those, who do me the honour to peruse this paper, that the metallic solution was not absorbed; or, that it passed off by some excretion, without getting into the blood vessels. They, who think, with the late ingenious Mr. Edward

* The Emetic Tartar for these experiments was from Apothecaries-Hall.

Darwin of Lichfield,* that the lymphatic vessels have a retrograde motion, will naturally produce this latter argument; but, it matters not much to the purport of the paper, only, shewing, more clearly, if true, that the external use of Emetic Tartar is of very doubtful effect; and will not be proper to be depended on. But, I can, positively, assert, that no one excretion was visibly encreased; therefore, if it did pass off, it was done imperceptibly.—However, that the metallic salt in question can be absorbed, and possibly be made to act upon the system, I think we may infer from analogy;† but the doses, required, would be

* A very sensible treatise by the late ingenious Mr. Edward Darwin of Lichfield, tending to prove that the absorbent system has sometimes a retrograde motion, from a debility or paralyfis of its valves.

† We have a well known instance of external absorption in mercury, also in the Edin. Med. Commentaries, 1786. vol. I. decad. 2. page 326. We have two instances of dangerous effects from the external application of tobacco infusion to cure the itch.—And Mr. Maddox informs me that in the Island of Jamaica they cure putrid and remittent fevers in children by bathing them in Peruvian bark baths.

so considerable, that if pointed out, might have no great utility, perhaps prove pernicious—instead of being alterative, it might produce such effects upon the alimentary canal, as in all probability would prove speedily fatal.—

Is it not likely that the circulating mass under an antimonial impregnation as it is sometimes with mercury, might impart to the secretions its specific effects, and falling on the follicles of the intestines, produce a profluvi-um dangerous in its nature? In my opinion it might; as it is as possible for such effects to take place, as that the specific stimulus of mercury should produce inflammation and copious salivation, or, attack the pancreas, and produce diarrhoea.

We will now take a view of the probable effects of other metallic compounds externally applied; but more particularly of arsenic.

We see metals employed daily to the entire surface, and, also, where it is ulcerated, but without justifying their employment as general alteratives.—We will apply this reasoning to arsenical composition, and shew the uncertainty of employing them to the skin to operate on the kidneys. Myself, and Mr. Kell,

have tried the Arsenical Tartar * recommended by Mr. Sherwen but without the smallest impression. And, I can aver having used this metal, as prepared by Dr. Fowler, † to entire, as well as ulcerated surfaces (in the proportion of 3 grains to 8 ounces of distilled water) and this kept constantly in contact with the part for more than a week without finding its diuretic powers; only great irritation to the sore itself, extending far on the surrounding integuments. Another circumstance worthy of

* Mr. Sherwen's Arsenical Tartar.

R Arsenici albi p.

Chrystal. Tartari sing. ℥ij.

Aq. puræ lbj. Coque per horam dimidiam; deinde cola per chartam, et rite evaporatum seponere quo chrystalli formentur.

† Dr. Fowler's Arsenical Solution.

Arfen. alb. in pulv. subt. triti. Salis alkal. fixi veget. purif. a gr. 64. Aq. fontan. distillatæ lbfs. Immittantur in ampullam florentinam qua in balneo arenæ posita, aqua lente ebulliat donec arsenicum perfecte solutum fuerit, deinde solutioni frigidæ adde.

Sp. lav. C. ℥fs. Aq. font. dist lbfs. plus vel minus, adeo ut solutionis mensura libra una accurata sit, vel potius pondere uncie quindecim cum dimidia (Troy Weight). 80 drops contain half a grain of Arsenic.

attention,

attention, is that in several cases where I have exhibited it internally, it has shewn no distinguishable effects on the kidneys, or any other emunctory.*—Dr. Fowler observes that he has sometimes found it to suppress that secretion; and Mr. Le Febure “that its action is scarcely perceived upon any of the secretions or excretions, though some discharge their urine more freely than others, and with some the belly is more loose; but these effects are neither regular nor constant.” Notwithstanding this, upon the authority of Mr. Sherwen, I hazarded its use in a case of general dropsy, and found its action as a diuretic ineffectual, while the after exhibition of digitalis removed the disease. The patient expired a few days after, but all the water was discharged from the chest, abdomen, and cellular membrane, though not what remained in the ventricles of the brain, which I suspected to be the cause of his death; but was not permitted to determine it

* Medical Reports of the effects of Arsenic in the cure of Agues, remittent fevers and periodical head-aches by Dr. Fowler of Stafford.—Vide Med. Comment. Edin. 1786. page 326.

by dissection. Therefore we must wait for farther experience in the powers of arsenic, before we place it in the class of diuretics; and if it should merit to rank there, it may surely be administered with more certainty internally than by external absorption.

I will now suggest a few observations on the other metals, which will be applicable to the whole, and, shew, farther, the imperfection of external alteratives—I have used six drachms of calomel in one week to the leg of a woman that had an obstinate herpetic eruption; but it did not affect her mouth. She was at last cured by the ceratum citrinum assiduously employed; but, though this was a mercurial, it shewed no general action.—I have seen corrosive sublimate in the proportion of half a dram to eight ounces of distilled water as a lotion for the itch, and this continued for several days, without displaying more than a local effect—no nausea, diarrhæa, perspiration, or ptyalism.* Neither can I certify any general ac-

* I have met lately with an exception to this, a man having a slight salivation brought on by only three times using a solution of corrosive sublimate; but this I believe will not happen once in 500 times.

tion from the red and white calces of mercury, locally applied, if we exclude two or three instances mentioned by Mr. Hunter.* But these were on ulcerated surfaces, which are better for absorption than whole skin, and yet can only be called exceptions to general rules.

Preparations of lead stand upon the same ground; for I positively declare that in the numberless instances where I have witnessed its application, I have not met with one that has suffered from its use. I have known the *Extractum Saturni* applied undiluted to a circular surface of two inches diameter, for more than three weeks twice a day, without affecting the health.

Therefore, these things evince, in the clearest manner, that the instances of effects from external remedies upon the blood-vessels and nerves, are so few, compared with their innumerable inefficacies, that I have no scruple of doubt in my mind, they can never be employed as useful alteratives, or act specifically upon any one secretion. It must be not-

* Hunter on the Venereal Disease, page 336.

ed, however, that I exclude mercury in its metallic state, slightly changed by extreme division, which can be employed with considerable advantage either as a general or local power; but, excepting for diseases of the latter class, it is no way preferable to its chemical preparation, or suspension in gum arabic taken by the mouth.

Rotherhithe, July, 28th, 1790.

SUPPLEMENTARY EXPERIMENTS.

To prove more decisively the inertness of Emetic Tartar on the system at large when externally applied, and to obviate the objections which might be adduced under the idea of idiosyncrasy, guarding the constitutions of myself, Mr. Yeld, Mr. Dent and Kell, I have prosecuted my experiments on five other subjects, viz. Doctor J——, a particular friend—My cousin Gaitskell's apprentice—Mr. Smith, of Egremont, in Cumberland—Mr. Maddox's
gardener

gardener, John Thompson—My own servant, Daniel Morris—and a Mr. Curtis.

Doctor J——, began with one scruple, and encreased it to four—Mr. Smith with the same dose, and encreased it proportionally; in both it produced local irritation, but no general effect.—In the latter instance Mr. Smith was so affected by cutaneous irritation, that it confined him to his bed; and the suppurating pimples were so large, as to require to be punctured and dressed.

Mr. Maddox's gardener only employed two scruples as the largest dose, and that induced so plentiful an eruption, that he would not repeat it—My Servant began with one scruple, and encreased it to one drachm, with no other effect than local stimulus—Mr. Curtis carried the dose gradually from one scruple to two drachms, with similar effect.

Besides the facts I have here described, my servant rubbed the next night, one drachm of Tartar Emetic, into the hollow of his hand, with a little water, without promoting nausea, or any other symptom of its action—The same was made trial of by myself, and twice by Mr. Kell, but without being affected by its power.—Also to be more certain of my conclusions,

sions, I went through the discipline of general frictions with Emetic Tartar, as mentioned in the former part of this paper, being my third attempt. Mr. Kell and Mr. Dent made similar trials on themselves; but the latter gentleman enlarged the dose to two drachms and two scruples, without any alteration in its manner of operating.

Being now convinced in my own mind that Emetic Tartar applied to the integuments is incapable of acting upon the stomach and intestines, I turned my attention once more to the other medicine—Arsenical Tartar.

One grain of this powder was rubbed into the palm of my hand with a few drops of distilled water; but it produced no sensible effects, excepting a heat upon the part—The next night I tried two grains, which were equally ineffectual.—Mr. Kell repeated these experiments upon himself with a similar result.—

I triturated one grain with an ounce of fine sugar, and divided into 16 equal parts, one of which was taken night and morning by a woman with a cancerous breast, for ten days, without finding her urine encreased, but a most distressing

distressing and troublesome nausea, particularly after the morning dose.

From what I have yet seen of this composition, or any other that is arsenical, whether internally or externally applied, I know of none to prove it diuretic.

Some of the Emetic Tartar for these experiments was obtained of Mr. Stavely, Druggist, Fenchurch-Street, and some from Apothecaries-Hall.—They both seemed very good, being strong stimulus to the skin, and when taken internally were found considerably active.

ARTICLE VII.

*Remarks upon Peculiarities in the Human System
apparently arising from Disease before Birth.*

By Mr. JAMES LUCAS,

One of the SURGEONS to the LEEDS INFIRMARY,
MEMBER of the CORPORATION of SUR-
GEONS LONDON, and of the LONDON
and EDINBURGH MEDICAL
SOCIETIES.

Read AUGUST, 16, 1790.

DURING my attendance as dressing pupil at St. Bartholomew's Hospital, in June 1765, an unmarried woman aged 29 years was admitted, in hope of obtaining some relief for a singularity in her sex. The case was described by a Surgeon, who remarked, that after being unable to discover any sign of an uterus, he had made an incision, near two inches deep, in the vagina, but without any satisfactory effect. This patient was not only examined by the medical gentlemen belonging to the hospital,

nosptial, but also by many eminent accoucheurs. The general opinion appeared to be that the uterus was not wanting, but that it was not in its usual situation; to which Mr. Pott added, that its size must be defective.—The mammæ were in no respect different, except that the papillæ were somewhat larger than common. The clitoris was perfect.

The vagina was not one third of its usual length, but its fundus might be pushed a little higher; yet neither by that passage, nor by the rectum could the least vestige of an uterus be traced. She had never menstruated, nor had she any symptoms of such discharge being retained.—Her nose had for some years bled frequently, but not periodically; and when that evacuation ceased, a cutaneous eruption spread over most parts of her body.

As soon as she was made acquainted with the formation of the parts being such as not to admit of being altered, she seemed to regret that her situation had been divulged; and acknowledged, that a wish to be like the rest of her sex had produced her assent to exposures, which she could not otherwise have submitted to.

In November 1780, S. M. aged 44, having mentioned to a physician, that she had never menstruated, and that she apprehended this uncommon circumstance was owing to some difference in her make, I was desired to inquire into the cause.—The external parts so much resembled the former case as to render a particular description unnecessary. Neither when the urinary bladder was full or empty, by any examination whatever could the least sign of an uterus be perceived.—On the 28th of December she died, and on the following day leave was obtained to inspect the body.—

From the diseased state of the lungs, it was rather a matter of surprise, that she had lived so long. The abdominal viscera were found: the vesica urinaria and rectum of their usual size, and in their natural situation. In place of the uterus was a cavity lined and covered with the peritonæum, which above the hollow, by its duplicature, formed the ligamenta lata. The dimension of this vacuity was sufficient to have contained an unimpregnated full grown uterus. The ligamenta lata were, by numerous and strong attachments, connected not only with the smaller intestines, but also with the psoas muscles—Behind the fundus of
the

the Vesica Urinaria, and, in its flaccid state at least, a little above it was a substance apparently glandular, about the size of a walnut, but in no respect formed like an Uterus, situated more to the right than left side of the abdomen. This substance, as well as three imperforate chords connected with it, were included within the duplicature of the Peritonæum. These chords, which differed in thickness, were chiefly composed of muscular fibres. The first was about the thickness of a crow-quill, and about two inches long; it descended from the center of this substance towards the middle of the cavity already mentioned, but at its lower extremity was loose, and totally unconnected.

The second chord was nearly the same thickness and length, and attached not only to the glandular substance, but also to a Fallopian tube, ovary, and round ligament on the right side.

The third chord passed over to the left side of the abdomen, uniting, in a similar manner, the left uterine appendages.

Both the second and third chords ascended in their courses, but on the left much more than on the right side.

The ovarium upon the left side was not included within the ligamentum latum, but from that part of the ligament might be traced a small imperforate chord, with which an ovary as large as that upon the right side was connected, situated within the abdomen close to the inguen. A still smaller chord of a similar structure might be demonstrated, passing from this, through the abdominal aperture, to a lesser ovary of a flattened form. This smaller ovary was so situated as that, from having been accompanied with violent complaints in the bowels, it had been twice suspected to have been a strangulated hernia.

The position of these parts was much higher than natural; and their descent could not take place from the strong attachments to the intestines and muscles.—It may not seem improbable that these adhesions were what prevented the glandular substance from being formed into an Uterus, of proper size and shape.

Why the growth of the appendages, which were not far short of a natural size, should have been equally impeded, seems dubious, except that their situation was less confined. The resemblance of the external parts of generation

neration in these two cases make it highly probable, that the internal would not have materially differed.

The first of these Women had never been married; the latter had lived for some years with her husband, and had also cohabited with another man; from both of whom she had parted under circumstances of mutual dissatisfaction.

This description would have been much more clear, if it had been in my power to have transmitted proper drawings; but there being no artist of sufficient ability in this neighbourhood, several attempts proved ineffectual; and by this loss of time the parts became too much injured to admit of a good preparation being made of them.

The fœtus before birth is certainly no less capable of being affected by inflammation than the infant after it.—Where inflammation takes place inflammatory exudation will frequently be the consequence.—From hence adhesions may often arise of force sufficient considerably to obstruct the growth, and occasion other very material alterations in the shape of the parts so affected; producing various deformities, and essentially injuring the functions of

whatever organs may chance to have been exposed to its action and influence.

The division in the hare-lip ; the imperforate state of passages naturally open ; the union of parts usually unconnected may seem to have arisen from prior inflammatory affections ; as also the descent of the testicle to have been prevented by the operation of the same cause.

The fœtus in utero is also liable to a variety of other maladies some of which have appeared to be independent of, and others to have been communicated from, the parents. In one instance, four out of five children have been born with hare-lips, while in another only one out of thirteen has been subject to that deformity ; the mothers could ascribe no cause for such unfortunate events, and these may be deemed occurrences truly unsearchable.

A woman, whom I attended, parted with a dead Fœtus, the arms of which were so united with the body, as to make them resemble the wings of a bird. About the same time I was consulted for a patient whose arm had grown to his side, by neglect in the treatment of a burn, when he was a child ; and the arm
was

was so much emaciated as to make the cases in many respects similar. A child, whose mother had the small-pox within five weeks of the termination of pregnancy, had evident marks of having passed through the disease in utero; whilst another infant, whose parent had the same disorder three months before its birth, was afterwards inoculated, and regularly took the infection.

A child was born with eruptions over the body, and particularly about the anus; the malady was deemed venereal, by two experienced practitioners, and proved fatal; yet the mother did not, upon the strictest inquiry, appear to have had any symptoms whatever indicating such disease; but the father acknowledged, that he had contracted that complaint near a year before.

Tumors in different parts of the body;* cataracts; dropfy † in the head, thorax, and abdomen have been formed before birth; and I remember to have delivered a woman, who had at the time an intermitting fever where

* See Medical Observations and Inquiries, vol. VI.
page, 250

† Case annexed.

the child had several regular ague fits which commenced upon the day of its birth.

An infant shewed no signs of having the hooping cough, although its mother had laboured under that disease for the last four months, and at the time of her parturition two or three young children in the family were in the same malady, nor could any precaution be said to be taken, except that the mother did not give suck to the child.

The excellence of divine wisdom is not perhaps in any instance more forcibly displayed, than in demonstrating, that although various and even hereditary complaints may happen previous to birth, yet it is not within the search of human understanding to prognosticate events, the knowledge of which could only tend to increase the miseries of mankind, if not frequently be productive of more unhappy consequences.

An Account of a dropfical Fætus.

By Mr. JOHN GRIMSTONE, SURGEON at RIPPON

COMMUNICATED

By Mr. JAMES LUCAS,

SURGEON AT LEEDS.

Read AUGUST, 16, 1792.

THE following instance coinciding with the contents of your paper upon diseases existing previous to birth; it appears to me not improper to be given as an appendix to your more general observations. Mrs. G. B. aged 30, having nearly compleated the usual term of pregnancy, was delivered on the 10th of September 1789 of an uncommon sized child the features of which were almost totally obliterated by an universal anasarca. It appeared to the mother very lively till within a few weeks of delivery, when it became more bur-

then some than she had ever experienced with any other, which was the only reason she could assign for suspecting it to be dead. Upon inspecting the internal structure of the fœtus its abdomen contained a quart of serous fluid, the thorax a pint, the pericardium more than an ounce, and the ventricles of the brain two ounces. The viscera and other internal parts were in a sound state. The woman had been subject to anasarcaous swellings of the legs even before marriage, after which she had two stout and healthy children. About five weeks prior to her present delivery she was suddenly seized with so violent a vomiting that she thought she had broken something in her right side, and during the remaining part of gestation she seldom voided more than a large spoonful of urine and that not above two or three times a day, yet was not sensible of any painful intumescence in the lower part of the abdomen.

The only reason she could give for the sudden and severe vomiting, was, her having eaten somewhat more than usual.

ARTICLE VIII.

A Chemosis, or Tumour of the Tunica Conjunctiva cured by Excision.

By WILLIAM BIRD, SURGEON, CHELMSFORD,

COMMUNICATED IN A LETTER TO

J. C. LETTSOM, M. D.

Read NOVEMBER 29, 1790.

ROBERT FINCH of Gallywood Common applied to me with a disease of the right eye, which had been of five years continuance. The patient was totally deprived of the sight of that eye, and suffered considerable pain from inflammation in the left eye, which now made him very uneasy lest he should lose the sight of both. The disease was occasioned by a tumor of the size of a pigeon's egg, which had its basis situated on the tunica conjunctiva at the external canthus, extending over the cornea to the puncta lachrymalia, and, projecting between the palpebræ, kept them open. The tumour was of a spongy texture, resembling

resembling a conglomerate gland, and in colour similar to a mulberry. It had been scarified with a lancet previous to my seeing it, and from that time issued a serous discharge mixed with blood. The patient complained of great pain in both eyes, shooting through the temples to the back part of his head. I was of opinion that he could receive no material relief except from the removal of the tumour.—I therefore dissected the tumour from its basis to the puncta lachrymalia to which it adhered. Scarcely any hæmorrhage ensued; but I perceived a little opacity in the cornea on that part of the eye opposite the pupil. After proper evacuations, he was directed to make frequent use of cold aqua vegeto-mineralis with a small portion of aq. vitriolic. camphor. to the diseased parts. The pain in his head and inflammation in his eyes, gradually yielded to the above treatment: the opaque spot in the cornea became transparent, and in the space of five weeks, he returned to his work as a day labourer, having perfectly recovered his sight.

WILLIAM BIRD.

Chelmsford, August 1790.

ARTICLE IX.

Histories of three Cases of Typhus, successfully treated.

By WILLIAM HARRISON, OF RIPPON, M. D.
AND C. M. S.

HONORARY MEMBER of the ROYAL PHYSICAL, and
CHIRURGO-MEDICAL SOCIETIES, EDINBURGH.

Read DECEMBER 26, 1790.

HAVING experienced in many complaints, and particularly in the present, that the stomach did not retain a quantity of medicine, sufficient to afford hopes of a favourable termination of the disease, and being induced from thence to reflect, whether some application might not be used to save the lives of our fellow creatures, in such impending danger; it occurred to me, that a fluid acting as a tonic and at the same time having an antiseptic power, would be the best adapted to answer the expectation of the practitioner. With a view to this, half a pint of the best vinegar with an equal part of the coldest

coldest spring water that could conveniently be procured, was made use of. With this mixture the whole body of the patient was washed every day, during the continuance of the complaint, taking away the moisture with a dry towel. The vinegar and water thus used does not preclude the use of other remedies, in this or any other complaint, where it may be thought adviseable to wash the patient. When by an attentive consideration of the cases, it is observed how small a quantity of any medicine was used, and in the second case none, it will appear evident that the cures could not proceed from any thing but the wash. Besides acting as a tonic and antiseptic may it not be beneficial in cleansing the skin from sordes, dirt, and other extraneous matter, besides promoting diaphoresis? On an attentive consideration of the symptoms which take place in the jail or hospital fever, I do not find any that contraindicate the use of this application. Let us for a moment suppose, that washing the skin was as common in the jail fever, as the use of the cortex, wine, &c. &c. in that disorder, would it not be natural to determine, what its effects would be on the plague itself, the symptoms in each

each being somewhat similar? They both originate from putrid effluvia; the pulse weak and slow, great dejection of spirits, loss of appetite, weakness, putrescency in the circulating mass, petechial and various coloured spots, swelling of the glands, hæmorrhages from different parts of the body, &c. I have mentioned some of the symptoms that take place, both in the plague and jail fever, to induce practitioners who have an opportunity of seeing the plague, either to use the wash, or what might be more powerful, to immerse the patient frequently in cold vinegar. It has been the desire of mankind for centuries past, to obviate the fatality of this dreadful complaint, and the example set by our benevolent countryman,* whose recent death the friends of humanity so much deplore, and his endeavours to find out a cure for this malady, afford me sanguine hope that candid trials will be made.

* John Howard Esq.

CASE I.

Christopher Slater, of Roacliffe, aged eight years. On the 9th of June last I visited this patient, and found him labouring under the typhus; the pulse small, weak and frequent, the mind much disturbed, the body larger than when in health, and hard to the touch, with great prostration of strength, tongue dry and black; the fœces, dark coloured, and of a cadaverous smell. He had been attacked about a fortnight before, and was taking ʒi of bark three times a day with half a pint of port wine in the four and twenty hours. Previous to this patient being affected, six in the same family had a similar fever and the virulence was such as to occasion the death of four. These six patients I found on enquiry, had taken liberally the bark, to the quantity of ʒiii in twenty-four hours, with a free use of wine. My patient took ʒss morning and evening in a glass of port, and I directed him to be washed with cold vinegar and water. On the 12th he was visited again: appeared a little better—the bark and wine omitted. From this time he
was

was bathed, if I may so express it, every day, as his parents observed him much livelier on the days the operation was performed. On the 18th much better, used a little exercise, appetite good. 24th strength restored, without complaint.

In Mr. Slater's family previous to my attendance, the walls had been diligently washed with quick-lime, and from the structure of the house, a current of fresh air passed through almost every room, this was judiciously intended to correct and expel, corrupted effluvia, &c. but without effect. Those in the family which had not already experienced the disorder, consented to use the wash as a preventive, and fortunately experienced its good effects, as no one afterwards suffered from contagion.

CASE II.

William Mawson, aged 13 years. This patient had all the symptoms which have already been mentioned in the preceding case, but with greater prostration of strength, the body was also much covered with petechiæ, and upon the arms, thighs and legs, they were of a large
size

size, nearly as big as peas, and of a livid colour. He had with these symptoms, a constant discharge of blood from the nose and gums, the latter of which were much putrified. On the 10th of June he had by the direction, of Mr. Grimstone, Jun^r. Surgeon, the pulv. cort. Peruv. ʒss quater in die cum gtt.xx. Elix. Vitr. in wine and water. On the 12th cort. Peruv. ʒij 4 quater in die. I visited this patient on the 16th; his appearance indicated death, the bark was rejected by the stomach. I was now determined to depend solely on the wash, which was directed to be used every day. In the space of five days, the petechiæ vanished, the blood ceased to flow, the strength increased, and in ten days from its first use, my patient, to the surprise of his friends, recovered his usual health.

CASE III.

Ann Stubbs, aged 30. On the 5th of September this patient was attended by Mr. Walbran, Surgeon; he found her attacked with a fever, described by the late Dr. Cullen, under the name of Synochus. He administered

stred an emetic, and used antiphlogistic medicines. On the 9th I visited her and found the fever changing into a pure typhus, but attended with more delirium, than is generally observed in this fever. A petechial eruption was already evident, the mouth black and dry. She took decoct. cort. peruv. ʒj. 4^{ta} quâque horâ, and used the wash every day. The great benefit, she received from its use clearly appeared, by changing the colour of the petechiæ, to a florid red on its first application, which before were of a brownish colour. By continuing the treatment already mentioned till the 17th our patient found herself restored to health.

ARTICLE X.

An Account of some Anomalous Appearances consequent to the Inoculation of the Small Pox.

By CHARLES KITE,

SURGEON OF GRAVESEND, AND C. M. S.

Read JANUARY 3, 1791.

CASE I.

Miss Cruden and Miss Henrietta Cruden were inoculated on the 19th of May 1787, with fresh matter from some children who were said by a surgeon of this place to have passed through the disorder in the usual manner.

2d. day.—The incisions were somewhat inflamed.

4th.—The inflammation increased—it was more considerable on the arm of the eldest, and from that circumstance I ventured to say that she would pass through the complaint mildly. It is her case only that I shall now relate.

5th.—

5th.—Was taken ill, and appeared as children beginning to sicken usually do: the arm had that kind of appearance it commonly has, when the patient first begins to complain.

6th.—Had a very restless, feverish night—but grew much better when taken out into the air.

7th.—Passed an easier night than the last, though but a very indifferent one. The incision on the arm had about one large drop of matter upon it, which was accidentally rubbed off as I was preparing to take some on the points of my lancets. There were two or three spots out, which appeared to the friends to be variolous eruptions; but they never suppurated.

8th.—She appeared quite well—the arm scabbed over—and I did not hesitate to say, she was perfectly secure from any future inconvenience from the small-pox.

In delivering this opinion, I thought myself warranted not only from my own experience, (never having been able to communicate the small-pox to any patient whose arms had inflamed, and who had even a much less degree of fever,) but likewise from the observation of Baron Dimisdale, who has related several cases

where the disease happened very suddenly after the infection, and where no eruptions have appeared, or if any have, they have not looked like true pocks, nor matured like them. He says, "I have seen some cases wherein the disease has happened so suddenly after infection, that the whole affair has been terminated, purges taken, and the patient returned home perfectly well in a week's time, before others inoculated at the same time, from the same patient, and under the same circumstances, have begun to complain." P. 47. "No eruption appears at the time it may be expected, but the arm gets well very soon, and the disease is at an end. There have however been some examples where a few eruptions have appeared, and probably in consequence of the inoculation; yet the pustules have not looked like the true pocks, nor matured like them, nor lasted longer than three days, about which time, they for the most part died away." P. 49. "When subjects of this sort first occurred in my practice, I was in doubt whether they were quite secure from any future attacks of the distemper; and in order to try whether they were so or not, I inoculated them a second time, and caused them to associate with

with persons in every stage of the disease, and to try all other means of catching the infection; and this method has been practised with the generality of such patients ever since; yet *without a single instance of its producing any disorder*; so that I now make no scruple of pronouncing them *perfectly safe*.

Having mentioned these circumstances, I now proceed to relate the sequel of the case.

I was so thoroughly satisfied that this young lady had the disease, that I did not inoculate her again, till repeatedly urged to it by some of the family—but to satisfy them, I inoculated her again on the 2d of June, 14 days from the time of the first inoculation, when the incisions were quite well. She was now inoculated from a lad under the eruptive fever.

2d day after the second inoculation—the incisions were somewhat inflamed, and had the same appearance as after the first inoculation. The inflammation encreased very little for eight or ten days.

17th.—She became sick and feverish, and appeared to be affected in exactly the same way as with the preceding inoculation.

19th or 20th.—Very full of a rash and a few small-pox among them, but she was as well as

those usually are, who pass through the disease mildly.

The rash gradually died away in two or three days, and there were 72 pustules which matured properly, and turned on the seventh day:—they were most evidently variolous.*

The younger sister passed through the complaint from the first inoculation in the same slight manner without any eruptions succeeding the fever—she was therefore inoculated a second time, but without effect: and has since been repeatedly exposed among those who have had the small-pox without the least inconvenience.

Several instances are recorded of anomalous appearances attending the inoculation for the small-pox:—The case just related resembles

* On Account of the peculiarity of this case, and to prevent any dispute about it, I was desirous that it might be seen by other medical gentlemen,—a physician of London who was at that time visiting me, accordingly saw her, and immediately pronounced it to be the small-pox; indeed it was so evident there was no possibility of being mistaken.

none that I have met with so much as that of the Duchefs of Boufflers, who was univerfally believed to have had the difeafe twice, once by inoculation, and again by infection from the natural fmall-pox—indeed Mr. Gatti the celebrated inoculator at Paris repeatedly affured the Duchefs that the fmall-pox had taken effect, and that fhe had nothing further to fear from that difeafe.—And it is natural to conclude that he was particularly attentive to the appearances of the arm in a patient of fuch rank and confequence:—But notwithstanding, it appears to me, that the difeafe of my patient was more diftinctly marked than the difeafe of M. Gatti's patient—for it fhould feem that although the arms of both fuppurated very well, yet that the fymptoms of fever were very flight and continued only a few hours in the Duchefs—whereas the fever was pretty fharp nearly three days on my patient, and during that time fhe experienced the fame relief that variolous patients always do, on expofure to the air.

CASES II. III. and IV.

The three children of Mr. Colyer of Dundale, one of a year and half, another of three

years, and the other of four years old, were on the tenth of February, 1790, inoculated by me with matter from a woman, on the fifteenth day after the eruption of the natural small-pox, and who was extremely full of the distinct sort.

The incisions on the arms inflamed properly, and on the seventh or eighth day they began to have the common febrile symptoms in a moderate degree—satisfied that they *had* the disease *effectually* and that they would get through it safely, I did not, as they lived at some distance in the country, see them any more, I was informed, however, that the eldest and the youngest had a few eruptions, and the other a considerable number, which those who were about the children said had every appearance of true variolous pustules.

About one month from the time of the inoculation, the eldest of the children became very feverish, and after a few days had an eruption of pustules, which I saw the seventh day of the eruption, and found to be, beyond the possibility of a doubt, the small-pox—the child was very full of the distinct kind, but the disease terminated favourably.

Eight days from the attack of the eldest one
of

of the others became ill, and had the small-pox also, but in a milder degree.

And eight days from the attack of the second, the third was affected in the same manner—it had not so many as either of the others, but they were most evidently the true small-pox.

The mother informed me, that some time after the eldest had recovered from the inoculation, he met a child very full of the small-pox, from whom she supposes, as indeed is most probable, the second disease was caught.

That the matter with which these children were inoculated was really the true variolous matter, will not admit of the smallest doubt, for independent of the improbability of my mistaking a very full and large species of the small-pox, which passed through every stage in the most distinct and regular manner, for any other eruption,—it was taken from a woman travelling through the country, but who became so very ill as to be unable to continue her journey, and from this individual (for there was no one beside herself that I could learn, had it) the small-pox was, both by natural and artificial infection, propagated more extensively, than

than I ever recollect to have known on any former occasion.

That the inflammation of the arms made the same progress, and had the *appearance* inoculated arms usually have, is very certain—but whether it was *really* the variolous inflammation, I am unable to determine, as I did not inoculate any one from them, a circumstance I should by no means have omitted, if I had entertained the least doubt of the fact.

The eruptive fever made its appearance at the usual time, the seventh and eighth days; it continued two or three days, and then the eruptions made their appearance; what were the precise appearances of those eruptions, and whether they were really variolous, I cannot determine, as I did not see them, or cause any one to be inoculated from them.

About the latter end of September all these children caught the chicken-pox; (Varicella of Dr. Cullen;) after a slight fever of two days, watery eruptions made their appearance; these continued about two days, never more than three, then scabbed over, and soon became well.

CASE V.

J. Wallis, of the parish of South-fleet, three years and an half old, was inoculated in March 1790—arm inflamed, and had the same appearance as many other children that were inoculated at the same time. He sickened rather earlier than the other children; the fever abated on the ninth day; and three or four pustules made their appearance, which were considered by every one as exactly like the small-pox. I was informed that the arm looked much inflamed, and that it contained a quantity of matter, as it stained the linen very much.

Exactly seven weeks after inoculation, the natural small pox appeared—I saw the child on the seventh day of the eruption, at which time its face was extremely full of a very fine and distinct sort.

CASE VI.

Mary Miller, thirteen years old, was inoculated at the same time—the arm rose very well, but was more inflamed, and contained even a larger

larger quantity of matter than the arm of the child just mentioned ; she was not observed to be at all ill, or to have any eruptions.

Seven weeks from the inoculation she was seized with a fever, and in two or three days a very fine sort of small-pox came out upon her, which I saw fully matured on the seventh day.

The arm must have been very much inflamed with the first infection, for when I saw her eight weeks afterwards, a very large scab, equal in size to a shilling, and an eighth of an inch thick, remained upon it, notwithstanding the small-pox had attained their height.

CASE VII.

Elizabeth Hart, two years old, was inoculated at the same time the other children were, —the arm inflamed very well and had matter in it, —she began to sicken on the seventh day, continued ill two days, then grew better, and as she grew better, several eruptions came out, which were taken to be the small-pox :—seven weeks afterwards, however, she was taken
with

with the natural small-pox, and I saw her when they were at the height.

The children which were the subjects of the last three cases were, with a great many more belonging to the parish of Southfleet, inoculated at the same time.—They were inoculated indiscriminately with the rest, some of whom had the small-pox to such a degree as to leave no room to doubt the fact.—The natural small-pox has since been much, and in a great degree, in the neighbourhood, so that almost all the inoculated children were constantly exposed to the infection, and must inevitably have caught it, if they had not already passed through the disease.

It is clear in the cases just related, that a disease of some kind was propagated by inoculation—the incisions inflamed as they usually do in the real small-pox—the fever commenced at the most common period—continued the same length of time—and terminated, (except in the first case) in the eruption of pustules, but few of these pustules indeed, as I understood, have matured completely, but every one knows that this is frequently the case in the real small-pox when the eruptive symptoms have been moderate.

Such

Such was the real state of these patients—and every one is at liberty to draw such conclusions from them, as he may think they will admit of. I will not hazard an opinion upon their cases—but I will with great diffidence venture to ask—whether these anomalous cases may not be in some measure explained in this manner?—That the first diseases were not the true small-pox, will I imagine be universally allowed, as all the patients had it some time after in a manner so decisive as not to leave the least room for doubt: and I do not believe there ever was one well authenticated instance of the small pox occurring twice in the same person—the resemblance however between the two diseases is so remarkably striking, that it should seem to point out there was some very intimate connection between them:—so very close indeed they appear to be connected, that I am disposed to consider the first as arising from a *certain degree* of variolous infection, but which infection was not sufficiently powerful to propagate the disease fully and completely.

This anomalous complaint then appears to depend upon a certain degree of feebleness or
impotency

impotency in the infecting matter, which may perhaps be thus accounted for.

So long as the variolous matter continues unaltered and possesses its common properties, it is capable of producing the small-pox, when applied to a body that has not previously had the disease—but every one knows, that when variolous matter has been kept a length of time, particularly if it has not been thoroughly dried, and the air properly excluded from it, it entirely loses its property of propagating the disease:—the loss of this property as I take it, is owing to the spontaneous fermentation which the matter undergoes—if it proceed to a particular degree, its nature is so entirely altered, that it either does not produce any effect whatever, or else a *simple* inflammation on the part to which it is applied: but it appears to me, that when the matter is just *beginning to change its quality*, and before it has made any material progress, that it is then capable of producing an effect, not only upon the part to which it is applied, but upon the constitution at large:—this effect will not be exactly the same as that produced by the pure matter, because its nature is in some measure altered, but it will still resemble it in a certain degree,
and

and the resemblance will be, in proportion as the matter partakes more or less of its original properties:—hence it may be conceived that the arm should inflame at the usual time, and have the usual appearances—that it should be absorbed, and produce its effect on the habit at the common period—that the fever should continue the usual length of time, and terminate in an eruption of the skin;—but that this eruption does not partake so perfectly of the variolous property, but the constitution will undergo another and more perfect change, upon the application of a more perfect and powerful cause.

It still remains to shew how this idea may be applied to the cases under our consideration.

With respect to the cases of the three children related in Cases II. III. and IV. I very well remember inoculating them with matter taken from the only remaining pustule on the body of a woman, on the fifteenth day of eruption, when she appeared perfectly recovered, and all the other pustules were dried away.—Under these circumstances it is natural to conclude, that this matter was somewhat altered in its properties, and consequently liable to produce an irregular disease.

As

As to the others I could not obtain sufficiently correct information from whence the matter was procured with which they were inoculated.—I will therefore only observe that it is a very frequent practice, particularly when many are to be inoculated, and in the country ; to collect a quantity of the matter upon lint, to inclose it in a vial, and to inoculate from this as occasion may require :—in a certain time the matter commences its fermentation—and if any is used at the precise period I have hinted at, the disease in question may then be produced.

It may perhaps be objected to this, that variolous matter with which people are inoculated must be so frequently in a state of fermentation, that the disease about which we have been treating, must, if it depends upon such circumstance, have been much more general than we in reality have reason to believe it has been.—To this I answer it is at one precise period, and then only, that I consider the matter as being able to produce such effect, and that it is probable it may be in this state only a very short time, for if it has not commenced its fermentation, it will produce the true small-pox—and if that process has advanced the

smallest degree too far, it will not then produce any constitutional effect whatever.

Whether this idea is properly founded, it might be of some consequence to determine—but at any rate we may, from the cases related, gain one piece of useful and important information—never to employ variolous matter except when it is perfectly fresh; and not to be too confident that the patient has absolutely had the small-pox, unless the pustules have passed through a regular maturation.

The following case has occurred since the former were written;—as such do not, I believe by any means frequently happen, and as it is an additional proof of the necessity of attending to the advice just intimated, it may not perhaps be improper to relate it in this place.

CASE VIII.

Mrs. Childmaid's child, 14 months old, was inoculated on the twenty-first of September,

ber, from a boy extremely full of the confluent small-pox, on the tenth day of the disease. The child's arm inflamed considerably, and had exactly the same appearance as its sister's, who was inoculated at the same time, from the same boy, and who sickened on the ninth day. This infant however, notwithstanding the three incisions, inflamed to the extent at least of a silver three-pence, and suppurated equally as much as those of its sister; had no eruptions, nor was any feverishness perceived.

From the general event of my own practice, as well as the authority of Baron Dimsdale and others, more particularly explained in the first case related in this Memoir, I should have concluded this child was perfectly secure from any future infection; but the event of that case determined me to inoculate him again; this was accordingly done on the fifth of October with fresh matter from the brother of the boy, I before inoculated him from, on the tenth day of a very full and distinct sort.

I saw him on the eleventh of October—the four incisions were very much inflamed, each to the extent of my thumb nail: in the afternoon the child was perceived to be ill—he became feverish and passed a very restless night.

12th.—continued in the same state and passed a very restless night.

13th.—the child was much better: a few small eruptions perceivable. The incisions scabbed over, but considerable quantity of matter underneath.

The eruptions to the amount of about thirty or forty gradually increased in size, and on the twentieth began to be incrusted over:—they were beyond the possibility of a doubt, the true small-pox.

The last scab from the first inoculation was picked off, at the time the eruptions turned, that is, one month after the matter was inserted.

ARTICLE XI.

*An Instance of a fatal Pulmonary Consumption,
without any evident Heëtic Fever.*

By ANTHONY FOTHERGILL, M.D. F.R.S.

AND C. M. S.

Read JANUARY 30, 1792.

MASTER D——, though well formed at his birth, and healthy during his early infancy, afterwards contracted a considerable deformity of his chest, the right side of the bosom being greatly depressed, while the left became very protuberant; a valetudinary state of health succeeded, and increased with his years attended with cough, difficult respiration, expectoration of viscid phlegm, and a gradual wasting of the flesh, till at length he became extremely emaciated.

He

He bore his sufferings with wonderful patience; his manners were endearing, and his understanding far beyond his years. His afflicted parents had recourse to every aid that medical science could suggest, and no expence was spared that change of air, or climate could afford, but alas in vain! Having struggled with an incurable disease till the 11th year of his age, a sudden increase of the symptoms came on, the countenance assumed a cadaverous hue, the pupils of the eyes dilated, respiration extremely laborious, pulse low, fluttering, and depressed, extremities; cold but the senses remained entire, and the mind collected to the last, when death interposed, and afforded a happy release from all his sufferings.

Being called to him the day before his death, and having remarked the above symptoms, I was much surprised to hear that through the whole course of his illness, he had shewn no evident signs of hectic fever; no night sweats, no rigors, no purulent expectoration, or other symptom of Pulmonary Consumption, except those above mentioned, and an inability of lying on the left side. Before his decease indeed a tumor had formed on the left lumbar region which however did not suppurate, but suddenly disappeared,

peared, attended with internal commotion, and an evident increase of the symptoms.

The peculiarities which I have just noticed in the above case, rendered a further inspection of the body after death extremely desirable. This being agreed to, Mr. Phillot, an expert Surgeon, this day opened the body in my presence, when the following phenomena presented themselves to our view.

PHENOMENA AFTER DEATH.

December 1, 1791. This being the 2d. day after the death of the deceased, the external muscles of the chest and abdomen were become extremely livid, and the odor offensive: on opening the abdomen there gushed out a great quantity of yellow foetid serum, which deluged the whole cavity, a great share of which seemed to have been extravasated after death. The omentum (as might be expected) was nearly obliterated. The liver, though sound, was greatly enlarged, and adhered in several places to the adjacent ribs. The gall-bladder appeared turgid with yellow bile. The spleen small, and exhibited at its lower extre-
mity

mity a round tubercular appendage which seemed little more than a *lusus naturæ*. The rest of the abdominal contents appeared natural. On opening the thorax the left lobe of the lungs seemed tolerably sound, but the whole right lobe was *totally destroyed*, and the cavity completely full of very fœtid purulent matter, *without even a vestige of pulmonary substance*. The adjacent ribs felt somewhat rough, and scabrous from being eroded, by the vast quantity of corrupt purulent matter that had so long stagnated in the cavity. The heart as well as the left lobe of the lungs, being defended by their proper coats, escaped corrosion, and were found entire.

REMARKS.

From this singular case may we not draw the following conclusions.

1st. That the disease was a genuine consumption of the lungs, and though extremely slow in its progress, was nevertheless from its silent depredation, and from the deformity of the chest, utterly irremediable.

2d.

2d. That an entire lobe of so important an organ as the lungs, may under certain circumstances be destroyed, and yet respiration while the opposite lobe remains entire, be carried on for a considerable length of time—a wise provision in the human frame, and a striking example among many others of the wisdom, and benevolence of the Divine Architect !

3d. That though hectic fever, with night sweats, &c. is held to be an *inséparable con-comitant* of a consumption of the lungs, yet the present case affords a notable instance of the contrary.

4th. That though this exception to the general rule is the *only* one that has fallen under my *own* observation, it is perhaps not the only one that has occurred in practice ; for if I recollect right, a similar instance is recorded by professor De Haen * which in conjunction with the present case ought to be a caution to practitioners not to pronounce (as some men of eminence in the present instance had done too hastily) that there *can be no true* consumption of the lungs without hectic fever.

* See Ratio Medendi.

5th. That purulent matter may for a long time be gradually accumulated in the chest without being expectorated, or absorbed; for had it been considerably diminished by either of these operations, the cavity would not have been found quite full, as we discovered in the above case.

6th. That the great accumulation was evidently owing to the want of expectoration, and of absorption; and that the want of expectoration, arose from the destruction of that lobe of the lungs where the matter was deposited, for the sound lobe contained no purulent matter to be expectorated, nor could absorption take place where the organ with all its lymphatic vessels were destroyed.

7th. That the matter being slowly formed, and gradually increased, (as it undoubtedly had been from a remote period,) nature became at length habituated to the pressure, and being thus by degrees accustomed to the load, no hectic fever was kindled up in the system, as it always is in more inflammatory hectic cases, and where the progress is more rapid.

8th. That as purulent matter like other fluids gravitates to the most depending part, and varies according to the position of the
body

body, it is easy to explain why instinct prompted him to the most favorable posture, obliging him constantly to turn to his right side, by which means the left lobe of the lungs, the only part of the organ by which respiration could now be carried on, (however imperfectly,) was left more at liberty to perform its functions.

A. FOTHERGILL.

Bath Jan. 22d. 1792.

ARTICLE

N. B. The Second Part of the Memoirs is now in the
Press, containing the following Papers,

On the Croup, by Mr. Field.

On a fatal Ischuria, by Dr. Senter.

On a second Eruption of the Small-pox, by Dr. Withers.

On the Angustura Bark, by Dr. Lettsom.

On a double Uterus, by Mr. Pole.

On Petechiæ without Fever, by Dr. Garnett.

On the Schirrho-contracted Rectum, by Dr. White.

ERRATA

In Mr. Kite's Paper on the Submerſion of Animals,
VOL. III. MEDICAL MEMOIRS.

Page 219. Note line 3—for 'and particularly in the act of drowning'—
read 'and I ſhall particularly ſhew that thoſe in the act of
drowning.'

Page 221. Line 5—for 'But in every ſtate of the lungs the two circum-
ſtances muſt be equal and reciprocal: that the chemical and
mechanical action may continue together'—read 'in ſhort in
every ſtate of the lungs the two circumſtances muſt be equal
and reciprocal, the chemical and mechanical action will go
hand in hand.'

Page 236. Line 3—for 'chylopoſtic'—read 'chylopoſtic.'

Page 251. Line 7—for 'hid'—read 'tied.'

Page 273. Line 4—after 'ſenus and auricle'—add 'it is thrown into the
left ventricle, &c.'

Page 274. Laſt line but two—omit the word '(living)'—it is not in
the quotation.

ARTICLE XII.

*History of a Case of Croup terminating fatally,
with a Dissection and incidental Remarks.*

By HENRY FIELD, APOTHECARY, F. M. S.

Read AUGUST 28, 1792.

JANE P——, aged three years, a stout healthy child, had appeared for several days drooping, previous to Thursday 23d of August 1792, when her throat was discovered to be somewhat fore, accompanied with a quick pulse and some degree of heat; on the following morning, in addition to these symptoms, her breathing became difficult, which increasing much through the day, in the evening I was sent for. I found her labouring under a considerable degree of fever, with wheezing and difficult respiration, sounding at times somewhat stridulous, the fauces red and in-
VOL. IV. M flamed

flamed, the tonsils much enlarged, and covered each with a mucous membrane-like appearance about the size of a sixpence, but with scarcely any obstruction in swallowing, a cough frequent and sounding peculiarly shrill, a tremulous or convulsive motion being observable in the muscles situate between the chin and os hyoides.

From an attentive consideration of the symptoms, I was clearly of opinion that the disorder was an incipient Croup, and that the danger was therefore both serious and imminent. Under these circumstances I requested a consultation, and Dr. Austin, (whose ability and professional knowledge are only equalled by his assiduity and attention,) was immediately called in; his opinion corresponded intirely with my own. The mode of treatment adopted was strictly antiphlogistic, six leeches were affixed to that part of the throat nearest the glottis, two blisters were applied under the ears, and a medicine containing *infus. fennæ 3vj. et vin. antim. tartariz. gt. xx.* was directed to be given immediately and frequently repeated until stools were obtained, the body having been previously costive. Barley-water with simple diluting drink were recommended.

Saturday

Saturday, 25th of August. That alarming and rapid increase of symptoms, which usually characterizes this disease, appeared clearly to be arrested, the breathing was evidently relieved soon after the application of the leeches, the wounds of which had discharged a considerable quantity of blood, several stools have been procured, the respiration was more free, the tongue pretty clean, cough somewhat looser, and the symptoms in general better, a saline mixture containing *vin. antim. tartariz. gt. xx.* was directed to be taken every four hours, a large blister applied to the sternum, and ten or twelve drops of *acet. scillæ.* to be given between each antimonial medicine.

Sunday morning 26th of August. No material alteration had taken place since yesterday morning, the medicines have been regularly given without however producing vomiting, which action appears in this child to be excited with difficulty, she seemed chearful, disposed to play in bed, coughed frequently but somewhat looser, some expectoration appeared to be coming on, the degree of fever remained about the same as the former days, pulse 120, the tongue moist, skin temperate, and the disease upon the whole more favourable. She

was directed to pursue the same course of diet and medicine with an increase of five drops of antimonial wine to each draught, and the blisters under the ears to be kept discharging by an additional application of cantharides.

Monday morning 27th of August. A considerable expectoration had taken place, during the night, of a tough membranous substance, divided into several pieces, some of which were thick and opaque, others of them thin and diaphanous, to which adhered several firm hydatids, hanging loose from the membranes, but yet so strongly tied to them as not to be easily separated by shaking the phial in which they were contained, or pressing them by a probe. Her breathing was evidently much relieved, the fever nearly the same, the tongue continuing moist. Having had no stool for two days she was directed to take *infus. sennæ. ʒiij* in each of the before mentioned draughts, until two or three dejections were procured, after which the regimen and medicine before prescribed were to be pursued, with the addition of oranges and ripe fruit.

Tuesday morning 28th of August. The child was this morning worse, the expectoration ceased since yesterday afternoon, notwithstanding

withstanding the cough had been frequent and severe, respiration has been more laborious, with considerable wheezing and some sound, pulse about 130 and low, has passed a restless night, upon examining the throat, the tonsils still appeared inflamed and swelled, with a pretty large slough on each of them, the tongue moist and tolerably clean, the belly now sufficiently soluble, a few drops of blood have been repeatedly discharged from the nose, she continued to swallow without any apparent difficulty.

The dyspnæa being so much relieved by the former bleeding, it was determined to apply two more leeches to the part, to increase as much possible the discharge from the blisters, to administer vin. antim. tart. gt. xx. cum oxymellis scillæ ʒj at one dose, with a full intention of exciting at least nausea, if not vomiting.

Tuesday evening. The disorder appeared to be rapidly increasing, the emetic had operated twice, the leeches had discharged properly, but without any alleviation of symptoms, and not the least return of expectoration, the cough has been unusually frequent and troublesome, pulse quick and languid, the difficulty in
M 3 breathing

breathing very much increased, so as to produce inability of laying in bed, the child was then constantly in lap, and perpetually desiring to be carried about the room, her exertions to respire were very great, and made with an apparent attention and judgment, not to be expected at so tender an age, the convulsive motion beneath the chin, noticed in the early stage of the disease, was now much increased, her countenance pale and contracted, and there was every appearance of approaching dissolution.

The cough being extremely violent and irritating, it was judged adviseable to moderate it, without effecting its intire cessation, the following medicine was therefore prescribed,

R. Vini. ipecacoan. gt. xxx.

Tinct. opii. gt. v.

Spt. ætheris vitriol. comp. gt. x.

Lactis ammoniaci zij.

Misturæ salinosæ ℥ss. fr. Haustus quamprimum exhibendus.

The account received from the attendants after this was, that the above mentioned draught was administered about one in the morning, the cough became quieter soon after, but

but that no sleep was procured, the difficulty in breathing gradually increased, with considerable noise, she continued sensible until her death, which happened about five in the morning of Wednesday the 29th of August.

APPEARANCES ON DISSECTION.

About 24 hours after death, the contents of the thorax were exposed to view. The viscera of that cavity had no unusual appearance, but were in every respect sound and healthy; on cutting open the trachea, the following circumstances were remarked; viz. slight inflammation through its whole internal surface extending into the bronchia; the epiglottis and glottis were completely covered with a thick white opaque membranous crust, adhering firmly to those parts so as to be separated with difficulty by a probe, and extending about an inch downwards in the trachea, the remainder of which was free from it, but inflamed as before observed; in the bronchia was lodged a small quantity of mucus, apparently of the same kind with that of which the membranous crust was formed, but thinner,

and not yet inspissated. There were no hydatids, but the crust was in every respect similar to that which had been expectorated in the course of the disease. The whole surface of the trachea exhibited no marks of suppuration or ulceration.

REMARKS.

The disease, which has been the subject of the preceding history, is but of modern date, or at least has not been noticed by medical practitioners as a distinct disorder more than thirty years. Being a malady much more frequent in the northern than in the southern parts of this island, it first attracted the notice of the Scotch Physicians, it was in Scotland that it acquired its name of the Croup, and to Dr. Home we are indebted for the first distinct description of it. It is a disease by no means unknown to the Medical practitioners of this city, although its appearance is not frequent. A physician of considerable eminence assured me, that in twenty-five years practice he had met with but four or five instances of it; Another physician of extensive reputation has seen
about

about ten cases of this kind in nearly the same space of time, about one half of which proved fatal. Five instances of the Croup have occurred to myself, three of which proved fatal. Of one of these cases, the above is a detail, it is selected as forming a more complete account of the progress of the disease, than any that has happened within the sphere of my observation, the minuteness of which, it is hoped, will not appear unnecessary nor tedious, when the importance of the subject is considered, and the few histories of the kind which are to be found in medical records.

Dr. Cullen, in his "*Synopsis Nosologiæ*," has classed this disease under the genus *Cynanche*, and has given it the appellation of *Cynanche Trachealis*, his descriptions of it, both in that work, and in his "*First lines of the Practice of Physic*," are delineated with his usual accuracy. Several other medical writers have noticed this disease, among whom Dr. Home on the Croup, and professor Michælis, de *Anginâ Polyposâ sive membranaceâ*, are intitled to considerable attention.

It is not my design to give a systematic description of the disease, which indeed the authors above referred to, have rendered unnecessary

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sary, but shall confine myself to some observations, which have arisen from a late attendance on two or three cases of it.

The predisposing causes of this disease, are by no means well ascertained, it appears to be more frequent in low marshy situations and particularly near the sea-coast, than in cities and dry hilly countries, and it is said by Dr. Home to be more frequent in the winter than in the summer months, he therefore considers it to be the product of cold and moisture; in confirmation of this, it must be remarked, that the city of London, the soil of which although dry and elevated, has been of late more than usually visited with it, and this in the autumnal months of August and September, but then much more rain has fallen in these months than is generally expected at that season, while the temperature of the atmosphere has been colder. Children of a strumous habit are certainly most susceptible of it.

It is the general opinion that the Croup is not contagious, which opinion is agreeable to the observation of Dr. Cullen. Dr. Home is silent on this head. This point, however, does not appear to be established with sufficient evidence, to prevent all doubt of its certainty.

I have met with two instances of it in children of the same family, and which had had communication with one another, the second instance occurring about eight or ten days after the first. Two of the cases related by Home are of children under similar circumstances, both as to situation, and the interval of a few days in the accession of disease. It will be readily allowed that children in the same house, are more liable to the same disease, from being exposed more immediately to the same infecting cause, and that a single circumstance, or two, of this kind cannot therefore be admitted as amounting to any proof upon the subject, yet it will surely render the contagious nature of it somewhat more probable than it has been hitherto esteemed, and should therefore intitle it to the particular attention of practitioners in future, as it is by future observation and experience only, that this important point can be satisfactorily ascertained.

The essential character of this species of Cynanche consists in a morbid state of the larynx and trachea, disposing them to secrete a mucus of a peculiar nature, and which in a very short time concretes into a membranous substance, lining the whole or part of those cavities,

cavities, and adhering to them, in some cases with a greater, and in others with a less degree of firmness.

There can be no doubt, that this state of the larynx is usually discovered by a peculiar shrill sound, both in speaking and coughing, but more particularly in the act of respiration, not indeed easily expressed in words, but remarkably obvious to a by-stander, so loud as frequently to be heard at a distant part of the house, nevertheless it sometimes happens, that this symptom is not so striking, as to render the nature of the disease apparent at the first view of it, and of this fact the history now related affords a decisive instance. There was not, though the whole course of the disease, so far as I could discover, the true Croup sound, especially that which occurs in inspiration, there certainly was considerable noise in breathing, but it had not that shrillness which is generally observable, and which is usually considered as characteristic of this disease, in the act of coughing the Croup sound was more apparent, though not in that degree that I have noticed in other cases; and yet that this was an instance of true Cynanche Trachealis, both the history and the dissection have rendered too apparent
to

to permit any reasonable doubt. I have been more particular on this part of the subject, as a very important practical inference is deducible from it, namely, that the stridulous sound is not a symptom so essential to this malady, but that it may exist without it, or at least with a very slight degree of it, even in circumstances of considerable danger, and that the practitioner therefore must not hastily conclude that his patient has not the Croup, because he cannot discover this character of the disease, in the degree that he might have expected from the general description of it to be found in authors.

The fatality attending this disease is very great, we are not in possession of sufficient data to furnish any very certain ratio, but have reason to believe that the most successful practice, which we are at present acquainted with in the cure of it, will not be a means of preserving more than half of the afflicted. The fatality of it is not only great, but it is in many cases very sudden, it frequently proves mortal in thirty-six hours from the time when the difficulty of breathing first becomes observable; to be protracted to the length of time related in the preceding history is very unusual, unless followed by recovery.

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The immediate occasion of death in the *cynanche trachealis* is not very certain, it seems, however, most probably to arise from one or other of these two causes, or perhaps it may depend on the united action of both, viz. a mechanical obstruction of the glottis from the thickness of its morbid membranous covering, or a spasmodic constriction of the muscles of the larynx from irritation, in both cases producing the same effect, that of suffocation. Of these two causes, the latter appears most likely to be the real one, dissection having discovered no certain appearance of mechanical obstruction, in cases where the membrane has been found completely formed, and death having sometimes taken place before the mucus had acquired firmness sufficient to render such an obstruction probable, which was the case in another child that I attended in this disorder, and had an opportunity of examining after his decease.

The disease proving so frequently fatal, the prognosis in it must therefore be very unfavorable. There are indeed medical men, who speak very lightly of it, as being frequently cured, who profess to have seen a considerable number of cases of it, almost all of which recovered,

covered, but this is so contrary to the general experience of practitioners, that it must be presumed either, that the cases were very slight, or that the disorder was mistaken for want of accurate discrimination; when the disease is mild it may undoubtedly be frequently cured, but when the symptoms are in any considerable degree of violence, it is to be feared that it will very often prove fatal: at all events, unless the application of remedies can be made in the earliest stage of it, the present state of medical knowledge on this subject affords a very uncertain prospect of advantage.

It becomes therefore of the highest importance to distinguish the symptoms of the disease as early as possible, as upon this our expectation of affording relief principally depends. If any accurate criterion could be laid down for this purpose, it would be rendering a most essential service to medicine, to which, however, our present experience is certainly inadequate. The first attack is insidious, the child appears to be generally unwell, somewhat feverish, uneasy in its sleep, with perhaps more noise in respiration at that time than usual, after two or three days past in this manner, the throat is
perceived

perceived to be a little fore without any alarming increase of other symptoms; thus far there is no more to be observed here, than what happens every day in common angina; but if upon this a difficulty in breathing comes on, not that which is indicated by a short quick respiration, but that which is of the suffocating kind, attended with wheezing, and a sense of inability to admit air into the lungs, there will be great reason to suspect that the disease is the Croup; how far the convulsive motion in the muscles above the os-hyoides, mentioned in the preceding history is a frequent attendant upon it, I am unable to say, yet it appears intitled to future attention.* It will readily be perceived, that my present attempt is to describe only

* In one of the fatal cases which have occurred to me, the child had labored, for the space of ten or twelve days before the appearance of the Croup, under a considerable degree of coughing, in its sound and manner not unlike the hooping cough. Another case has been related to me by an intelligent physician, of this disease being preceded by sloughy ulcerations in different parts of the mouth a few days before its characteristic symptoms were discernable, this likewise terminated unfavorably.

the incipient state of the complaint, if it has made progress beyond this, and the Croup sound is become audible before assistance is called in, there will be no difficulty in ascertaining the nature of it, but assistance will then probably be too late.

The expectoration of membranous substance from the trachea has been usually considered as a favourable appearance, and not without reason, for a cure perhaps hardly ever takes place in this disease, unless in very slight cases, without this expectoration, notwithstanding which, it appears from the case before us, that such a discharge may take place without a favorable termination. Upon comparing the history with the state of the parts after death, it will be evident, that the membranous discharge, which came away on the Monday, may have proceeded, from the inferior part of the trachea, or perhaps from the bronchiæ, or it may, on the contrary, have proceeded from the glottis and adjacent parts; in this latter case, however, there must have been a very speedy renovation of mucous substance, and if it were so, it follows, that the discharge can only prove critical, when it takes place after the disposition of the constitution to secrete

this morbid mucus has ceased, and not before.

I have but little more to add to the indications of cure in this disease, than may be collected from the preceding history; the plan of treatment there laid down, is that which is recommended by the best writers on the subject, particularly the Doctors, Cullen and Home:* it is that which gives the most sensible relief to the prevailing symptoms, and which has certainly in many cases proved successful. Let me just observe, that as the inflammation does not appear to be of a very active kind, general evacuation by blood-letting does not seem admissible in this disease; topical evacuation by leeches, nevertheless, should be pursued with great vigor, at least in the early stages of it, being that which has the most certain tendency to relieve the symptoms, without inducing much general debility, which circumstance it is particularly necessary to guard against. Dr. Home objects to the early

* It has not been my happiness to procure the treatise of professor Michaelis, de Anginâ Polyposâ; much information may probably be derived from the perusal of it.

Application of blisters to the affected parts, as liable to do injury from their immediate stimulus. It is not certain with me, that this objection is sufficiently valid, at least it cannot apply to the use of them in more distant situations, and should therefore recommend early trial of the application of blisters to the back, and likewise to the lower extremities, particularly the insides of the thighs, the action of which, by way of revulsion, has certainly in some disorders a tendency to relieve the superior parts. I am sensible, however, that the medical treatment of this disease is so very imperfect, that much must be left to future experience, and that not without hope of discovering a method of cure, which may considerably lessen the present great mortality attending it.

The class of antispasmodic medicines has been recommended by some practitioners for the cure of the Croup, particularly assafoetida, camphor, castor, valerian and musk, likewise the application of cataplasms of garlic, camphor and Venice treacle to the feet, as well as to the parts affected, and it is said with success. How far this may be true, it is not in my power to determine. There appears nothing

in the nature of the disease, which would induce me to expect any advantage from remedies of this class.

When the disorder has arrived at that stage of violence, and the symptoms have acquired that degree of urgency, that a few hours will probably put a period to the existence of the patient, it becomes then perfectly justifiable to attempt a mode of treatment, which, though apparently severe in its nature, and uncertain in its effect, yet seems to afford the only chance remaining for recovery; I mean the operation of bronchotomy. As death is evidently caused by suffocation, it follows therefore, that if air can be passed into the lungs by any other than the usual passage through the glottis, which is now become nearly impervious, the immediate danger arising from that cause will be removed: an artificial opening into the trachea naturally presents itself, as the only means conducive to that end. I am not certain that it has ever been performed during this disease, although, if my information be right, it has, and that with success. If life, however, can be preserved by such an operation for a few days, and no inconvenience is induced by it to the animal functions, it becomes

comes highly probable, that the morbid diathesis may by that time be removed, and a restitution to health follow. Surely then it is deserving the future attention of the faculty, to make trial of a practice, although confessedly doubtful, rather than relinquish the unhappy sufferer to certain death.

It may not be improper here to notice, that the operation of bronchotomy has been mentioned by Dr. Home, but the rationale upon which he has recommended this practice is very different from that above proposed: his words are these,

“ To effectuate a solution of the morbid membrane, after it is once completely formed and consolidated, seems to me impossible by any internal or external medicine that I know. To effectuate its expulsion appears equally impossible. We have, then, no method remaining to save the patient's life, but that of extraction. That cannot be done through the glottis. When the case is desperate, may we not try bronchotomy? I can see no weighty objection to that operation, as the membrane can be so easily got at, and is very loose. Many a more hazardous operation is daily performed.”

It is very improbable, that the operation will be attempted in the present day, with a similar intention to this ; it is unnecessary, therefore, to say much on the impropriety of it, observing only, that the ingenious professor was not aware, that the adhesion of the membrane to the trachea is frequently very great, so as to admit of separation with much difficulty, and that, if this were not the case, its firmness and the cohesion of its parts is seldom such, as to give to this mode of extraction a tolerable prospect of success ; for although some portion of the membranous substance might be removed by this means, it is scarcely possible that the whole of it should.

I cannot conclude this paper without expressing my earnest wish, that this subject may attract the attention of some abler pen, for which purpose no time can be better adapted than the present, when a considerable number of cases of this disease have so recently occurred in the metropolis and its environs.

To increase the public stock of useful knowledge by improving the history and treatment of a malady so frequently destructive to the rising generation, must certainly be the desire of every well wisher to the
prosperity

prosperity and advantage of mankind. If the present attempt should in any degree conduce to so valuable an end, the utmost ambition of the writer will be fully gratified.*

* Since the date of this memoir, I have met with two more cases of Croup, one of which terminated successfully. The subject of it was a child about eleven months old, its attack was severe, being preceded about a week or ten days by a cough not unlike the *tussis convulsiva*, which, however, did not turn out to be that disease, this circumstance has already been noticed as not unusual. The Croup sound became then very audible, with a considerable degree of fever, but by pursuing a plan of treatment similar to that already laid down, the disease gradually abated and the child is now in perfect health: there was in this case no evident separation of mucus which nevertheless might exist, but, from the tender age of the patient, pass down into the stomach: it is likewise worthy of observation, that this child was still at the breast, which state is judged by Dr. Home not to be susceptible of it.

ARTICLE XII.

An Account of a singular Case of Ischuria.

By ISAAC SENTER, A. M. C. M. S.

ASSOCIATE MEMBER OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA, AND SENIOR SURGEON, IN THE LATE AMERICAN ARMY: IN A LETTER TO

J. C. LETTSOM, M. D.

Read JANUARY 30, 1792.

LUCY FOSTER aged 15 years, a fleshy, healthy-looking, well-proportioned young woman, was taken, June 1st. 1785, with a pain in the left hypochondrium, accompanied with cough, fever, oppression at her breast, and difficulty of breathing.

Being in very poor circumstances, her friends neglected asking advice, till about a fortnight from her first seizure, when I was called to her assistance.

I was informed by her mother that she became a woman at 13, and continued pretty

ty regular in her menses, till within five weeks of her present illness; and that from her seeing nothing during that period, she supposed her to have taken a bad cold, as she was very inattentive to her health, and had been obliged to do the duty of a servant maid in a family at the other end of the town.

Her pulse were upwards of 100 in a minute; her tongue coated with that sort of fur, which often accompanies a bad kind of chronic inflammation of the thoracic viscera.

I took ten ounces of blood from her arm, gave her an emetic, and directed an epispastic of flies to the affected side. The blood when cool, threw up its coagulable lymph, as is common in *pneumonic* inflammation; but the buff was tender, and the crassamentum and serum did not separate, as is usual in cases of acute inflammation of the breast.

Expectorant febrifuge mixtures were given her with emollient ptisans of barley water, &c. and another blister applied to her side within a few days. These medicines produced an abatement of the symptoms, and in the course of three weeks, I ceased to visit her. I however looked upon her disease to have a strong tendency to a consumption, and about the
fourth

fourth week from my first seeing her, she vomited up a quantity of bloody pus, of a very disagreeable kind, which, with the preceding symptoms induced me to think a vomica had burst in her stomach : during the whole of this illness, from my first visiting her, her stomach was so irritable, that it was with much difficulty that either food or medicine could be made to sit upon it, and she often vomited up the most simple barley drink.

She had a suppression of urine for 24 hours, but did not get any aid from medicine, as nature relieved herself. She, however, became regular in her menses, and recovered so far in about 2 months, as to return to her usual labour, and continued capable of doing her duty to the satisfaction of her employers, till the June following, 1786. On the third of this month I was desired to visit her again, when I found all her old complaints (except the suppression of her menses) returned with greater severity than they appeared the last year. She was now let blood, and treated in other respects as before : her distress continuing so great, that I found it necessary to repeat the operation (drawing small quantities) several times,

times, as nothing else appeared to afford her any considerable relief.

Her tongue was covered with a yellowish coat in the middle, and an ash colour at the edges; her pulse beat 120 strokes in a minute.

The irritability of her stomach was so great, that it had become extremely difficult to give any article either of medicine or nourishment but what she vomited up immediately. The *effervescent* draughts, infusions of *columbo* with *Sweet Spirits of Nitre* and *Sp. Vitriol, Liq. anodyn. min. &c.* were tried without any lasting effect. Opium gave the most permanent relief, and afforded her that refreshment by sleep which she could obtain by no other means.

As I now looked upon her case to be of long continuance, and residing in a distant part of the town, I called but seldom, after the severity of her symptoms had subsided; which they did in about three weeks.

On the second of July, she was seized with a total suppression of urine, without any perceptible cause; which continued 5 days, not being able to void a single drop; and notwithstanding her pain and distress were very great, she did not let her circumstances be fully known to her friends, for fear of having it drawn off
with

with an instrument. The beginning of the 6th day, she was taken with a vomiting which lasted till she brought up nothing but water, which she said, tasted in every respect like urine.

As her vomiting continued, she found relief in the bottom of her belly, from the swelling and great soreness she had felt for several days.

She now thought herself much better, but her vomiting recurred the next day, as I was informed, and continued more or less every day till I saw her, which was on the 14th of the month.

As she had discharged from her stomach every thing she ate or drank, from the time of her first vomiting till this, she did not suffer so much from the ischury, which still continued, as she did before the first evacuation. I prevailed upon her to let me pass the catheter into the bladder, whence I drew about 3 pints of urine, clear, but high coloured; her strength was very much exhausted, and she felt great heat and soreness throughout the abdominal viscera.

A variety of medicines were prescribed, and every method pursued that could be thought of to allay the extreme irritability of the stomach,

mach, and restore the natural action of the bladder. For 10 weeks successively she was incapable of retaining in her stomach either food or medicine, except opium; this was her only solace by day as well as night.

From this time to *December*, she continued with very little abatement of her distress, or alteration of her circumstances. And as she could lie in no other position, she was constantly supported in an armed chair, in a reclined posture, with pillows under her hips.

Whenever I omitted to draw off her water once in thirty or thirty-six hours at farthest, she never failed to vomit it up. To ascertain so extraordinary a fact beyond the possibility of a mistake on my part, or a deception on her's, I often visited her about the time I knew she must vomit, if the catheter was not introduced; and I examined her bladder found it full, hard and tender; and sat by her till the vomiting recurred, saved the water that she brought up this way, and compared it with what I drew off, and found it the same in every respect.

During the time her urine came off by vomiting, she suffered extreme anxiety, and always complained of great heat, smarting, extreme thirst, and a sensation of inversion or turning

turning up of something (*runing as she expressed it,*) that appeared to tear her bowels.

As the affair had become so tedious, and my business was such, that it was not in my power to attend upon her as often as her case required, I instructed the young gentlemen who lived with me, in the use of the catheter, and they waited on her in my absence, as often as they could conveniently.

In the month of January, 1787, from some cause unknown, she could not be relieved with the instrument, nor could she *vomit* up her urine for several days; when it passed off by the navel for three days successively, after which the catheter was used with the same effect as before.

From this time to the August following, there was so great a sameness in her complaints, that nothing occurred worth noticing. About the beginning of this month, a brick-coloured gravel began to pass off through the catheter, and soon became so large and plentiful, that neither urine nor gravel could be completely evacuated by the instrument in its usual form. I had one made of a different construction, open at two of its sides for about half an inch, which answered my wishes.

She

She continued to discharge gravel this way, whenever her urine was drawn off, till the beginning of *November*, at which time she felt more distress than usual whenever her urine came off by vomiting, and she soon observed a gritty substance in her mouth. When I was informed of this new phenomenon, I requested her to save the urine for my inspection, the next time she vomited. I compared this with what I drew off, and found it contained the same kind of gravel as that which passed the catheter. I procured and saved several drachms of this gravel that came from her both by the instrument and by vomiting, and could observe no difference either in the colour or consistence of them.

From this period to the summer 1788, her complaints continued much the same. When her water was not drawn off, she always brought it up by vomiting, commonly attended with great pain in the head.

During this summer, she twice passed a small quantity of urine through the urethra, in consequence of being frightened, once by thunder, and the second time by the falling of a window in her room. This served only, to raise her spirits for a few days with the expectation

pectation of her urine returning through its natural channel. Her case however continued the same in that respect, and became every day more complicated in others. The *hypogastrium* became more tumid and tender, and her bladder appeared very much thickened, and extremely sore, even after it was evacuated. Add to this, the apparent inequality of the surface of the bladder was so great, and the tumour shifting sometimes towards the right, and at others to the left *inguen*, according as her body was moved, that I began strongly, to suspect a stone.

Through the month of September, her urine could very rarely be drawn off: for upon the introduction of the catheter, a spasm seized the urethra and neck of the bladder; and though the instrument appeared to pass high up into the fundus of the bladder, not more than a jill could be drawn, before it stopped entirely, with a sensation of something falling down against its cervix, which she was very confident was a stone.

In the course of this month, she vomited more sand than she had at any time before, and failed in strength and spirits so fast, that I was apprehensive she would not live the month out.

Her

Her *urethra*, bladder, and external genital parts were so extremely sore, that for some time it prevented my searching her for the stone, in the manner I intended.

About the beginning of October, I was able to introduce the sound, when I readily met with a stone, which appeared of a small size, and rather softer than *urinary calculi* commonly are. I repeated the examination a number of times, till I was perfectly satisfied that this was the case.

She would readily have undergone the operation of lithotomy; but I told her no lasting advantage could be expected from it, while her viscera continued in such a diseased condition. During this month her urine could be drawn off but part of the time, and she vomited it up for more than a week, without the possibility of any relief from the instrument, notwithstanding it was kept in the bladder, sometimes, during the whole night. She had at different seasons of the year, several ill-conditioned small abscesses in her arm-pits, and on other parts of her body, but they did not appear to benefit her general complaints.

She also voided, at different times by vomiting, after she had thrown up all her urine, a

bloody pus, of a very disagreeable appearance and *coppery* taste.

As her case was so very uncommon, I at different periods of it, requested the advice of most of the faculty of this town. She was visited by the late Dr. Fletcher, Doctors Olyphant and Mason; the last of these gentlemen, both with me, and in my absence, repeatedly relieved her by the catheter, and saw her vomit up both urine and gravel. She was also visited transiently by Dr. Waterhouse of Cambridge, and several other physicians of eminence who lived out of the State.

During the remainder of the autumn, and principal part of the winter ensuing, the same troublesome sensation of the falling down of a stone in the bladder upon the use of the catheter continued, and induced the most excruciating pain and misery imaginable. She was put into different positions when the catheter was introduced, and I gave the instrument various directions in the bladder sometimes with success, at others without. Her bowels were for the most part much less constipated than could have been expected, considering the frequency of vomiting, her supine situation, and the little nourishment she was
able

able to retain upon her stomach. And during the whole of her disease, till within three months of her death, the catamenia were irregular. Sometimes they appeared every fortnight, and at others she passed the regular period for that evacuation two or three months without having any: but it did not appear to me that her disease was much influenced by either.

She had by turns, a dry cough, with the return of the old pain in the side; but she never expectorated, *by coughing any kind of purulent matter*, that could induce me to suppose her lungs were considerably diseased. The bloody matter that she brought up always came by vomiting, preceded by a more than ordinarily morbid irritability of the stomach, foreboding and extreme anxiety.

Early in the spring, 1789, her urine began to pass *per anum*, loaded with the same kind of gravel, that had come away by the catheter. This gave her some respite, with respect to her vomiting, though she continued to throw up more or less urine, as well as gravel that way, every week.

This new course of her water, gave her a very troublesome *tenesmus*. But the stone in

the bladder, as well as the pain and disagreeableness arising from the sensation of its descent, became daily less fatiguing. Her strength and spirits decayed fast, and the fever that she had before continually laboured under, grew more completely *hectical*.

After the 13th of May, her bladder never became so much distended with urine, as it had been before, and both this and the gravel now generally passed her once in twenty-four hours, either by vomiting or purging. She however introduced the catheter herself, and sometimes drew off her urine to the quantity of a gill.

The secretion of urine, as well as the formation of *calculi*, evidently diminished in proportion to her loss of strength, and the increase of the diarrhoea. Her menses entirely ceased. During the latter part of spring and summer, she became quite paralytic at times ;—the frequency of vomiting increased, and she had several convulsion fits after vomiting. She grew more and more emaciated, her convulsions returned more frequently, her fever was more putrid, she at last became lethargic : and on the 11th of August, death, which she had long and ardently wished for, put a period to

a series of the most complicated and singular misery that I have ever seen, since my acquaintance with disease.

The next day after her death, I obtained leave to examine the body, when there were present Doctors Waterhouse and Mason.

The weather being very warm, the intolerable fœtor proceeding from the corpse, determined the family to inter it so soon, that we had not time to make our examination so minute as we wished.—We found much less ravage in the abdominal viscera than was expected.

Thorax. In this cavity there was nothing appeared unnatural except a considerable adhesion of the right lobe of the lungs to the pleura.

Abdomen. The omentum was principally wasted, but not more than is commonly the case with those who die tabid. It was however of a dark gangrenous colour pretty generally.

Stomach. This appeared much changed from its natural colour, and in a gangrenous state, containing a semi-purulent matter of a fœtid scent.

Liver and Gall-bladder. There were no preternatural adhesions of the former, or gall-

stones in the latter, and their colour, &c. not unusual.

Intestines. In these there were no ruptures, either of their muscular coats, blood vessels, or lymphatics, that we could discover. The villous coat was much destroyed, and the colour of the intestines darker than is common, except the *duodenum*, which was very much discolored with the bile.

Kidneys and Ureters. In these there was no considerable deviation from a state of soundness, they were lax or flabby, but no rupture of any of their vessels, or any calculi discoverable.

The Urinary Bladder. This was in its natural situation, not the least thickened, had no sand or gravel in it, nor did it adhere preternaturally to any of the circumjacent parts; and the muscular sphincter of its neck yielded readily to the introduction of the finger from the bladder into the urethra.

Uterus. In its cavity was contained about a drachm of thick darkish foetid pus; but no other appearance of disease in its body.

Tubæ Fallopianæ, were larger than common, in virgins, and strung with several hydatids or vesiculæ, the size of a walnut, filled with a watry, glutinous humor.

Corpora Fimbriata, had a gangrenous appearance.

Ovaria, were enlarged to the size of a small hen's egg, and contained a considerable quantity of a clear, limpid fluid, immediately under the first coat.

The causes of a preternatural retention of urine are various ; the complaint of this unhappy girl was undoubtedly what SAUVAGES calls *Ischuria vesicalis paralytica*. That part of the history of this case, which may appear the most surprizing, is, the extraordinary outlets which nature found for the evacuation of the urine. But this may be accounted for when we advert to what *Mr. Hewson* and some other ingenious modern physiologists have demonstrated, that the urinary lymphatics are joined with the intestinal absorbents by numerous anastomoses. And although fluids passing from the stomach into the bladder by the urinary branches of the lymphatics, must in all probability *invert* the common order of their valvular mechanism,

yet, it is well known that this is not the only instance of such an inversion taking place in other parts of the human system, under particular circumstances and conditions of our bodies, by a retrograde motion of their contents.

Dr. Darwin's experiments on this subject, as well as those of M. Macquire prove not only the existence of a direct communication between the alimentary canal and urinary bladder but shew that many substances pass from the stomach to the vesica urinaria without undergoing any considerable alteration in the nature of their peculiar properties. This vascular connection between the alimentary canal and urinary bladder being no longer problematical, it may still be thought doubtful by some, whether the urine in the bladder can possibly ascend into the stomach, though water in this viscus may descend into the other. It has not escaped the observation of Physicians in every period of the healing art, that patients labouring under an Ischury have been known to pass their urine through the pores of the skin,* and

* A Fisherman belonging to this town, 55 years old, being much fatigued with labour, even to profuse perspiration

and there are some instances on medical record of ptyalism coming on in consequence of retained

spiration, in the month of November, and exposed in the water immediately after, was taken with a suppression of urine, for which he was directed to take some purging salts and mercurial pills. I was desired to attend him, but could not till the fourth day of his disease. I found his complaint so very pressing that after he was bled and had an anodyne oleaginous clyster without relief, I introduced the catheter and took from him a large quantity of high coloured urine, by which he was immediately made easy. The cause not being removed, his urine began to accumulate so fast, that by the next day it became troublesome. I ordered him a saline diuretic mixture, and attempted to pass a *bougie* into his bladder, but was foiled; I tried different sizes ineffectually. Gentle cathartic medicines with a repetition of the anodyne injections were used, but his complaint continued obstinate. On the 4th day from the commencement of this last accumulation, his fever was very high; he had much thirst and complained of great pain in his head. I took more blood from him which was very buffy, and continued the several medicines before in use. I tried again the bougies and catheter without effect. He was put into warm water, and after it cold water was thrown on his extremities; but not a drop of urine could be produced: upon the 5th he was more swelled; he was put in the bath again, and a variety of other means used. His brain was now evidently affected. He dozed much, an *urinous sweat* came out upon him plentifully. Upon the 6th he was seized with a vomiting, which continued till

tained urine in the body. While writing this, I have the care of a negro girl, more than twenty years of age, who has for two years been troubled with a variety of distressing sensations, which appear to arise from polypous concretions in the heart and large blood vessels. She first complained of pain deep in the thorax, extending down the right side into the liver. Her pulse was slow, unequal and intermitting; and upon much motion, she frequently complained of faintness, shortness of breath and palpitation of the heart; her tongue was generally foul; she had but little appetite and was subject to costiveness. But till within about three months, by small bleedings, epispastics and

till night, with very little intermission. His case now seemed desperate, as death appeared to be fast approaching, I let him more blood, and directed him again into the bath with a determination, if he should not be relieved by this to puncture the bladder without delay. While in the bath he was seized with a lipothymia, and in this condition carried to bed; his urine now began to flow, though insensibly to himself. He sweat much; continued to have fainting fits, and vomited at intervals through the night. By the morning the spasm was so far overcome in the neck of the bladder, that he was out of pain; though not freed from all his urine. It however continued to flow, and his bladder slowly recovered its expulsive power, till he was entirely well.

and eccoprotics, joined to a cooling laxative diet, she was enabled to keep about house the most of the time. For the three months last past, all these symptoms increased and induced a multiplicity of others. She at sundry times has had a paucity of urine followed by a ptyalism. These however appeared to give way to the remedies that were used, till within about six weeks past; when she was seized with a total suppression of urine, which lasted eight days, followed with a vomiting and ptyalism. During all this time, her bladder was not so much distended as to make the hypogastrium tense or tender to the touch. I however drew off above two pints of water with the catheter, which was neither high coloured nor fœtid. She now seldom passes her urine oftener than once in three or four days and then not in considerable quantities. She spits nearly three pints of a *saltish water* mixed with phlegm every twenty-four hours, vomits more or less every day a brackish pituita, and nothing passes her bowels without assistance. In her severest paroxysms of distress, she is extremely agitated with tremors, *subfultus tendinum*, vomiting and convulsions, accompanied with such a furious delirium, that the family is obliged to confine her

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her with cords. She froths or foams at the mouth like the ancient demoniacs; and what is peculiarly singular and worthy of remarking is, in her most violent agonies, *her pulse loses entirely the intermission and inequality that always occur at the intervals of her greatest tranquility.* It is however generally quick and small. She has very frequently a *scotomia*, pain in her head and eyes, and indeed in every part of her body, but more especially in the back and lumbar regions; and in proportion to the diminished secretion of urine, her vomiting, ptyalism and universal distress are increased. She has frequent returns of a distention, foreness and pulsation in the external iliac artery of the right side, which extends down the thigh. Whether this ptyalism was occasioned by a diminished secretion of urine in the kidneys, or from the retention of it after getting in the bladder, is very uncertain. The pain in her back and loins has been very constant for many weeks and she does not appear to suffer so much from retained urine in the bladder as might be expected considering that she seldom voids it in the natural way. It however does not admit of a doubt that, the discharges of her stomach and fauces are *urinous*.

Whether

Whether in these cases, the urine passes back into the system by percolation, or inverts the course of circulation in the urinary lymphatics, may be matter of doubt with many, though I am decidedly of the latter opinion, from what I have observed in more instances than one of this kind. In the above related case, I never could discover the least smell of urine in her sweat or perspiration.

One more circumstance in the case of the first girl appears worthy of particular notice, as it tends strongly to evince the extraordinary power of the absorbing vessels of her *mouth*, *æsofphagus* and *stomach*, since it appears that, she was supported for ten weeks at a time in no other way but that of absorption; as she never kept any nourishment on her stomach for more than ten or fifteen minutes after eating, during the above mentioned period, before a vomiting ensued, and continued till her stomach was to appearance entirely evacuated.

ARTICLE XIII.

History of a second, or supposed second Small-Pox.

BY EDWARD WITHERS, SURGEON, NEW-BURY, BERKSHIRE, AND C. M. S.

Read FEBRUARY 6, 1792.

Mr. Richard Langford, a Farmer of West Shefford, in this county, about fifty years of age, when about a month old had the small-pox, at a time when three others of the family underwent the same disease, one of whom, a servant man, died with it. Mr. Langford's countenance was strongly indicative of the malignity of the distemper, his face being so remarkably pitted and seamed, as to attract the notice of all who saw him, so that no one could entertain a doubt about his having had that disease in the most inveterate manner; moreover, it was usual for him also, whenever the small pox happened among the poor
of

of his parish, to attend and assist in accommodating them with all necessaries.

On the 8th of May, 1775, I was desired to visit this person, from whom I learned, that about a fortnight before, on overheating himself, he became indisposed, and continued so for two days, when he became well, and had continued so until the day before I saw him; when he was seized with chills, pain of his back and head, &c. &c. with considerable degree of fever. I directed for him such medicines as circumstances indicated, on visiting him the following day I found him much the same, and I directed a continuance of his aperient and febrifuge medicines. I saw him again early on the morning of the tenth, when his fever was somewhat abated, and indeed a mitigation of all his symptoms. The succeeding day I found him still better, but complaining of a rash, which the family then informed me, they had perceived very early the morning before, but which they forgot to mention to me, and which had escaped *my* notice, his chamber being a very dark one.

On examining this eruption, which was now not limited to his face alone, but extended to his arms, breast, and body, its appearance so
much

much resembled the Small Pox, that I told the family I should not have hesitated in pronouncing it to be so, if his having had that distemper had not been so notorious. The next day the eruption was universal; his throat also which he had complained of the day before, was now become more troublesome, and indeed every other appearance so much favored the idea of the disease being variolous, as to induce me to give the most decided opinion of its being so, and to desire that there might be no communication, or intercourse with any of his friends, who had not had that disease. This opinion was ridiculed, and consequently but little attention paid to the precaution. In the progress of this case, the advancement of the pustules, the swelling of the face and head, and that smell peculiar to the disease, as well as every other circumstance, still more and more confirmed me in the opinion I had given.

Reflecting on the singularity of the case, I desired on the eighth day from the invasion, that a physician might visit him, accordingly Dr. Collet, then a resident in this place, was desired to see him; considering how necessary it was that the nature of this case should be investigated

investigated in the fullest manner, I requested Dr. Hulbert, a Physician of eminence here, would attend with Dr. Collet, on my own account. This measure appeared to me the more necessary, as the whole neighbourhood held my opinion in contempt; even Dr. Hulbert, to whom the Patient was well known, laughed at my idea of its being small-pox; however, both those gentlemen, on visiting the Patient, pronounced it to be so. As the patient himself never could be reconciled to the opinion of his case being small-pox, he was disinclined to pursue the means recommended, and his surrounding friends being of the same opinion were the less inclined to enforce the use of them, and Dr. Hulbert (though desirous of continuing his attendance without any fee) was dismissed after his second visit. Under these disadvantages he had but an indifferent chance of recovery from a bad confluent distemper; he died on the twenty-first day from the seizure.

Four of the family, as also a sister of the patient's, to whom the disease was conveyed by her son's visiting his uncle, falling down with the small-pox, fully satisfied the country with regard to the nature of the disease, which

nothing short of this would have done: the sister died.

This case was thought so extraordinary a one, as to induce the rector of the parish, to record the particulars of it in the parish register.

EDWARD WITHERS.

*Newbury,
March 20, 1791.*

ARTICLE

ARTICLE XIV.

Some Account of Angustura Bark.

BY J. C. LETTSOM, M. D. &c.

Read AUGUST 27, 1792.

AVERSE as I am from augmenting the articles of materia medica, I am encouraged to offer some remarks, which have resulted from numerous trials of the Angustura Bark. The first writers on this vegetable, in this country, were A. Brande Esq. of London, and G. Wilkinson, Surgeon, of Sunderland, in the 11th volume of the London Medical Journal: their remarks, considering how little we then knew of its virtues, afford a proof of much practical observation. The former has enlarged our knowledge of its virtues, by his own remarks, as well as by those of his correspondents. If in adding my observations on the subject, I offer no discovery, they are at least the result of experience; if I place it in no new point of view, I may have establish-

ed opinions that perhaps required the aid of collateral experience.

Every medical practitioner, who has written on the *Angustura Bark*, applauds its virtues, in dysenterick affections in general; these, indeed, in their common sympathetic occurrence, are either salutary, as conducive to the removal of some previous disease, or if idiopathic, are usually obviated, without any considerable danger, by well known and long established remedies, except, indeed, in some epidemic dysenteries, which occasionally occur, under certain circumstances in the constitutions of the objects themselves, or in the air, which have been marked by their malignancy and fatality. In these cases I have yet had no experience of the effects of this Bark, as superior to any other remedy, and upon which its credit might be established. In the following histories, however, which I shall relate, it appears to me, to possess curative qualities so peculiar to itself, as to entitle it to a superiority over any other medicine, hitherto usually employed.

Every person conversant with practice must have observed, in fevers of the low, nervous, and putrid kinds, that a certain period frequently

quently exists, in which peculiar difficulty in the treatment is presented. It is that state near the crisis, when the fever shall still predominate, with short remissions, and yet the prostration of strength shall be so considerable, as to threaten the existence of the patient. Before I was acquainted with the *Angustura*, I have sometimes, under these circumstances, administered an infusion of quassia with white vitriol; but oftener, a decoction of snakeroot. In many of the nervous fevers in this great city, with prostration of strength, there are profuse sweats, either partial or general, without being critical; these more especially occur in autumn, when with heat there has been a rainy summer; and when at the same time the victims have been persons of a lax fibre, and of a thoughtful hypochondriacal disposition.—The Peruvian Bark under these circumstances, has neither obviated the fever, nor retrieved the debility; the snakeroot is apt to augment the sweats, and weaken thereby the system it was intended to support. The emergency calls for some immediate tonic, besides wine and other fermented cordials; and here, I now prefer the *Angustura* Bark to quassia and zinc. However, under circumstances of great

debility in this period of fever, where the skin is dry, I think I can speak from experience of the singular utility of snakeroot with or without an anodyne ; both in the nervous and putrid fever. On this subject I will make a digression to state the mode I have often found advantageous, of which the following is the formula.

R Radic. Serpentar.

Confect. Damocrat. ā. 3j.

Aq. cal dæ. 3vij.

Factâ unicâ ebullitione ; colentur 3vj.

R Liquor. Colati. 3ifs.

Pulv. Rad. Serpent. 3ifs

misce f. haust. 4 tis hor. sum.

I mention this to introduce again into notice the Conf. Damocr. now an exploded medicine, which besides the circumstances I have related, appears to me an important article. Salt of hartshorn, may be usefully added as a cordial stimulant.

I have known, however, that after every precaution, these fevers run on without any crisis as long as twenty-one days, and if by that extent no critical appearance occur, local determination

mination usually ensues; sometimes to the brain, and often to the abdomen. In the latter, the abdomen becomes tumefied, and if long obstructed, the fever usually terminates fatally. In the typhus, with this determination, instead of constipation, often violent dysenterick symptoms, with bloody stools, close the scene.

It is not my view here to point out the remedies in the different stadia of fever; but merely to describe that state wherein the Angustura is peculiarly eligible; and if any remedy from experience merits encomium it is this, in this particular dreadful determination in nervous and putrid fevers. In proof various instances might be adduced; but the following case of typhus I shall alone select.

CASE I.

E. Morris, a young woman full thirty years of age, was attacked with the usual symptoms of Typhus, with petechiæ, in September 1791. On the twenty-third day afterwards which was the 16th day of October, I first visited the patient, Mr. Bidlake who had attended her, had

treated her as far as I could learn with care and propriety. On the twenty-first he expected the fever to turn; it was so moderate, at the same time the patient's strength was so immensely sunk, that he now gave the bark freely with the vitriolick acid, and added an opiate to check a diarrhæa which had just commenced. No advantage resulted; the evacuations became bloody, and in large quantities. When I saw her the symptoms of putrescency were great—petechiæ with vibices were numerous, the pulse was scarcely perceptible, and the face beginning to appear hippocratic—wine had been ordered in aid of the cortex—but the bloody discharges counterbalanced every effort to raise the sinking patient.—A recovery I did not expect; but I knew of no better medicine than the following, which I prescribed.

R Cortic. Angusturæ 3ij.
 Cinnamoni ʒj
 Aq. calidæ. ʒix. coque ad ʒvj. colaturæ.—

R Liquor. Colati. ʒiſs.
 Tinct. Cinnam. ʒj.
 ——— Thebaic gut. iij.

Syr.

Syr. Tolutan. ʒj. m. fiat haust. tertiâ
quâq. horâ sum.

On the 17th I ordered the draughts to be continued with two drops only of thebaic tincture in each; after premising the following, the dysentery being rather diminished:

.R Ol. lini. sine igne ʒij.
Mucil. Arabic.
Aq. distill. ā ʒv.
Vini rhej. ʒj.
Syr. toltutan. ʒfs. m. f. haust.

On the 18th the dysentery was lessened, and the strength improved. The Angustura draughts were continued every four hours.

On the 19th the dysentery ceased, but some degree of fever having returned I ordered a grain of ipecacoan. to be taken three times in the day, in a saline absorbent draught, and on the next day I left my patient every way recovering—and since, she has continued well.

A more hazardous instance of recovery under the use of the Angustura, I never experienced; but I have seen several morbid dysenteries not very dissimilar, but in excess, relieved

lieved by this bark, the detail of which would extend this paper beyond my design.

There is a species of habitual diarrhæa in which I have often seen its salutary effects: the following history, communicated to me by the patient himself, will explain its nature, and in some measure its frequent source.

CASE II.

“ In the month of October, of the year 1788, he arrived in Virginia, well and hearty, for a man at the age of sixty-one, who had encountered the various climates of America, the West-Indies and Africa. At the time of his arrival he was rather costive in his body, and was obliged to take something to open it, and during the winter, he continued in good health, as also in the spring; but when the violent heats of the summer succeeded, he was exceedingly relaxed, and then came on the diarrhæa which is now his present complaint. Whether this disorder arise from the violence of the heat, the impurity of the air, or the badness of the water, he cannot presume to decide; but the situation of the place has
operated

operated in the same manner upon many other individuals, as it has so frequently done upon him ; and by a removal to a change of water, and a more elevated station, their health has been perfectly restored. Lime-stone soil was particularly recommended to dwell chiefly on in cases of this kind."

"After the American war he returned to his family in the year 1785, in the month of October, from whom he had been absent ten years, and during that winter he enjoyed his health ; but when the summer returned, he was taken so bad with this very disorder, that he was obliged to quit the continent of America, and return to Europe, after residing there only ten months."

"From the severity of these attacks upon his constitution, of which the above is a very concise account, together with what he formerly suffered thirty years ago, it appears that it is impossible for him to enjoy his health there. The land is low and level, abounding with marshes and uncleared lands, the vapours from which, in the hot weather, must certainly affect the air to a very great degree, as putrid fevers are very common in those seasons."

"The

“ The water is exceedingly bad and brackish, not only there, but in all the lower parts of the country near the sea.”

When I first saw the patient in the summer of 1791, although he had been several months in England, the diarrhæa continued so violent, as gradually to undermine more and more his constitution; he was become emaciated, debilitated, and highly dyspepsious. He had taken in suitable doses, the Peruvian Bark, colombo, and opium, occasionally, for some time before the decoction of the Angustura Bark was exhibited, in the mode before related. I also recommended the following pills;

R Rad. rhab. opt. ʒj.

Nucis mosch. ʒss. simul parum tost.
et. pulv.

Conf. opiatæ ʒij. Syr. papav. alb. q. s.
f. in pil. xvj. capt. ij. alternis noctibus.

These were continued about a month, when he was so well as to render the use of medicine no longer requisite; which was not, however, instantly, but gradually relinquished, and he continues, as far as I know, perfectly well.

CASE III.

About the same period I had a similar but aggravated case, under my care, of J. P. Esq. from the East-Indies. He had acquired an habitual diarrhæa, about twelve months, before the consequent decay of his health induced him to abandon his prospects there, to seek relief in Europe. He enjoyed fresh food during his voyage, but he arrived here, with the same disease, which had reduced him to the most emaciated state of body, and to a degree of debility that threatened the extinction of life. I adopted a similar plan, but with a more copious use of opium, a remedy he had been habituated to. He grew so well in a few weeks, as to be enabled to visit Wales, his native soil, where, I believe, he now resides in health. This kind of diarrhæa is not unfrequent in persons who have long resided in warm climates, especially when the stomach and intestinal canal have been weakened by the use of spirits; or by the predisponent causes of relaxation from particular situation or state of the air.

In

In delicate children, who have acquired a considerable degree of tumescence of the belly, arising from a morbid enlargement of the mesenteric glands, a fetid diarrhæa is frequently a concomitant. They become more and more pallid; the flesh of the lower and upper extremities and neck, shrink and feel flabby, whilst the belly continues to augment in size and hardness.

In such instances, which often occur in this city, I have found the Angustura Bark, the best tonic medicine. As a deobstruent, calomel is given every night, with the compound powder of tragacanth; the belly is fomented with the common fatus, night and morning; and the Angustura in decoction may be given twice or thrice a day. At the same time, a few drops of laudanum may be added, if the diarrhæa be urgent. Sometimes the Tinct. ferri may be also added to the decoction with advantage.

When the measles have attacked children of this description of belly, who had primarily no diarrhæa, this disease is very liable to supervene towards the close of the measles. The preceding plan is likewise applicable here: in either case but particularly

in the latter, the aid of a gentle emetic of ipecacuanha, may be usefully adopted.

There are some persons of both sexes temperate in every respect, who from unknown sources, though not unfrequently after severe parturition, acquire an habitual diarrhæa. They are indeed not very ill, as they are capable of transacting the usual concerns of life, but they are generally debilitated, and easily fatigued. It is rarely that this habitual state can be totally cured, and indeed I doubt whether it could be safely done; but it may be so moderated, as to afford very little inconvenience, by the use of *Angustura*, and now and then the intervention of a few grains of rhubarb, joined with cinnamon, or any other warm aromatic.

In cases of menorrhagia, connected with debility and relaxation, I have given this vegetable with success, joined with opium, and sometimes with the *tinctura ferri*. In a discharge of this kind depending upon plethoric disposition, I never exhibited it, nor is it probable that any benefit would result.

CASE IV.

I had just finished the foregoing cursory remarks, when the following case came under my attention. In wounds or abscesses, under a disposition to gangrene, or where the discharge is ichorous; dependence has long been placed, and deservedly on the Peruvian Bark; and I did not conceive an instance could occur, wherein any other tonic and antiseptic would beneficially supersede it. Lady P——, the subject of the present history, was delivered of her first child, about the 20th of July 1792; she underwent a severe labour of a still-born child; but she continued favourably recovering, till the 9th day, when after the accession of rigors, and some degree of heat, a tumor was felt on the ensuing day in perinæo, and on the 2nd of August, it discharged a full pint of matter well concocted: The bark was ordered in decoction every five hours, and no unpleasant symptom intervened till the 4th, when I found the pulse sunk; the appetite which had hitherto been sufficient, had ceased; a diarrhæa had ensued, and the discharge became ichorous and fetid. I was also informed by
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the nurse that a swelling had extended over the abdomen and had particularly affected the groins; and that on pressing the abdomen, a large ichorous discharge issued from the abscess in perinæo.

Alarmed with these symptoms, I considered what might prove the best substitute for the Peruvian Bark; which appeared to pass off by stool, and probably even kept up the diarrhæa. I had previously tried laudanum, without any good effect; and under these circumstances I ordered the Angustura in the following manner.

R Decocti Angusturæ ʒiſs.

Tinct. cort. Peruv.

----- cinnamom.

Syr. cort. aurant. ā. ʒſs.

Tinct. thebaic. gut. iv. f. haust.

6tis. horis sumendus.

On the 5th of August, I found the diarrhæa considerably abated, the ichorous discharge lessened, and the appetite returned. The tumescence of the abdomen and groins was nearly subsided; the same medicine was continued. On the 7th there was very little

discharge in perinæo, every other symptom had ceased ; and as no alvine evacuation had taken place for the last twenty-four hours, I ordered a little magnesia to be given, but as the draughts had been so salutary, I advised their continuance a few days longer. I did not think future attendance now requisite.

There are certain periods of diseases, when sudden and unexpected changes arise, at the very moment of apprehended danger : perhaps this favourable turn might be referred to such a circumstance, on account of the extraordinary change which followed the exhibition of the Angustura. However this may be in the present instance, I have candidly related the facts ; future inquiries must decide upon their application.

CASE V.

About this period also the following cases, came under my observation, which as they tend to elucidate the properties of Angustura Bark, I am encouraged to relate them.

P. D. Esq. of West-hill, was naturally of a leucophlegmatic habit ; and although a gentleman

tleman of uniform temperance, was usually drowsy after meals, and sometimes overcome with sleepiness even when walking, but he was otherwise healthy, and was capable of transacting extensive business.

In the summer of 1792, then in his 47th year, he began to feel extreme tenderness and weakness of the lower extremities, and at length became incapable of walking. Towards the latter end of August I was consulted, I found the toes of both feet very cold, but he said, he had always been liable to cold feet; the toes however were susceptible of feeling even moderate pressure, and the pulse was full and strong: at this time he had some cough, and was hoarse, but these were diminished in consequence of losing eight ounces of blood, which his surgeon, M. Malden, had taken from his arm, and which he informed me was very fizy. The left foot had a slight inflammation, and as the patient had laboured under the gout some years ago, I was desirous of promoting this redness of the limb by stimulants.

The emplastrum ladani, with a third part of the vesicatorium, were applied in a plaster

to the back of each foot; and internally the bark was exhibited in substance.

The plasters produced vesication, but no encreased energy in the feet; warm fomentations were likewise applied, and bottles filled with warm water, to the legs; but whenever warmth was applied to any part of the lower extremities, he complained of excruciating pain, particularly of the center of each foot, as if a transverse section had been made; nevertheless, he was persuaded to submit to these applications, and to a warm poultice, of the pulvis cymini and beer grounds, joined with the decoction of the common fotsus.

The Peruvian Bark in whatever form it was given, whether in extract, decoction, or powder, encreased a diarrhæa, to which he was habitually rather disposed, although the confectio opiata was added, and afterwards the extractum thebaicum, to the extent of six grains in the 24 hours. The pulse for a full week kept between 90 and 100. At the end of this period the back of each foot to the extent of the warm plasters put on a dark aspect; the flush on the foot disappeared, and the feet felt colder if possible to the touch and possessed less sensibility; the tongue was rather dry, but the

the thirst moderate. As the diarrhæa increased, a warm cordial draught was given without the bark, and one bottle of wine was consumed in a day, sometimes more; the patient could not take solids, but had about two quarts of rich soups and jellies in every twenty-four hours.

About the tenth of September, all other symptoms being much the same, except the diarrhæa, which was somewhat diminished; and a disposition to suppuration on the upper part of the sphacelus of the back of each foot appearing; W. Blizard, surgeon of the London Hospital, was consulted; and Mr. Whitfield, of St. Thomas's Hospital slept in the house to be always near the patient.

It was concluded to encrease the wine to two bottles of red port a day, to continue the fomentation night and morning, and to the cataplasms four ounces of black pepper were added, and the exhibition of Peruvian Bark was again recommended, with seven grains of thebaic extract in the twenty-four hours.

About the 16th Dr. Austin also attended. The same external applications were continued, the bark again proved laxative, a warm cordial draught was substituted, and the same quan-

tity of opium and wine admitted. The pulse was now usually about 108; the countenance of the patient appeared much the same as in health; the cough and hoarseness had ceased. It should be remarked, that before I attended, a blister had been applied to the back, and several small boils had appeared after it was healed, and more considerable ones on different parts of the back, which were all now in a fair way of healing.

On the left leg, about two inches above the ankle, a suppuration had ensued, which was also in a healing state. The toes remained very cold, and as the poultice seemed rather to add to it, after a certain period, that is when its warmth subsided, it was agreed to apply lint dipped in turpentine, and balsam copaivi, especially where suppuration had commenced; the linimentum camphoræ was used with frictions to the legs to promote circulation and energy.

This plan of proceeding was continued till the 26th of September, when the suppuration did not appear quite so favourable, the diarrhæa, though lessened, was evidently debilitating, the same quantity of nourishment was happily taken, and now and then a single mouthful of

of meat. Throughout my attendance he was liable to sweats, and now they appeared to augment.

We knew no dependence could be placed on the Peruvian Bark, and now concluded to give the following combination of Angustura Bark and Snakeroot.

R Cort. Angusturæ
Rad. Serpentar. ā. ʒij.
Aquæ ʒviij. coque ad ʒvj co-
laturæ.

R Liquoris. colati. ʒiss.
Tinct. Serpentar. ʒss.
—— Thebaic. gut. x.
Conf. opiat. ʒss.
—— Aromat. ʒj. m. ft. hauf-
tus quartâ quâque horâ fumendus.

R Extr. Thebaic. gran. j.
Pulv. Ipecac. gr. ij.
Conf. Arom. q. s. ft. in pil. om.
nocte et mane fumenda.

On the 29th when we visited the patient, the sphacelus appeared more favourable; he

had passed only two stools in twenty-four hours, although the opium had been diminished to about five grains in this period, and previously eight grains had not reduced the diarrhæa. The same plan was continued. The pulse was 96.

On the 2nd of October, our patient had not passed more than one stool in twenty-four hours, although the resident surgeon had diminished the opium to about three grains. The patient in his usual health was habituated to have two or three evacuations a day.

We gave the ipecacoanha pill only at bed time and omitted the tinctura thebaica in the draught, with directions to avoid any other opiate. The sphacelus proceeded favourably, and we began to hope, that although the patient might lose the half of each foot, as the toes appeared void of circulation and warmth, his life might be preserved. W. Blizard having observed that he had experienced good effects from the external use of Angustura, in mortifications, which he had not observed from Peruvian Bark, and which he ascribed to an aroma or warmth in the former, it was agreed to make a strong decoction of it, and with addition of tincture of myrrh, to wash frequently

ly

ly the parts laid bare around the sphacelations.

On the 6th of October, one half of the left foot, appeared to retain so weak an attachment to the upper part, that we hesitated whether to remove the dead part immediately, or wait a few days; however, as the patient's mind was totally unprepared for any operation, and as the fetor was very trivial, which there appeared reason to ascribe to the antiseptic powers of the Angustura, it was concluded to postpone the excision till the 9th, and in the mean time the same plan of treatment was continued, with the addition of half a scruple of the powder of Angustura Bark in each draught. The sphacelus had marked a complete transverse line round the left foot.

The right likewise exhibited a similar transverse line, but without the same full separation of the morbid part; and unfortunately it was higher up, near the lower extremity of the astragalus which threatened the loss of even the whole of this foot.

On the 9th of October, the amputation of the left foot was made between the ossa cunoides and naviculare, with scarcely any hæmorrhage.

The

The constitutional vigor of the patient still appeared favourable. He had not above one stool in twenty-four hours; the same medical treatment was continued.

On the 13th of October, the symptoms remained much the same; if there was any alteration, it was in favour of the constitutional improvement of health; the bowels were equally steady, sleep was more refreshing; though the opiate was reduced to one grain and an half a day. The appetite was also improved.

The sphacelated part of the right foot, appearing fully formed and separated; an amputation was made similar to the former, with this difference, that here the os naviculare was likewise removed, leaving the astragalus and the os calcis with the leg; in the former or left leg, the naviculare was also preserved. He had been once sick, but on the omission of the pulvis ipecacoanhæ, no nausea had occurred. There was little or no hæmorrhage; the pulse was firm and calm, and every symptom gave a plausible hope of the restoration of health; on this prosperous appearance, Dr. Austin politely concluded to discontinue his visits.

I have been more particular in this case, on account of the remarkable spontaneous mortification of the feet, and in every other respect, the favourable progress of symptoms, and prospect of recovery.

If in the course of future attendance, any circumstance shall arise, it is my design to communicate it to the Society, whose plan is, not to indulge vague hypotheses, but to establish rational practice, on medical facts.

It must be in every gentleman's contemplation, that much is yet to be feared, as to the probability of the patient's final recovery, with the stumps of the feet; but should these parts cicatrize favourably, I shall carefully attend to what necessity or ingenuity may invent to answer best as artificial feet, and enable him to enjoy the happiness of walking.

CASE VI.

I. Imeson, a young gentleman, about 25 years old, was attacked with febrile symptoms towards the latter end of September, 1792. I visited him on the first of October, and calculated from his own relation that this was the

11th day of his fever. He laboured under great debility and anxiety, and other usual symptoms of typhus; the pulse, however, was not above 110. He had considerable diarrhæa, but as the evacuations were bilious and offensive, I did not immediately attempt to restrain them, more particularly as there was much tension and flatulence of the abdomen.

I prescribed a saline draught with a drachm of the tincture of snakeroot, and a scruple of the confectio Damocratis every six hours.

On the 3d of October, the diarrhæa and debility having increased, and the pulse become quicker, I ordered the following,

R Cortic. Angusturæ.

Radic. Serpentar. ā. 3j.

Aq. bullientis. ℥viiss: coque ad
℥viiss. sub finem coctionis addendo.

Conf. Damocrat. 3ij. tum cola.

R Liquor. colati ℥iss.

Tinct. Cinnam. 3j.

—— Thebaic. gut. iij. fi. haustus
4 ta. quaq. hora sum.

At this time there was an appearance of aphthæ, for which a gargle was recommended.

I did not in the least deviate from this plan, till the 6th of October; when I found the symptoms in general alleviated; the pulse about 96; but there was still a considerable diarrhæa, and the continuance of meteorismus.

He had also sweated profusely for the last two days which induced me to double the Angustura, and instead of the snakeroot to substitute simarouba. A few grains of rhubarb, and one grain of ipecacoanha, were occasionally given to remove the bilious fordes in the intestines.

At bed-time he had a grain of extractum thebaicum, which was attended with a very restless night. On which account no opiate whatever was afterwards administered, but the draughts were continued, till the 10th, when no fever or diarrhæa remained to demand attendance.

If I might contrast the virtues of this bark with the Peruvian, I should conceive their qualities different. In all regular intermissions of fever, I should be induced to prefer the latter; even in those of the typhus, as well as
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in the common intermittent; but under the circumstances I have related in the commencement of this paper, and in the dysenteric typhus, described in cases 1st and 6th, I conceive there is reason to prefer the *Angustura*; and likewise in such habits wherein a tonic is wanted, but where from some unknown idiosyncrasy, the Peruvian Bark cannot be made to agree with the patient, as in the instance of case 5th.

At the conclusion of M. Brande's essay, he offers some remarks made by Dr. Pearson, on the virtues of the *Angustura* Bark, which the Doctor appears to refer in general to its bitter quality, and considers it as a valuable medicine in this point of view, superior to camomile flowers, and likely to supersede every other vegetable bitter in the *materia medica*. But I do not imagine, from the cases I have related, that its medicinal properties, depend so much upon its bitter quality, as upon its tonic antiseptic febrifuge powers. The most simple and strong bitter hitherto known, is, I believe the *Quassia amara*; but I would not with Linnæus (*Amœnit. Academ.*) prefer it as a febrifuge to the Peruvian Bark. From the trials I have made in about fifty cases, the
virtues

virtues of the Angustura appear to approach nearer to those of Peruvian Bark, than of chamomile flowers, or any simple bitter in the materia medica; but with more astringent, and perhaps less febrifuge power, than the native of Peru. As to the quassia fimaruba, it has so often failed with me in dysenteries, that I do not place much dependance upon it. It may be said, that this bark is rarely in a sound state in London; but I have tried it in a state where there could be no doubt in this respect. As many respectable characters, however, have found it beneficial in these diseases, I still almost distrust my own experience.

The foregoing essay not having gone to press, so early as was expected, an opportunity is afforded to observe that the lady mentioned in case 4th, was conveyed to Brighton in October, and near the conclusion of November I had the following relation.

“ Lady M——, improves in health and strength wonderfully indeed! and without exaggeration, I may say, she is at this moment, as well as ever I knew her; her spirits are good and regular, so is her appetite; she walks generally six miles, at least, every day with ease;

case; which procures her sound and refreshing sleep."

With respect to case 5th it may be proper to add, that the left foot is nearly well, with the bones mentioned, being preserved, except two exfoliations of the ossa calcis and astragalus. The right is in the most healing state; but there is reason to conclude, that the os calcis will largely exfoliate, or totally loosen. The patient improves in appetite, and occasionally uses exercise in a Merlin's chair in his chambers, which are very spacious.

He takes now and then a spoonful of the tincture of Angustura; and this has proved so favourably astringent, that he can join with it the tincture of Peruvian Bark, without disturbing the bowels; on the contrary, it has proved so astringent, as to require now and then, the interposition of rhubarb, or magnesia.

As far as I can observe the tincture is more restraining than the decoction; and I have lately given it alone in water, with singular advantages, as a tonic, restraining, stomachic medicine. One ounce of Angustura makes a pint of spirituous tincture; the addition of a little cinnamon improves the taste, without injuring its virtues.

Nov. 30th 1792.

Fig I.

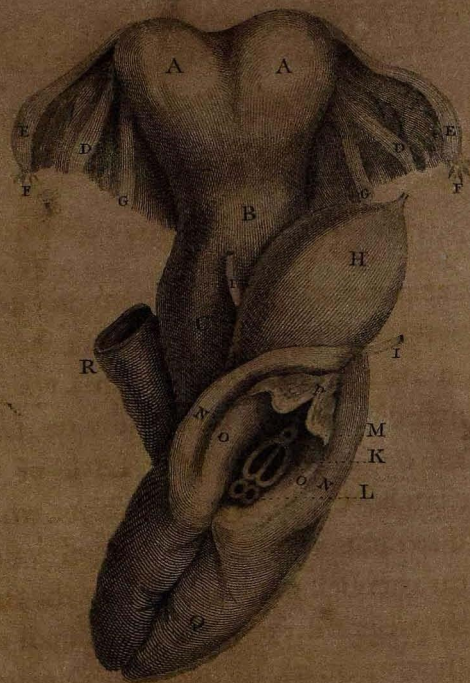
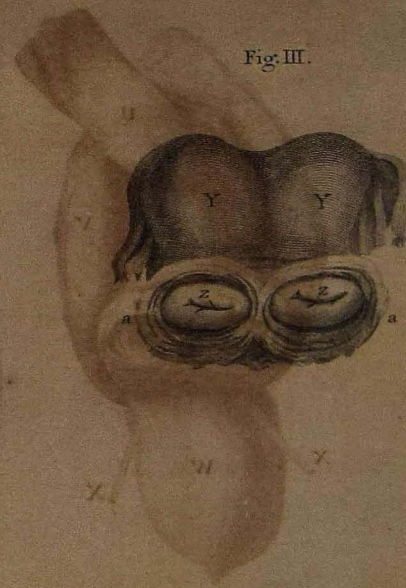


Fig II.



Fig III.



ARTICLE XV.

An Anatomical Description of a Double Uterus.

BY THOMAS POLE,

MEMBER OF THE CORPORATION OF SURGEONS,
LONDON, AND F. M. S. &c.

Read OCTOBER 22, 1792.

THIS anatomical phenomenon occurred to my observation by mere accident; having delivered a patient of a child with a watery-head, which died within a few minutes from the time of its birth, I begged leave of the parents to inspect the head by dissection, which was found to contain three half pints of water; but this case being unconnected with the subject of the present description, I shall not enlarge further upon it. After inspecting the head, and sewing up the scalp, the body was replaced in the shell or coffin destined for its interment; but observing the abdomen re-

markably contracted, it suggested the idea of examining the state of the intestines, in which there was no circumstance worthy of notice; my attention was soon called off to observe this extraordinary *lusus naturæ*, which has proved an ample reward for opening the abdominal cavity.

This is an instance of a complete Double Uterus and vagina; one Fallopian tube and ovarium were affixed laterally to the fundus of each Uterus in the usual way. The fundi receded from each other so as to form a considerable depression between them, which was gradually lost as it advanced toward the cervix. That part where the *Ora tincæ* were situated, was considerably larger than usual externally.

A septum of considerable thickness ran between the organs which formed two distinct and complete vaginæ as well as uterine cavities; the septum became thin as it approached the *Ora externa*, between which it formed a projection considerably anterior to the verge of the vaginæ in other parts. Just below each *os externum* were two large *Lacunæ* or blind pouches, in depth about the sixth of an inch; and of sufficient diameter to admit the round end of a
very

very large probe; the mouths of these were naturally so distended by a firmness of structure, and so large as almost to persuade an observer that nature had hesitated upon forming two other vaginae. The Fallopian tubes admitted the passage of quick-silver into their respective cavities freely.

EXPLANATION OF THE PLATE.

FIG. I.

A general view of the parts.

- | | |
|-------|---|
| A. A. | The two uteri. |
| B. | The cervices of the uteri. |
| C. | Superior part of the vaginae expanded by the two ora uteri. |
| D. D. | The ovaria. |
| E. E. | The tubæ Fallopianæ. |
| F. F. | The fimbriæ. |
| G. G. | The ligamenta rotunda |
| H. H. | The vesica urinaria, partly distended. |
| I. I. | The ureters. |
| K. | The ora externa. |
| L. | The two lacunæ. |
| M. | The meatus urinarius. |

R 2

N. N.

- N. N. The labia pudendi.
 O. O. The nymphæ.
 P. The præputium clitoridis.
 Q. The anus.
 R. The rectum.

FIG. II.

A posterior view of the same with reversed, to give a better view of the two vaginæ.

- S. The lower part of the vaginæ where it approaches the perinæum.
 T. T. The two vaginæ cut through at the expanded part, immediately below the two ora uteri.
 V. V. The posterior or internal surfaces of the labia pudendi.
 U. The rectum turned up.
 W. The vesica urinaria.
 X. X. The ureters.

FIG. III.

An anterior foreshortened view of the two Uteri, and their appendages.

- Y. Y. The two uteri.
 Z. Z. The two ora uteri.
 a. a. The superior portion of the vaginæ surrounding and passing between the ora uteri.
 The Appendages will be easily understood from the Explanation of FIG. I.



ARTICLE XVI.

Abridgment of Mr. ROBERT WHITE's Paper on Scirrhus-contracted Rectum dated from

ST. EDMUND'S BURY,

DECEMBER 13th 1790.

Read NOVEMBER 21, 1791.

THE accurate description of the Scirrhus-contracted Rectum, given to the Medical Society by the ingenious Mr. Sherwen, and published in the second volume of their Memoirs; greatly elucidates a complaint, which doubtless, has often passed unobserved, until too late to receive permanent benefit: chiefly from the likeness of symptoms, to those of other bowel complaints, and from uncertainty of the true pathognomonic signs. In the paper alluded to above, the following symptoms however are properly esteemed indicative of the disease: viz. a gradual and remarkable prominence of the lower part of the abdomen, attended with

a rumbling of wind in the belly like the gurgling of water in a bottle; with frequent scanty dark coloured slimy fœces: these at one discharge are not often more than a tea-spoonful, seldom exceeding a table-spoonful in quantity. But from what I have learnt in this disorder, when these symptoms supervene, particularly that of frequent scanty alvine excretion, it admits only of temporary relief. The point therefore to be aimed at in this complaint, is to ascertain a train of symptoms which collectively may lead to an early detection. I am also of opinion that the following symptoms will urge the necessity of manual investigation, by inducing a suspicion of the malady. The part affected it is true, is generally the upper part of the rectum, rather beyond the reach of the finger, yet by the contrary efforts of the patient and practitioner, a positive determination may be obtained. When a person somewhat advanced in life, is troubled with frequent constipation, complains of fullness and weight in the stomach, with repeated inclination to discharge the contents, and uneasy rumbling in the belly and distension in the lower part of it, with a sensation of numbness towards the upper part of

the sacrum, extending down the Rectum, repeated fruitless efforts being also made to pass a stool, attended with a sense of constriction and tenesmus high up in the Rectum, and the flatus which seemed to the patient, to occupy the intermediate space, bursts forth; glysters failing as well as medicines, and the complaint is unattended with fever or pain, it will be reasonable to suspect some mechanical obstruction of the passage. This opinion will be further strengthened, if the above symptoms return without evident cause, no well formed stool duly intervening. The gut should be cleared of its contents before manual examination; if found loose and flabby and a kind of chasm is perceived, the investigation ought to be carefully pursued: for by an early discovery, when the fœces are still in a paste-like form, I should hope that the progress of the complaint might be prevented. Mr. Sherwen ingeniously suggests the use of bougies; but it seems to me probable, that their frequent application would prove difficult to the agent, and irksome to the patient. From analogy it may be conceived, that as the employment of mercury causing a ptyalism of some duration is so serviceable in the Scirrhus-contracted œsophagus, benefit may also be obtained

tained from it in like manner in the Scirrhot-
contracted Rectum. As a proof of this in the
early stage of the complaint, I beg leave to observe
the case of a lady, who in the year 1783 con-
sulted Sir John Elliot, who ordered her to take
five grains of the pil. mercurial. every night,
with the following draught.

R Kali tartarifat. 3fs.

Aquæ puræ 3fs.

Aquæ cinnamom. spirituosæ. 3ix.

Syrup. violar. 3j. M.

By this method in a fortnight, her mouth
became sore, attended with salivation. This
disgusted her so much that although visibly be-
nefited by it, she refused to repeat the mercury,
and her obstinacy proved fatal to her.

Mr. Hubbard, a practitioner of eminence of
this place, favoured me with the particulars of
this case.

The Lady was 56 years old, of a delicate
frame and low stature, had been early in life
troubled with dyspepsia, and the catamenia
had ceased much sooner than usual. About
the year 1778 her complaints encreased, espe-
cially an uneasy sensation of weight about the

R 4

stomach;

stomach; and stools were seldom obtained without the aid of castor oil or the pil. aromat. These symptoms recurred once in three weeks or a month, and were seldom relieved without inducing vomiting; by which much plegm mixed with bile was expelled. For some days after this, she remained tolerably easy and cheerful. It is remarkable that her attendants were apprized of the approach of these attacks by a preceding hoarseness of voice. Thus she went on (notwithstanding the Bath waters and various other means were tried,) until within 18 months of her death, when the returns of her complaint were attended with involuntary vomiting and much pain: it was observed that their frequency depended on the paucity of fœces past. These discharges were of a yeasty and brannish appearance. Within a few months of her last attack, having been some days without a stool, she was affected with great pain of stomach and bowels, constant retching, and vain efforts downwards. After glysters and other means had been tried, V. S. was performed, and a large dose or two of opium administered. Some yeasty stools followed, and the alarming symptoms were removed. It now appeared that opium afforded
the

the only means left of a temporary relief, a cure being impracticable. Finally a total suppression of stools took place, so that after 19 days sufferings she was happily relieved by death. Latterly she refused all medicines, took little food, but complained of great thirst, was almost free from sickness, but felt great distention in the abdomen; glysters were injected with difficulty, and returned without foetor or fœces. Cathartics both mild and drastic proved unsuccessful. I must here observe, that the gurgling, rumbling noise, considered by Mr. Sherwen, as particular marks of this disease were so trifling, as not to be observed until a total obstruction took place.

The body was opened the day after her death by Mr Hubbard of this place. The abdomen was prominent and very tense, the cutis and adipose membrane were greatly thickened; the omentum was much wasted, a portion of it puckered up, adhered to the peritonæum of the right side, where the colon projected exceedingly, nearly divested of the above covering. The whole of this gut was enormously distended, measuring not less in any part than 12 inches in circumference and its substance was consequently very thin. It contained

tained much air, and a great quantity of dark coloured slimy fœces. The small intestines were also much enlarged and distended. The upper extremity of the Rectum appeared as if tied extremely tight with a cord, and the strictured part was encircled, as with a Scirrhus Ring. A small spongy substance projected internally from the middle of the stricture; which with the circumjacent parts, when the patient had a strong inclination to bear down, resembled in tactu the os and colum uteri. A wide pouch also presented itself to the touch, between the sphincter ani and the contracted part, large enough to contain at least a pint of liquid. The surface of this pouch during life, felt soft and flabby, and was lightly besmeared with a brannish slimy mucus, void of scent. A number of indurated tumours, about the size of common marbles, were felt at the back of the Rectum, bordering upon the stricture; which on dissection appeared to be enlarged conglobate glands, connected by broad pedicles with the exterior coat of the gut. Some were scattered lower down the Rectum, and on the back and inferior part of the colon. The small substance, projecting inward and downward

ward in the strictured part, which was impervious both to fœces and air before death, afterward was permeable to a large goose-quill. Hence it may be conjectured, that an instrument, of that sort which Mr. Sherwen recommends, if well directed, might have given temporary relief. The stomach was collapsed, and rather diminished. The uterus and bladder were in their natural state. To this account the following queries may perhaps be properly added.

As the Rectum is most subject to this complaint at its upper extremity, are not there glandular substances placed there as aids to its natural passage?

If these glands become diseased, and incapable of performing their offices, may not such defect, become a cause of this malady?

Granting these premises, is not a mercurial course in the early stage a likely remedy?

November 1st 1792.

ARTICLE XVII.

*A Case of Petechiæ unaccompanied with Fever,
with Observations on the same,*

By T. GARNETT, M. D. C. M. S. &c.

PHYSICIAN AT HARROGATE,

COMMUNICATED BY J. C. LETTSOM, M. D.

• Read FEBRUARY 18th, 1793.

ON the 31st day of March, 1792, I was desired to visit W. Reynard of Knaresborough, aged 15 years, who had for near half a year been afflicted with difficulty of breathing; his countenance was exceedingly pale and he was very much emaciated. About two months before I saw him, his nose bled considerably several times a day, but by the use of proper remedies, the hemorrhage left him, and he grew considerably stronger and better; he however relapsed about the 20th of March, and when I saw him his skin was covered with Petechiæ
from

from the size of the head of a small pin to that of a split pea; varying in colour from a dirty yellow or light brown, to a purple, dark brown and blue. These petechiæ were so numerous that a half crown put down on any part of his body would cover 20 or 30 of them; his tongue was covered with similar spots which often bled, and his gums were much swelled, very spongy, and bled on the slightest pressure. These spots began to appear on the 29th. On the 28th his nose bled much, and blood issued from his gums and tongue in considerable quantity. His body was regular, he complained of being very weak and much inclined to sleep. His pulse was 100, and very weak, and he had a short tickling cough. The blood which came from his mouth and nose was very pale, and seemed not to contain any thing near the usual quantity of red globules, and gave a brownish tinge to linen. He had taken some Peruvian Bark, in powder, by the direction of Mr. Simpson, an ingenious surgeon and apothecary, at Knarelsborough, but it did not agree with him. I prescribed the following medicines:

R Vin.

R Vin. ferri.

Tinct. gentian. comp. āā. ʒij m.

Of this he was directed to take a small table-spoonful three times a day, in a little water.—

R Zinci vitriolat. ʒfs.

Extract. gentian. ʒfs.

Sapon. alb. ʒj.

Syr. simp. q. f. m. ft. pil. xx.

One of these pills to be taken every night and morning. He was ordered a nourishing diet with a little wine, and desired to eat oranges freely.

April 1st. The medicines have agreed very well with him, but the bleeding continues.

April 2d. Has not bled, excepting a little when he coughed: pulse 92 and rather stronger. As the cough continued troublesome, the following linctus was ordered, and he was directed to continue his other medicines.

R Conserv. cynob.

Ol. oliv. opt.

Syr. e. cort. aurant. āā. ʒfs.

Tinct.

Tinct. opii. gutt. 40.

Elix. vitr. acid. gutt. xx. m.

f. linctus.

A tea-spoonful was directed to be taken whenever the cough was troublesome.

April 3. Cough something better, but he complains of difficulty of breathing; has not bled, excepting a very little last night, when asleep. His breath is offensive, pulse 92, petechiæ as usual, a few fresh spots have made their appearance on the belly.

April 4th. Began to bleed at the nose and mouth about two o'clock this morning, while he was asleep; and had bled before nine o'clock about three pints; the blood was thin, but of a florid red colour. I was apprehensive that the iron being conveyed into the blood, and forming the red particles of it, might have increased the momentum more than the weakened and relaxed state of the vessels could resist: I therefore ordered the medicines to be omitted, and prescribed the following,

R Infus. rosæ. rub. ℥viij.

Elix. vitr. acid. gutt. 50. m.

Two table-spoonfuls to be taken every two hours. He appeared much inclined to sleep, but several of the petechiæ had disappeared, and those which remained were not so livid. Pulse 104, but not very weak.

April 5th. Has bled none since yesterday morning, excepting a few drops in the night when he was asleep; feels himself very weak; petechiæ diminished in number and not nearly so deep coloured. Pulse 94, but extremely weak.

R Decoct. cort. Peruv. ℥viij.

Tinct. ejusdem. ℥j.

Alum. com. ʒij. m.

Two table-spoonfuls of this were directed to be taken three times a day, he was also ordered to continue the pills with zinc. vitriolat. before prescribed.

April 6th. Has not bled, excepting a few drops in the night;—thinks himself much better, but very weak; pulse 88, very regular, and considerably stronger than yesterday. Petechiæ disappearing fast.

April 7th. Finds himself much stronger, has bled none, appetite considerably better, petechiæ all very faint.

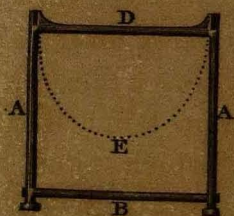
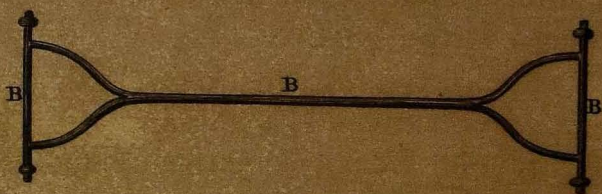
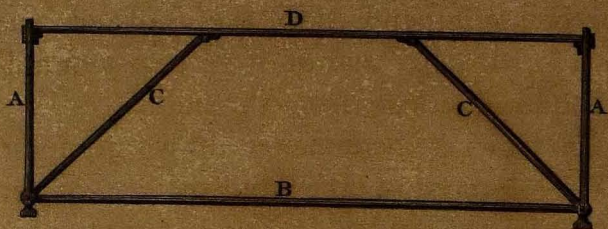
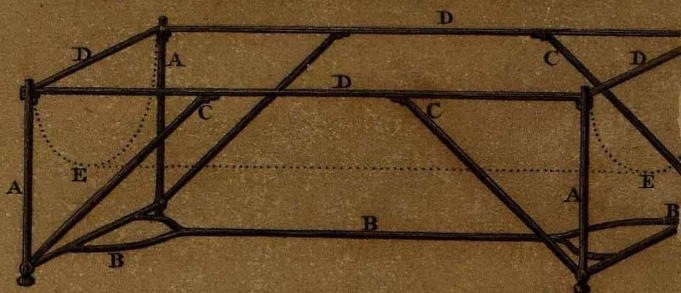
April 9th. Much stronger, and can walk about very well, petechiæ diminishing very fast.

April 12th. Gains strength fast, no petechiæ visible.

April 20th. Thinks himself quite well.

OBSERVATIONS.

FROM the silence of the ancients concerning this disease, it may be concluded that it either never occurred in their time, or had escaped their observation; and even among the moderns it is reckoned a disease of rare occurrence. I have however seen several instances of it since I began to study medicine, and within these last two years, this is the third case I have met with in Knareborough. My friend Mr. Dawson, of Sedbergh, an acute and accurate observer, and a gentleman eminently distinguished as a mathematician and philosopher, assures me that in the course of his practice he has seen several instances of it, and that in his youth he was himself severely afflicted by it, which his friends attributed to his sedentary way



way of life, and intense application to mathematical studies, to which, even when very young he was remarkably attached. From these circumstances I am induced to think either that the disease has by no means been so rare in its occurrence, but has not been attended to, or accurately described, or that it has occurred more frequently of late years.

The first accurate account of it is given us by Dr. Graaf, in his inaugural dissertation *De Petechiis sine Febre*, published at Goettingen in the year 1775. Dr. Duncan of Edinburgh has given us a history of a similar case in a volume, intitled, "Medical Cases, selected from the records of the Public Dispensary at Edinburgh." My ingenious friend Dr. Adair, jun^r. since that made it the subject of his inaugural dissertation, having seen several instances of it; and in the first volume of *Medical Facts and Observations*, we have an account of a case which occurred to Dr. Ferris in the year 1790.

This disease seems in a great measure to depend on a morbid state of the fluids*, and ap-

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pears

* Though the application of the humoral pathology to a great number of diseases has been with great justice exploded,

pears to be analagous to the sea scurvy. Both diseases probably depend upon morbid states of the blood: but whether they both arise from the same state of the fluids, is not certain. I am inclined to think that they are very different. The appearance of the blood is very different in this disease and in the scurvy; in the latter it is of a deep dark colour, approaching to black*. In this disease, and particularly in the case I have related, the blood is very pale, and seems not to contain the usual quantity of red globules. According to a theory advanced by M. Chaptal†, and which I have endeavoured to support in my Treatise on the Mineral Waters of Harrogate, page 91. The red particles of the blood consist of particles of iron calcined by oxygen, or pure vital air, and reduced to the state of red oxyd of iron. This

exploded, yet there are some which can only be explained upon the supposition of a diseased state of the fluids. And the modern chemical discoveries have enabled us frequently to detect and ascertain this state.

* See Dr. Trotter's ingenious Observations on the Scurvy, published 1792, page 125.

† Elemens de Chimie, tome iii, p. 291.

theory

theory, to which no valid objections have been made, may serve to explain the phenomena of these two diseases, and account for the different appearances in the colour of the blood. In the scurvy it is probable that this fluid does not contain the proper quantity of oxygen, or that the iron is not sufficiently oxygenated; hence the black appearance of the blood, which, from the experiments of Priestley and Goodwyn, is evidently owing to a deficiency of oxygen; the red colour being immediately restored when the blood comes in contact with pure air.

The scurvy is produced by the use of food which contains little of that salubrious principle, such as hard salted meats, and the want of fresh vegetables, which contain it in abundance; and is best cured by the use of acid fruits: and since it is now agreed that oxygen is a component principle of all acid fruits, we have reason to conclude that this is the quality which they restore to the human body in scurvy. In the disease which is the subject of this memoir, though the quantity of red globules seems considerably less than usual, yet there does not appear to be any deficiency of oxygen; for if that had been the case, the colour

of the blood would have approached to a black in proportion to the absence of that principle. There could therefore be no other reasonable cause assigned for the pale colour of the circulating fluid than a deficiency of iron. This theory induced me to prescribe the chalybeate wine, and the event in some degree confirmed my ideas ; for on the third day after the exhibition of this medicine, the blood appeared to contain red globules in greater quantity, and was much more florid in its colour. From the hæmorrhage which happened at that time, it is highly probable that the iron being conveyed into the mass of blood, and forming the red globules, had increased the momentum more than the weakened and relaxed state of the vessels could resist : the object therefore was to give strength to the solids, with which intention the infus. rosæ & elix. vitr. were ordered.

Upon what this deficiency of particles of iron, supposed to take place in this case, depends, it would perhaps be difficult to ascertain. It may depend on some want of power in that part of the animal œconomy which forms the iron, which frequently, if not constantly, derives its origin from animal and vegetable

getable powers*. In confirmation of this opinion the following curious fact was mentioned to me by M. de la Tour du Pin, a very learned and ingenious chemist and philosopher. He observes that the analysis of the egg, till by the effect of incubation life becomes developed, affords not the least vestige of that metal; but as soon as the animal exists, although it has been perfectly shut up, and has had no external communication, the analysis discovers a particle of iron which is attracted by the magnet. This want of power in the system may probably depend upon, or be connected with a general debility or relaxation of the solids, which exists in every instance of the disease which I have seen; and this idea is confirmed by the utility of tonics in this disease.

Probably various other alterations may take place in the fluids, and give rise to similar symptoms. About two years ago an instance occurred to me of a young woman who was

* See Fourcroy's *Elemens d'Histoire Naturelle et de Chimie*, Tome. iv.

afflicted with this complaint: the blood which came from the nose, mouth, tongue, &c. in considerable quantity, tinged linen with a fine blue colour. In this case alum, bark, and the most powerful tonics were exhibited, but without any good effect: tonics and cordials seemed to have no power, the disease advanced with rapid strides, and the patient was soon carried off. In the first volume of the *Annales de Chimie*, M. Fourcroy relates the history of a case, in which the iron in the blood, by some singular decomposition of the fluids, was converted into Prussiat of iron, or Prussian blue: I have little doubt that this was the case, with respect to my patient just mentioned, but I had not then seen M. Fourcroy's memoir, and did not think of examining the blood chemically.

Though this circumstance is uncommon, yet as all the principles which compose Prussiat of iron, exist in the blood, differently combined, we need not be surprized that in consequence of a diseased state they should enter into a different combination. M. Berthollet has demonstrated the presence of azote in the blood, and that fluid contains abundance of hydrogen as well as carbonaceous matter: these,

these, according to the modern chemists, are the principles necessary to the formation of the Prussic acid : but we are ignorant of the manner in which their proportions and affinities are changed. To understand this, it would be necessary to have a much more exact knowledge of the chemical nature of animal substances than we at present possess, and of all the alterations and combinations of which they are susceptible.

In the case of a child about three years of age, with petechiæ without any febrile symptoms, to whom I was called too late to afford any assistance, the urine was as white as milk.

With regard to the cure of the sea scurvy, if it depends on the cause above assigned, which Dr. Trotter has shown is highly probable, might not the oxygenated muriatic acid be successfully administered? as it contains a superabundance of oxygen, which very readily enters into a state of combination with the substances it meets with.

The preceding observations deserve no other title than probable conjectures ; but they are such as I hope may tend to throw some new light on the nature of this and other diseases,

and excite farther inquiry. It is much to be wished that more attention was paid to the changes which the fluids undergo in various diseases ; they are so connected with chemistry that it is impossible to understand them without the aid of this science. We need now no longer fear the errors which the early chemists introduced into medicine. The lucubrations of Scheele, Bergman, Berthollet, Fourcroy, and Rouelle have already thrown considerable light upon several parts of the animal œconomy, which cannot but be productive of the happiest consequences to the healing art.

ARTICLE XVIII.

Observations on the external use of Tartarized Antimony.

BY THOMAS BRADLEY,

M. D. AND F. M. S.

Read FEBRUARY 24th, 1793.

THE very respectable manner in which the external application of Tartarized Antimony in rheumatic affections has been recommended to this society, induced me to take the earliest opportunity of employing it. The result of my experience (which I have the happiness to find confirmed by that of several of our fellows) is contained in the following paper.

When either of the superior extremities, was affected, a scruple of Tartarized Antimony, reduced to a fine powder moistened with water, was rubbed in at bed time; when either of the inferior extremities, half a drachm.

I had

I had two motives for not varying this quantity ; the first was to obtain greater precision in the results of the experiments ; and the second was, the belief, after a few trials, that if less were used we should not reap the full benefit of the remedy ; and if more, that the patient could not be prevailed on to persevere in the use of it for a sufficient length of time.

On the first application it was generally rubbed on the parts which were the seat of the pain, and afterwards below them in the course of absorption. The patients were directed to abstain from acids and to keep the parts warmly cloathed.

In every instance it appeared to be a remedy of great efficacy ; but the disagreeable symptoms produced by it, caused many either to desert its use altogether, or to apply it unfaithfully.

In recent cases the first or second application has often removed the complaint ; but those which occur by far the most frequently are of long standing, in which it may often be necessary to persevere in the frictions for three or four weeks ; and it is in these instances that we have cause to despair of the
resolution

resolution of most patients: For, on the second or third day after the course has commenced, the patient is harraffed by a sense of heat and itching in the part rubbed, or in the course of the lymphatics towards the thoracic duct. If the part so affected be rubbed or in any degree irritated (from which few can refrain at first) an eruption of small watery pustules takes place immediately: and if the patient, taught by experience, abstain from irritating the part, the eruption will nevertheless appear, though somewhat later and in smaller quantity.

The pustules are uniformly compared by the patient to variolous pustules, but they are much smaller, not so red at the base, nor so tense and white when fully suppurated. The decided relief which is commonly experienced from this application, during the first week, encourages patients in general to persevere pretty firmly for the first seven or eight days, at the end of which time the pustules become so numerous and distressing, that the remedy must be unavoidably intermitted. This effect of the medicine, in the above mode of application, is the only objection that I have observed to the general use of it in Sciatica, Rheumatism,

Rheumatism, Torpor, and partial Paralysis. For I may assert that I have never seen it unequivocally affect either the stomach, bowels, or kidneys; nor does it ever produce a general diaphoresis, though it always appears to excite a tendency to it. The cutaneous lymphatics seem to be very generally affected by it, but none of the deep seated ones.

Several liniments were tried with a view to prevent or diminish the eruption, but without the desired success; though after it had appeared, both camphorated oil and elder ointment were found to diminish the heat and irritation, as well as to accelerate the desquamation of the pustules, which commonly takes place in 6 or 7 days.

I propose the first opportunity either to combine the cerussa acetata with the emetic tartar, or to apply the aqua lithargyri acetati to the part before or after the antimonial friction, in order to prevent the distress arising from the eruption.

When the first or any subsequent eruption is entirely healed, a renewal of the frictions produces another in the same degree as before: whence we may conclude that there is no occasion to increase the dose of the medicine on
account

account of habit, as we do on many other occasions. And if the inducing a new action in the system, will, as has been asserted, destroy a less powerful action already existing, this may prove a valuable remedy in several cutaneous disorders.

The above are the usual and general effects of the external application of Tartarized Antimony; but in particular instances some deviations or irregularities were observed. These I have not been able, as yet, to impute to temperament or peculiar habits; though I suspect the eruption to be more particularly distressing in the same persons that are predisposed to a violent small-pox.

In about one case in ten the eruption did not appear; in these however there was cause to doubt of the fidelity of the application.

In several cases the eruption was not confined to the course of the lymphatics, but appeared on very distant parts of the body. This was, by some patients attributed to the repellant power of the camphorated oil, which had been applied to the part soon after the rubbing in of the antimony, as it had not been observed before that application was advised: but I believe a very free use of such frictions would produce

produce a general eruption over the whole body.

In one patient, who I am convinced did not rub in less than half an ounce in the course of one week, the itching and eruption were preceded by a general restlessness, and two or three times by a slight degree of nausea.

On some future occasion I hope to have an opportunity of laying before this Society an account of the external application of other metallic salts, particularly vitriolated zinc.

ARTICLE XIX.

A Rupture of the gravid Uterus terminating favourably.

BY

MR. CHARLES KITE, SURGEON, C. M. S.

Read MAY 13th, 1793.

RUPTURES of the uterus so very generally terminate in death, that I believe, even at the present day, there are many who do not conceive an instance ever occurred that terminated in recovery; that such cases however have really happened, cannot surely be doubted by those who have seen Dr. Douglas's account of Mrs. Manning's case, and Dr. Hamilton's case in his Outlines of Midwifery. Perhaps to these may be added the case Dr. Douglas mentions from Heister, and another from Peu; but besides these I do not believe there are on record any instances well authenticated, that terminated favourably.

As these cases therefore are so very rare and uncommon, I am satisfied the Society will with pleasure receive an account of one which terminated in the most favourable manner. It occurred under the observation of a very particular friend of mine, Dr. Beugo, of Rochester, who was so good as to transmit the account to me, and I shall beg leave, without further preface, to lay it before the Society.

THE
CASE
OF
MRS. WILLIAMS.

MR. STANTON'S ACCOUNT.

APRIL 29th 1791. Was desired to visit Mrs. Williams who was of a relaxed habit of body, about twenty-eight years of age, and in the seventh month of her second pregnancy.

Nothing material had occurred during the former part of her pregnancy, but a day or two previous to my seeing her, a very profuse hæmorrhage had taken place, and she had slight pains in the region of the uterus.

30th. The pain very materially encreased; the hæmorrhage had been very inconsiderable. A glyster was thrown up, which produce da sufficient evacuation, and a few drops of tr. opij were given in a mixture of nitre and pulv. tragac. c: the pain continued very violent, and towards the evening began to bear down. Upon examination I could not discover the os internum the least dilated.

May 1st. On examining at one o'clock in the morning, I found the membranes ruptured, and the os internum so much dilated, that I clearly discovered the presentation of the shoulder; the hand and arm being situated behind the child: The patient appearing much exhausted, and her attendants extremely anxious about her safety, I solicited the assistance of Dr. Beugo; but before his arrival, I endeavoured (during an interval of pain) to bring the arm forward, in order to prosecute the turn with the greater facility, which I accomplished much sooner, and with greater success, than I expected. The fœtus was highly putrid, and, from appearance, must have been sometime dead.

Waiting in vain for a pain to assist in extracting the placenta, I was forced to introduce my hand into the uterus, (as the funis was perfectly rotten) and withdrew the greater part of it. On the second attempt, to bring away the remainder, I discovered a very alarming laceration through the posterior and inferior part of the uterus. Dr. Beugo now entering the room, and examining, expressed his surprise, feeling distinctly the intestines and their convolutions.

May

May 2d. The patient much better than I expected, notwithstanding severe pain about the uterus and abdomen, which I was pleased to find alleviated by an enema of milk, soft sugar and oil; she afterwards took a mixture of nitre and opium.

The third day after delivery, the pain great, the discharge highly tinged with blood.

On the fourth day, the pain very little, the discharge trifling, repeated the medicine as before.

The fifth day, entirely free from pain. From that time altered her plan of regimen, when she every day recovered her strength, and at the end of three weeks pursued her usual domestic employments.

DR. BEUGO'S ACCOUNT.

As soon as I introduced my fingers as far as the lower part of the sacrum, I met with a large clot of blood, as big as an ordinary egg, which I found, upon the re-introduction of my hand, had lain opposite to an opening, over which hung a loose jagged flap; and behind it I met with several convolutions of intestine, which I took between my fingers and thumb, to be ascertained of what they were; in this manner I traced at least three convolutions: distinctly perceiving at the same time the mesentery, and afterwards I pushed the whole up with my fingers beyond the middle of the hollow of the sacrum; but, on withdrawing my fingers, the convolutions descended also, though not quite so low as at first I found them. Through the opening my four fingers could easily pass. It seemed to be about the middle of the hollow of the sacrum. I afterwards drew back my fingers, and found the cavity of the uterus considerably contracted above that point.

In addition to Mr. Stanton's account, I have only to add, that no sickness or vomiting came

on. She did not complain of faintness, and no particular alteration was perceived in the pulse; in short, neither at the time I first saw her, which was immediately after the rupture must have taken place, or at any subsequent period did she appear to sustain any material inconvenience from the accident. I was, from one circumstance or another always prevented examining the state of the discharge, but I was repeatedly informed, that it was in proper quantity, that it had the usual appearance, and that no matter was at any time to be perceived. She was ordered a low cooling diet, and such medicines as were calculated to avoid general inflammation.

She has since had another child at the full time, without any particular disturbance, trouble or uneasiness perceptible from the circumstances of the rupture. She thinks the whole process of labour and recovery, with this last child, was in all respects like that with the first child; and that her recovery in both these was not so speedy, nor to so complete a state of strength and health, as it was in less than three weeks after that in which the uterus was lacerated.

She

She always before was subject to a considerable degree of fluor albus, and has been with no remarkable degree of difference still subject to the same.

Gravesend, November 9th, 1792.

END OF THE SECOND PART.

ARTICLE XX.

Case of Angina Pectoris, with Remarks,

By SAMUEL BLACK, M. D.

OF NEWRY IN IRELAND, IN A LETTER TO
THOMAS PERCIVAL, M. D. F. R. S. AND A. S. S.
Esq. Esq.

AND BY HIM COMMUNICATED TO THE MEDICAL
SOCIETY OF LONDON.

Read MARCH 10th, 1794.

THE Angina Pectoris is a disease of which the causes have not hitherto been ascertained with that precision, that is always desirable in pathological enquiries, and in the treatment of which very little success has as yet been attained. If the following history of one strongly marked instance of the complaint, and attempt to ascertain the causes by dissection, should in any degree contribute to remove the obscurity attending this subject, or even afford an inducement to others to make farther advances in the same path of investigation, it will add to the satisfaction I feel in laying them before you.

Mr. W——, aged 55, tall in stature, robust in his make, though not corpulent; accustomed in his mode of living to strict habits of regularity, temperance and attention to active business; was never subject to any gouty complaint, and antecedently to his present disorder, had enjoyed an uniformly good state of health. In March 1792, while walking up an acclivity, he found a sudden pain strike him a little below the left mamma, which was accompanied with a sense of anxiety and oppression in the chest. These feelings immediately obliged him to stand still, on which they quickly vanished. In the course of a day or two, the very same train of symptoms was renewed, on a similar occasion of walking up an ascent, and was ever afterwards invariably renewed by every similar attempt. These attacks soon increased considerably in violence, and were excited by walking even on a plain, particularly if he exceeded a very slow pace. They were much more readily excited, if he attempted to walk after dinner, or in the evening, than at any other time, and were always accompanied with what he called a numbing though severe pain diffusing itself from the left side of the thorax towards the shoulder, and

and thence down the arm, terminating at the insertion of the deltoid muscle. He complained constantly of a very peculiar sensation in breathing, of which, he said, he could not by description convey any adequate idea, but which, he thought, resembled the sensation he would have, if the skin were off his throat, and a very cold vapour rushing down it. He had very frequently a severe pain about the left scapula, which latterly became excessive.

When the disease had subsisted in this form for about five months, he began to be frequently attacked in the night with an excruciating pain in the left side of the chest, the same in kind with that already described, but exceeding it in degree, and having superadded to it a most severe dyspnœa, and intolerable sense of anguish at the heart, resembling that which is felt by a person exhausted and ready to faint from running, and a sensation which the patient compared to that which would be excited by a lump of hard bread, not sufficiently chewed, sticking in the lower part of the œsophagus. The paroxysm usually attacked about two o'clock in the morning, and always during sleep. The symptoms gradual-

ly increased in violence for an hour nearly. They then began to decline, and in about another hour they totally ceased. In one or two paroxysms of unusual severity, the right arm was affected with a pain similar to that above described in the left. The patient could never lie on the left side without having feelings of great uneasiness excited in the chest; and if at any time he happened, during sleep, to turn on that side, he was soon roused by an anxiety which, he was convinced, would soon have amounted to a severe paroxysm, if he had not immediately changed his posture. During no part of the fit, nor at any other time, was the stomach affected with eructations, flatulence, or any other complaint whatever. I had few opportunities of making observations on the pulse during a paroxysm; but in the intervals, it was natural both as to strength and frequency. The excretions were regular and natural.

Very soon after the commencement of these complaints, Mr. W—— applied to me for advice. I was soon satisfied that the combination of symptoms, which he enumerated, constituted that rare and singular disorder, which was first particularly noticed and accurately

rately described by the late Dr. Heberden, and to which he gave the name of Angina Pectoris. When I reflected on all that had been observed and recorded with respect to this disease, it appeared to me that the sum of all our knowledge on this head might be comprehended under two short propositions, viz.

1st. Dissections have shewn this complaint to be connected either with some organic degeneracy of the heart or great vessels, or with some mechanical pressure upon them, arising either from an effusion of fluids or an accumulation of fat in the thorax.

2d. The symptoms constituting the paroxysms are evidently of a spasmodic nature.

These were the principles by which I was governed in treating my patient, and I think they receive the most ample confirmation from the history and event of his case.

Being unacquainted with any means of removing or correcting such a degeneracy as that stated in the first clause of the first proposition, I thought the only rational indication of cure that could be founded on this proposition, was to produce such an evacuation of the thinner fluids of the body as might have a tendency to

remove any effusion, or to reduce any accumulation of fat that might be presumed to be present. With this view, two issues were established, a remedy which I was prompt to adopt, from the complete success attributed to it in two cases by the late very learned and ingenious Dr. Smyth of Dublin, and for the certainty of which we have not only his own evidence, but that of the late Dr. Macbride also. Med. Comment. Vol. V. Blisters were applied to the chest occasionally, and a variety of medicines, adapted to the indication, were prescribed; such as antimonial and mercurial alteratives, the volatile tincture of guaiac. with antimonial wine, laxatives, &c. By the advice of a physician of eminence and much experience, the patient used tar-water to the amount of a jill three times a day. This medicine was continued for four months with great regularity and perseverance, and was uniformly observed to excite a considerable diuresis. Great moderation and even abstemiousness in diet were enjoined, and strictly complied with. On the approach of winter, a flannel shirt was recommended.

The indication arising out of the second proposition is sufficiently obvious. A variety of
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of remedies accommodated to it were tried; the Peruvian Bark, the foetid gums, camphor, and the extractum cicutæ, to the amount of 20 grains twice a day, in which dose it excited headach and tremors. For the relief of the paroxysms, when present, I had recourse to the vitriolic æther and the tinctura thebaica in peppermint-water. These afforded relief at first, but soon lost their efficacy.

Notwithstanding such varied treatment, the effects of the remedies employed were far from corresponding with my earnest wishes. The only advantage gained seemed to be a longer interval between the paroxysms. In other respects, the disorder continued to gain ground, and about two o'clock in the morning of Friday the 22d. March last, the patient was attacked by a most dreadful paroxysm. When I visited him, I found him in exquisite torture. The pain was constant; but every minute, or every two minutes, it shot peculiar violence and pungency from the left breast towards the scapula, producing each time a convulsive start, in which every muscle in the body seemed to be affected. A severe dry cough came on very suddenly, and continued incessantly for twelve or thirteen hours, when it went off as suddenly

as it had come on. The stomach rejected every kind both of medicine and drink. Neither blisters nor the warm bath afforded any relief. He continued in the greatest agony till four o'clock on Sunday evening, when he expired.

Being extremely anxious to avail myself of this opportunity of investigating the causes of so terrible a disorder, I with some difficulty obtained permission to examine the body. The examination, (in which I had the assistance of my worthy and judicious friend, Dr. William Haliday) was made 40 hours after death.

On cutting through the integuments of the thorax, the cellular membrane was found loaded with fat to a much greater degree than the external figure and appearance of the patient, when living, would have led to imagine. The cartilages of the ribs, particularly on the left side, were become quite osseous. On cutting into the mediastinum, a part of its internal surface was covered with a thin layer of fat. There was no effusion into the pericardium, nor into either cavity of the the thorax. The lungs were found, but had some small adhesions to the pleura. The heart itself appeared large, and on being handled was
found

found to be very unusually tender and lacerable. In none of the valves could any visible degeneracy be detected: but the two coronary arteries exhibited the most complete ossification I ever saw. From their origin through two inches of their length, they had become a complete bone. A cavity indeed still remained, the internal surface of which was lined with what had the appearance of a thin membrane, but which possibly might have been so far muscular as to contribute, though certainly in a very inadequate manner, to carry on the arterial function. On the internal surface of the left auricle, a small ossious globule, of the size of a grain of shot, was found, and the auricle itself was remarkably thin, and had a decayed appearance. On the external surface of the left ventricle was a little fat; but the quantity was inconsiderable. The aorta, from its origin to its curvature, was very much dilated, so as to exhibit rather the appearance of a bag than of an artery. Its internal surface, as well as its substance, when divided by the knife, very much resembled the white leather of which French gloves are made. The abdominal viscera, on a superficial examination, appeared perfectly sound.

If

If we compare these morbid appearances with those that have been discovered in other dissections, relating to the same complaint, we shall find the coincidence in some essential points to be very remarkable. The ossification of the cartilages of the ribs has been observed both by Dr. Wall, *Med. Trans.* Vol. III. and by Mr. John Hunter, *Med. Observ.* Vol. V. In the former of these dissections, the dilatation of the aorta was also found; and in the latter, the very remarkable ossification of the coronaries. Various small ossifications in different parts of the heart and great vessels have been a frequent occurrence in dissections relating to this disorder. The chief point of discrepancy, between this and other dissections, is the absence of any effusion of fluids, or of any accumulation of fat in the chest; for the quantity of fat in this case was far from being remarkable. Is it reasonable to presume that it might have been more considerable in the early stage of the disorder? And if so, could its absorption be considered, in any degree, as a consequence of the means used for dissipating the thinner fluids, namely the use of diuretics, diaphoretics, and the constant drain of two issues.

I consider

I consider it as a speculation not void either of curiosity or utility, to enquire how far the symptoms of this complaint, detailed in the history of it, are capable of being explained by a proper application of the morbid appearances discovered by dissection, or by known and acknowledged principles of physiology and pathology. When we read over the history, it will be obvious, from very little reflection, that there are several of the symptoms, towards the explanation of which the dissection affords no light whatever; while, at the same time, there are others of which it enables us to give an account not altogether unsatisfactory. To the former class belong the diffusion of the pain from the chest to the shoulder, and to the insertion of the deltoid muscle, the pain at the left scapula, where this same muscle has its origin, the peculiar sensation in breathing, resembling a stream of cold vapour, and the sensation of something sticking in the œsophagus. These seem to me to have been owing to a morbid affection of the nerves of these parts, communicated from the nerves of those organs that were visibly diseased, by what physiologists have named *sympathy*, a term which is merely expressive
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of a fact, but by no means explanatory of it. With the fact, however, we must remain satisfied till we shall have acquired a much more intimate knowledge of the functions of the nerves than we at present possess. Thus we receive for a fact, without being at all able to explain it, that an inflammation of the liver excites a pain on the top of the right shoulder, and that the irritation of light on the retina is the cause of the contraction of the iris.

Most of the other symptoms contained in the history may, I think, be comprehended in a second class, of which the morbid appearances will enable us to offer some explanation.

1st. The sudden pain excited by walking, and accompanied by a sensation of anxiety and oppression in the chest. The pain is, I think, clearly to be referred to the heart, as its seat. When we consider the degree of disease found in the heart and great artery, we cannot hesitate to allow that they must have been in a state of great inaptitude for the performance of their functions; and it is a fact very generally observed, that, when any organ is, by disease, rendered unfit
for

for its office, the performance of that office is attended with pain. But to investigate this point a little more minutely ; by exercise, the blood is returned from the extreme parts to the heart with greater rapidity than when the body is at rest. The blood being thus returned to the heart with increased rapidity, and the heart being incapable, from disease, of propelling it with proportional celerity, an accumulation of blood about the heart, and an impeded action of that organ must ensue, fully adequate to the production of the painful sensation. In this situation, the heart could not receive the blood returning from the the lungs with that freedom that is natural and necessary. To relieve the lungs, and facilitate the transmission of the blood through them, the patient would by an instinct of nature, endeavour to enlarge the capacity of the chest, by making fuller inspirations than ordinary. But the ossification of the cartilages of the ribs would create a powerful obstacle to such an expansion of the chest. This obstacle, joined to the obstruction to the free return of the blood from the lungs, is, I think, sufficient to account for the symptoms of anxiety and oppression. Exercise, the exciting cause of
these

these symptoms, ceasing, the symptoms ceased also. These attacks were more readily excited by walking up hill, because such an attempt requires greater muscular exertion, and will therefore have a greater effect in accelerating the circulation, than walking on a plain. They were more readily excited after dinner, partly, perhaps, on account of the body possessing a greater degree of irritability during the process of digestion, and partly on account of the fullness of the stomach straitening the capacity of the thorax. The manner in which this diminution of capacity operates will be noticed afterwards.

2d. The nightly paroxysms. These were undoubtedly spasmodic, and the exciting cause seems to have been the diseased state of the heart and great artery. We know that a diseased condition of the other organs, the liver, spleen, stomach, uterus, &c. is observed to be a frequent cause of spasmodic or nervous symptoms. These paroxysms always came on during sleep. Of the particular state or condition of the nervous system during sleep we are ignorant: but we know from experience that it has a powerful effect in disposing the body to be affected with nervous disorders; a circumstance

stance which I shall by no means attempt to explain, but which might be illustrated by a very extensive analogy. It is a matter of observation, that the whole train of nervous diseases, the asthma, epilepsy, incubus, &c. are particularly prone to make their attack during sleep.

3d. The inability to lie on the left side. From the diseased state of the heart and great artery, it is evident that they would be incapable of bearing any pressure upon them, or any diminution of the space they naturally occupy, with impunity. The left cavity of the thorax, in which the heart is chiefly situated, is naturally smaller than the right. When the patient lay on the left side, the left cavity would be diminished partly by the external pressure on the left side of the thorax, arising from the weight of the body itself, and partly by the incumbency of the right lobe of the lungs on the mediastinum. Hence arose the uneasiness inducing a necessity for an immediate change of posture. But when the patient turned to the right side, the left was freed from external pressure, and the heart, pericardium and great vessels had a tendency, by their own weight, to occupy a portion, however small,
of

of the right cavity of the thorax, and thus to produce an amplification of the left, whereby their action was rendered more free and undisturbed.

Before I conclude this paper, I shall make one or two remarks which appear to me of some practical importance: and first, it appears from dissections, that there is some variety in the causes of this disorder; for though it does, in perhaps the majority of instances, depend on some organic laves of the heart or arteries, yet there is no doubt that mechanical pressure alone, arising from the causes already stated, is capable of producing all the symptoms. The dissection of the body of R. M. Esq. given by Dr. Fothergill, Med. Observ. Vol. V. sufficiently proves this assertion. Here the heart and great vessels were perfectly sound, but were exposed to mechanical pressure, both from an effusion of water and an accumulation of fat. The complete success with which three cases of the Angina Pectoris were treated by the late most ingenious Dr. Smyth, of Dublin, appeared to me for some time inexplicable; but I think the present view of the subject tends in some measure to remove the difficulty. Dr. Smyth was for thirty years
very

very deservedly at the head of his profession in this kingdom, and no man will call in question either his judgment or sagacity in distinguishing this complaint from every other, nor will any presume to entertain a suspicion of his veracity in relating the success of his practice. I think Dr. Smyth's cases must have belonged to that variety of the disease depending on mechanical pressure. One of his patients was only thirty-four years of age, and had felt the first symptoms of the complaint so early as seventeen, a period of life at which we should not expect any organic disease of the heart or great vessels. In two of these cases, the cure was accomplished by issues; in the third, by an antimonial alterative, aided by large spontaneous discharges of a gleety ichor from the scrotum and anus, which might be considered as a kind of natural issue. The practical inference resulting from this view of the subject is, that in those cases depending on mechanical pressure, we need not despair of curing the disease. The physician therefore who will furnish us with a diagnostic, by which we may be enabled to distinguish these two varieties of the disorder, will make an addition to our knowledge of it very much to be desired. Such a

diagnosis I am not at present prepared to establish. I shall only observe that in those cases, which appear to have depended on mechanical pressure and irregularity of the pulse, seem to have been a more frequent concomitant than in those depending on an organic labe. The case of R. M. Esq. above quoted, and two of Dr. Smyth's cases, have a tendency to confirm this observation. I may observe farther, that the younger the patient, there is the less probability of any organic degeneracy. In the mean time, till a more complete and satisfactory diagnosis can be made out, it will perhaps be advisable for a physician, when treating this disorder, to proceed on the idea of its depending on mechanical pressure, because if the fact should coincide with the supposition, he may afford considerable relief, perhaps effect a cure; if it should not, no injury is done, nor any advantageous opportunity lost; for I believe we are as yet unacquainted with any means of correcting or removing ossification, or other organic blemish of the heart.

I should consider it as a great improvement to ascertain, with accuracy and precision, the remote causes of this disorder. This part of the history of it is still very imperfect, and
well

well deserves the attention of those who may have opportunities of observation. One circumstance is pretty obvious, that it seems in most instances to have been connected with a degree of obesity.

One gentleman, who has written a theory of this disorder, supposes it to be of a gouty nature; and that it is in fact nothing else than an irregular gout, affecting particularly the diaphragm; for which reason he thinks it ought to be named the *diaphragmatic gout*. For my own part, I am ignorant of any histories or dissections relating to this complaint, that can afford a foundation for such an opinion. It may unquestionably have been complicated with the gout; but if a physician will not carefully discriminate between a casual conjunction and a necessary connection, his practice will in many instances be unsuccessful, his judgments erroneous, and his errors fatal.

Are women exempted from this disease? I do not recollect any decided instance on record of its occurring in the female sex, and some of the oldest and most experienced physicians in this part of the kingdom have made the same remark.

SAMUEL BLACK.

ARTICLE XXI.

Cursory Remarks on the appearance of the Angina Scarlatina,

IN THE SPRING OF 1793.

BY J. C. LETTSOM, M. D.

Read, OCTOBER 28th, 1793.

THE winter of 1792-3, was more temperate than any that occurred to my recollection. There were not two successive days of sharp frost, nor was there one day, that admitted of skating even on shallow water. The ground about London, never was covered one day with snow or hail, nor scarcely one day's interruption given to brick and mortar in architecture. Much rain however fell in this period, as well as in the spring which was a cold one.

In this latter season, there prevailed erysipelatous fevers, aphthæ both with, and without fever, and some cases of typhus fever.

With the commencement of the year 1793, the Angina first appeared, in the higher villages

lages about London ; gradually descended into lower situations, and visited the metropolis pretty generally near the end of February. It has been remarked for many years, that this disease appears in the vicinity of London ; before it visits the metropolis.

The neighbouring villages are full of boarding-schools, to accommodate the children whose parents reside in London ; and as soon as any of the children are infected they are sent home, and thus propagate the disease in the city : for two years successively I have first heard of the appearance of the infection at Hampstead or Highgate, situations remarkable for their high elevation ; this however is not uniformly the case ; but this subject is not unworthy of further attention, as it may lead to certain means of prevention. That female children should be more susceptible of catching the infection, may be inferred from their greater delicacy. In the period I am describing, I saw much fewer patients in London, than in the neighbouring villages, and in proportion to the number infected, the fatality was much greater in the latter. In some villages, private families suffered greatly : in a few of these I heard that half the number of the children

died. During the time I have described, that is from January to the end of May, I attended three fatal cases, each of which I shall introduce here, as perhaps of more medical advantage than the detail of successful ones.

CASE I.

Early in February 1793, being engaged in attendance on a gentleman near Wimbleton Common, I was desired to visit one of the domestics, then labouring under the Angina Scarlatina. Some of the children in the family had had the Angina with ulceration of the tonsils, but without any efflorescence of the skin.

The present subject was about 22 years of age. She had always been healthy, and had laboured under no indisposition previous to the present attack, which began with almost incessant vomiting, and some tendency to diarrhœa: the fluid ejected seemed to be merely what she drank; and when the stomach was empty, a straining to vomit continued. She was excessively restless, continually tossing from one side of the bed to the
other

other, and sometimes delirious ; the pulse was so rapid, as to admit counting with difficulty, but not intermitting. The skin was covered with the scarlatina, and the whites of the eyes were of a ferretty red. On examining the throat, the whole internal fauces, and as far as the eye could pervade, the same scarlet coloured efflorescence extended down her throat, and on the tonsils, which were much swelled ; there were also slight ulcerous specks. It was remarked that from the first attack, the suspiria and moaning were expressive of great anxiety and debility. The symptoms described occurred on the first day. On the second little variation was remarked ; the same restlessness, and straining to vomit, with encreased suspiria and debility appeared, the diarrhœa had not totally subsided ; delirium was augmented, and the jactation in bed incessant, for she had little or no sleep without inquietude.

After this time I did not see her, but I was informed that she died on the 4th day. The same symptoms nearly continuing, till her death. She took on my first visit, a solution of conserve of roses in mint water, well acidulated with the vitriolic acid ; to which was occasionally added thebaic tincture, and lastly

bark; blisters had been applied behind the ears and fomentations of poppy heads to the feet.

CASES II. AND III.

Near the conclusion of February 1793, a young lady in the same neighbourhood, about 20 years of age, was attacked with a sore throat; about the fifth day I was consulted. As there never had been any eruption on the skin, and the tonsils were very much inflamed, the disease I understood put on the appearance of inflammation at its commencement; at the period when I attended, the nature of the affection became more decisive, and the tonsils were considerably ulcerated, the parts ash-coloured, or livid; the debility excessive, the pulse quick and weak, and the delirium almost constant; the alvine and urinary evacuations were involuntary; sometimes the patient laid comatose, at others was restless and moaning. The whole aspect of the case gave me very little hope of a recovery. As deglutition was difficult, what was taken was cordial; and by perseverance, by little and little, about one quart of red port wine was consumed in twenty-four hours.

hours. The chief medicine was acidulated bark. By incessant care in administering nourishment and medicine; by cleanliness and attention to the admission of air, after a struggle of about ten days this young lady recovered.

Her sister, about fifteen, of a healthy constitution, appeared indisposed, the day before my first visit to the elder sister, whose disease I have remarked was not at its outset suspected to be infectious, and never was accompanied with the Scarlatina; communication, was hence, not interdicted. I found the fauces and tonsils efflorescent, with an erysipelatous tinge, but although the latter were swelled, I perceived no ulceration; the breast and arms had also a slight efflorescence, which determined my opinion of the disease being the Angina Scarlatina. The restlessness was not very considerable, nor was the pulse or degree of fever then alarming; but there were frequent suspiria and efforts to vomit; nothing however, was ejected, except the fluids swallowed; some diarrhœa attended; she appeared sometimes comatose.

On the next morning the late Dr. Austin met me in consultation, on account of the elder sister, just mentioned. We prescribed for the younger the infusion of roses with two drops of tinctura thebaica, every four hours; blisters behind the ears, and a fomentation of vinegar and water to the legs.

In the evening, we found the efflorescence on the skin very general and florid; the internal fauces and tonsils of the same colour, with trifling white specks on the latter; the pulse was low and somewhat fluttering; her diarrhœa continued; the medicines and diet had been vomited. I had previously given her vegetable acid and alkali in a state of effervescence, with no better success.

A blister was applied to the sternum; one draught was given with nine drops of thebaic tincture, and a clyster with twenty. The apothecary, who slept in the house, visited her at two o'clock in the morning, found her calmer and disposed to sleep, but sick on taking any thing, though the medicine itself had not been vomited: at eight in the morning he did not apprehend

hend greater danger, but at ten, however, she expired with deep and feeble suspiria.

CASE. IV.

This child, about six years old, resided at the village of Peckham: In April, on the 4th day of the attack, when I saw it, the ulcerations on the tonsils were considerable, but there was not the least efflorescence on the skin. The pulse was seldom under 130 in a minute, and this was the principal unpleasant symptom the child laboured under; in other respects, the deviation from common health was not considerable. She took nourishment, slept pretty well, and was always sensible.

On the 8th day, she was so much relieved, that I did not deem it requisite to renew my visits; no disease being apparent but debility; the pulse however was still rapid, but judging this to depend on weakness, I presumed upon its return to a natural state from returning health. Two days afterwards I was hastily demanded to revisit my patient, but before my arrival it expired.

ed. I was informed that a diarrhœa suddenly came on, twelve hours before dissolution.

Her brother, about a year older, caught the disease, and had small ulcerations of the tonsils, and the Scarlatina over the whole surface of the body. This patient, however, soon overcame every symptom.

CASE V.

M. G. a child three years old, was attacked in April, with the Measles : at the school from whence she was removed, this disease, as well as the Angina, had infected the majority of the children ; but both diseases never appeared upon any child at the same time. The family had eight children. Just as the measles were subsiding, the Angina shewed itself : at this moment it was that I was called in to attend. From a similarity in the eruption, which every practitioner is aware of, from the remaining cough, and from the mere redness of the tonsils, without ulceration, I was in doubt, to which disease to ascribe the symptoms ;
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on the next day, the cough was less troublesome, whilst the symptoms of Angina had augmented, and I was then clear that this was the present malady. The apothecary had applied a blister to the neck, and given acidulated bark. I was long doubtful about the event of this child, in consequence of a sphacelus following the application of the blister to the neck, but after severe conflicts for the space of two months, the patient recovered; with, however, a scar or cicatrix, on the forepart of the neck. The parents of this child, all the other children, as well as the servants, both male and female, had the sore throat, and those who had not had the measles, caught likewise this disease, but no one person had both these diseases at the same time, so far at least as could be ascertained by symptoms. With some of the children the measles appeared first; in others the sore throat preceded. In consequence of this succession, the diseases continued in the family for the space of two months, which probably might singly have terminated in as many weeks. Some in the family had the ulcerated sore throat without any eruption,

tion, some had the Scarlatina with a very moderate degree of sore throat. This was observed not only among the children, but also among the servants.

During this long period of sickness in the family, they had no other communication than medical attendance. The children were either within doors, or in the garden, and the house was in the country detached from every other.

In relating the cursory histories of the preceding cases, I had no view of supporting any speculative opinions respecting the nature or cure of the disease. Some have described the Angina Scarlatina, and the Angina Maligna as distinct diseases; as far, however, as my experience extended, they appeared here to originate from one source of infection, differently modified, by some peculiarity of constitution, state of the weather, mode of living, or degree of virulence in the infection. But, whether, this suggestion be admitted or not, the symptoms seemed to require some variation in treatment.

When this disease is accompanied with the scarlet eruption; there are usually
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more heat and fever, restlessness, head-ach and thirst : at its onset, diaphoretics and antimonials, if the stomach will bear them, might be adopted ; but I think Dover's powder in small doses preferable ; to which may be added saline neutral draughts with aromatic confection. The Angina under this appearance is much relieved, by inducing a gentle perspiration, which is also promoted by warm fomentations to the legs and feet ; but as debility is liable soon to ensue, this must be obviated by wine negus or whey ; and by freely drinking of an acidulated infusion of red roses. If with this debility there is a diminution of febrile symptoms, the Peruvian Bark should be relied upon, with or without the union of mineral acids, as is most suitable to the state of the bowels. When the disease appears with little or no Scarlatina, there is usually less fever, and after a mild emetic, and alvine evacuation, the bark may be immediately exhibited.

Air, I conceive to be salutary in every appearance of the Angina, as well as in every species of typhus fever. Emetics require much caution. Almost all the fatal cases

cases of Angina, that have come under my observation, have had a spontaneous vomiting, which has continued in some degree to the latest period; and in some cases where emetics have been exhibited, the operation has been restrained with great difficulty. The matter vomited has not in general indicated a foul stomach, but the vomiting when spontaneous seems to arise from irritation. I have here in view, the Angina attended with Scarlatina, where the tongue indeed, is rather of a bright red, clean, rather than furred; and where, upon the whole, I would prefer remedies that gently open the belly, and promote diaphoresis.

In the Angina, without the Scarlatina, the tongue is often loaded with a white foulness, and vomits have proved salutary, and promoted a favourable diaphoresis.

As this is a frequent effect of emetics, and as exciting a perspiration is found beneficial, where the disease is joined with the scarlet eruption, it might be inferred that vomiting would in like manner be indicated under this modification of disease. I can only reply, that experience does not warrant this conclusion.

Blifters

Blisters have been almost uniformly applied to the neck and fauces, soon after the appearance of the Angina; but I have no reason to think the practice a judicious one; it is always a painful one, and frequently a pernicious one, by increasing irritation; independent of this they sometimes sphacellate and leave a foul scar for ever, which in some instances has afforded more distress to a family than death itself, by giving a deformity, which to every spectator conveys the idea of scrophula. If a blister were deemed necessary, it would prove not less beneficial, by application to a part a little distant from the disease itself, as to the nape of the neck.

Gargles of various kinds have been also long in use, to cleanse the diseased parts, or to act as antiseptics. To wash off now and then the viscid mucus of the fauces and throat is adviseable, but, under the idea of merely gargling being of use, patients, when capable of doing it, are almost continually prompted to repetition; which I think has done much more harm than good, in this disease, as well as in the thrush. As acidulous drinks are mostly grateful to patients la-

bouring under the Angina, a little wine negus, or infusion of roses, may be employed to rince the mouth and fauces, when requisite.

Venæsection I never saw tried. I have heard it has been repeatedly done, but my information is, that it had been generally succeeded by a fatal event.

ARTICLE XXII.

Cases of several Women who had the Small-Pox during Pregnancy; with an Account of the Manner in which the Children appeared to have been affected.

BY CHARLES KITE,

SURGEON AND C. M. S. GRAVESEND,

Read FEBRUARY 25th, 1793.

As the most eminent physiologists are unsettled in their opinion respecting the operation of the small-pox on the fœtus in utero, and as but a small number of cases have been published of women who have undergone that disease during pregnancy, I apprehend the relation of a few instances, which occurred under my own immediate observation, and likewise of some which were communicated to me, will not be unacceptable to the Society; and as nothing can be more essentially necessary for the elucidation of real circumstances,

than a large collection of facts, I have sub-joined a concise account of all those cases which have occurred in the course of my reading.

Cases of Children which are said to have been infected with the Small-Pox in Utero.

Mr. Wood, Surgeon, to the General Hospital in Chatham Barracks, communicated the following :

CASE I.

“ SEVERAL years since, when the Essex militia were in Chatham Barracks, I was called to see a woman who was dead of the small-pox :—on my arrival I found the woman had been dead somewhat above two hours :—the small-pox were of the confluent kind, and they appeared to be about the turn. She was in the ninth month of her pregnancy, and as no doubt could be entertained of her death, I opened the abdomen and uterus, with the view of saving the child. The child however was dead ; but it had numerous pustules all over the
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the face, body, and extremities, which in my opinion were most evidently and undoubtedly variolous eruptions. The pustules appeared of the same size, as they usually are about the fourth or fifth day."

Mr. Andrews, of Brompton, communicated the following letter from Mr. Robert Sargeant, of Plymouth.

CASE II.

"ON the 6th day of December 1782, I inoculated Mrs. Lay, of Plymouth, for the small-pox, who was (unknown to me) in the seventh month of her pregnancy. She had the disease favourably, and was delivered of a boy on the sixth of January following, who had pustules dispersed all over his body. The pustules were very numerous, and exactly resembled variolous eruptions which were in an early stage of maturation; and they appeared to advance until his death, which happened two days after."

Mr. Sargeant concludes his letter by observing, "I have no more doubt that the eruptions were variolous than I have of my own existence."

Mr. Derham relates, that a woman with child being pretty well recovered from a mild sort of the small-pox, on the 3d of September took a purge, which worked so violently, that she fell into faintings and convulsions. She was not delivered till the 8th of September. The child appeared to the midwife to have been dead five or six days: its belly was burst, the bowels came out, and the whole body tended to putrefaction. The child was so very full of the small-pox, that hardly a pin's head could be put between the blisters, which were very plump and full of matter, like the pustules of an adult, when the small-pox are at the height, only a little depressed in the middle.

Ph. Tr. 337. p. 165.

BARTHOLIN affirms, as an eye witness, that a poor woman, ill of the small-pox, was delivered of a child, whose tender body had as many pocks on it as the mother's, and who died soon after the birth, as the mother herself did, three days after of the disorder.

Van. Swieten, XV. p. 16.

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A WOMAN, big with child, having herself long ago had the small-pox, very assiduously nursed a maid servant during the whole process of this disease. At the proper time she brought forth a healthy female child, whose skin Dr. Watson asserted that he discovered evident marks of the small-pox, which she must have gone through in the womb: and the same physician pronounced that this child would be free from future infection. After four years her brother was inoculated: and Dr. Watson obtained permission of the parents to try the same experiment on the girl. The operation was performed on both children in the same manner, and the pus used in both cases was taken from the same patient. The event however was different: for the boy had the regular eruption and got well; but the girl's did not inflame or suppurate. On the tenth day from the insertion of the matter, she turned pale suddenly, was languid for two days, and afterwards was very well. In the neighbourhood of the incision there appeared a pustule, like those pustules that we sometimes observe in persons, who, having had the disease, attend patients ill of the small-pox."

Ph. Tr. V. 46. p. 235.

MAURICEAU affirms, that he had heard his father and mother often say, that he came into the world with five or six pocks upon him: it seems a brother of his, six years old, whom his mother had anxiously attended day and night, during the small-pox, had died of it on the seventh day, and our author was born the next.

Van. Swieten, XV. p. 17.

DR. MEAD says, when a woman in the small-pox suffers abortion, the child most commonly comes into the world with the distemper upon it, but not always. When it does not, the disease generally breaks out a few days after delivery: in proof of which he mentions the following case.

“A lady of quality was, in the seventh month of her pregnancy, seized with so malignant a sort of the confluent small-pox, that there was no appearance of any one favourable symptom. In this condition she was, on the eleventh day of the distemper, delivered of a son, who brought no marks of the infection into the world

world, and she died on the fourteenth day. But, in the morning of the fourth day following, the infant was seized with convulsions, the forerunners of the eruption, which appeared the same day, and he died in the evening."

"But in case there is no miscarriage, the child will be free from the disease during his whole life, unless he happens to be born before the pustules were come to maturity."

The infant in the womb sometimes catches the distemper, without the mother being affected, as I shall prove by this remarkable instance, which I well remember.

A CERTAIN woman, who had formerly had the small-pox, and was now near her reckoning, attended her husband in the distemper. She went her full time, and was delivered of a dead child. It may be needless to observe, that she did not catch it on this occasion, but the dead body of the infant was a horrid sight, being all covered with the pustules: a manifest sign that it died of the disease, before it was brought into the world.

Mead's Works, 8vo. 252, and 253.

MRS. FORD, who looked upon herself in the sixth month of her pregnancy, on the 5th of December was seized with the eruptive fever of the small-pox. On the eighth they appeared, proved of a mild kind, moderate in quantity, and she passed through the disease in great spirits. On the 31st of December she was delivered, that is, twenty-three days after the appearance of the eruptions. The body of the child was covered with an eruption, and several of the pustules were filled with matter. Dr. Hunter, Dr. Leake, Mr. John Hunter, Mr. Cruickshanks, and Mr. Falconer, all concurred in opinion that the eruption on the child was the small-pox.

Ph. Tr. V. 70. p. 28.

MR. HUNTER having paid particular attention to this case, I shall subjoin some of his reflections upon it.

In the first place, he observes "there can be no doubt but the mother had the small-pox, and that it went through its regular stages."

"Secondly

“ Secondly, the distance of time when she had the small-pox before delivery, joined with the stage of the disease in which the child was born, perfectly agrees with the possibility of the infection being caught from the mother.

“ Thirdly, the external appearance of the pustules was perfectly that of the small-pox.”

Not satisfied with these leading circumstances, and external appearances being so much in favour of their being the variolous eruption, Mr. Hunter observes, “ they were not an absolute proof of its being the genuine small-pox ”—he therefore proceeds to investigate “ how far all the circumstances correspond or are similar to the true small-pox.”

He observes, that in the present case we can have no positive information respecting this child having the fever which precedes the small-pox—or the progress and declension of the eruption, which in the small-pox is pretty regular, although both are presumable ; but even these, he justly **observes**, are not absolute proofs of the small-pox.

After mentioning these uncertain signs, he states what he conceives to be the pure characteristic of the small-pox, which is—“ *the formation*

formation of a slough, or a part becoming dead by the variolous inflammation."

Applying this to the case under consideration, Mr. Hunter observes—"In the present case, besides the leading circumstances, mentioned in the case of the mother, corresponding with the appearances of the child, and the external appearances themselves, we have in the fullest sense the third and real, or principal character of the small-pox, viz. the slough in every pustule; from all which I think we may conclude, that the child had caught the small-pox in the womb; or at least, a disease, the effects of which were similar to no other known disease."

As Mr. Hunter, in opening the bodies of those who had either died of, or died while under the small-pox, had always examined carefully to see whether any internal cavity, such as the *œsophagus*, *trachea*, *stomach*, *intestines*, *pleura*, *pæritœnum*, &c. had eruptions upon them or not, and never finding any in any of those cavities, he saw the most favourable opportunity of clearing up this point in the present case. He therefore very attentively examined most of the internal cavities of this child, "but observed nothing uncommon."

mon." In this respect likewise, therefore, the present case exactly agrees with the true small-pox.

DR. WRIGHT relates the case of a negro woman, about twenty-two years of age, and big with child. The eruptive fever was slight, the small-pox were few, distinct, and large, and she went through the disease with very little trouble, till on the fourteenth day from the eruption, she was attacked with a fever, which lasted only a few hours. She was however taken in labour the same day, and delivered of a female child, with the small-pox on her whole body, head, and extremities. They were distinct and very large, such as they commonly appear on the eighth or ninth day in favourable cases. The infant died the third day after she was born.

Ph. Tr. V.

A WOMAN who had been inoculated, had a child born nine weeks after inoculation, at the full time, with distinct marks of the disease,

disease, though the mother had very few eruptions.

Dimsdale's Present Method of Inoculation, p. 22.

DR. BLAND relates, from the authority of a midwife on whom he can depend, that in July 1781, Mary Gatton, of Princes-street, Westminster, was attacked with the small-pox. She was then in the seventh month of her pregnancy. The disease proved to be of the confluent kind, and was attended with considerable fever. Six days after the turn of the pock, or about eighteen from the first attack of the eruptive fever, she was taken in labour and delivered of a child which seemed to have been dead five or six days. Its body was covered with confluent small-pox. The pustules were white and full of matter, and, from their size, seemed nearly to have attained their maturity.

Medical Journal, V. 2. p. 205.

MR. ROBERTS inoculated Mary Sticks, near the ninth month of her pregnancy, on the 14th of November 1783. On the 21st the eruptive

eruptive fever commenced, and the small-pox, which was not very numerous, came out the third, on the 28th she fell into labour, and on the 29th was delivered of a dead child. The body of the child was covered with the small-pox, the bases of which were in a gangrenous state."

Medical Journal, V. 5. p. 400.

MR. JENNER inoculated "Jane Parker, aged 27, on the 25th of May 1785, being then in the eighth month of her pregnancy. On the 1st of June the eruptive fever commenced. The eruptions (few in number) appeared on the third day. She recovered and went about her business as usual. On the 18th of July she felt symptoms that convinced me the child was dead, and on the 23d, she was delivered of a dead child, with about thirty large pustules on its body, the bases of which were in a gangrenous state."

Medical Journal, V. 7. p. 165.

MRS. EVE, then in the eighth month of her pregnancy, was seized with the small-pox,

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the pustules were distinct, yet uncommonly numerous. On the eleventh day they began to turn; and on the twenty-second day her labour took place, which, according to her reckoning, was a fortnight before the regular period.

The child at the time of its birth was covered with distinct pustules all over the body: they did not appear to be full of matter till three days after; at which time some pus was taken on a lancet, with which a child was, on the 2d of December, inoculated on both arms. The arms inflamed, and the 11th of December the child sickened, and was affected with all the symptoms which usually precede the eruption. On the 12th the sickness and fever abated, the pustules of the distinct sort of small-pox made their appearance, and the child having regularly gone through the several stages of the distemper, was perfectly well in three weeks.

Mr. Lynn thinks it proper to observe that Mr. Findlay and Mr. Holladay, surgeons, were present both at the taking of the matter and at the subsequent inoculation of the child.

Singular Case of a lady, by W. Lynn.

Cases in which it appears the Children were not infected with the Small-Pox in Utero.

CASE I.

MRS. SQUIRES, of Northfleet, in the last month of her pregnancy in the year 1780—was on the Thursday or Friday taken with fever and its usual attendants: on the Saturday she was delivered. About two hours after delivery the small-pox appeared, was very full of the coherent kind. She died on the Friday. The child died the Tuesday week following, having lived nine days: it died unexpectedly. How long it was ill, or in what manner it was affected, I was not able to learn; all the persons, however, who were present, agree that there was not the least appearance of any eruption: it is not impossible, however, but it might have died in one of those fits which frequently precede the eruption of the small-pox.

CASE II.

MRS. CLIFTON, of the parish of Northfleet, sometime in the year 1781, was seized

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with a very mild sort of the small-pox, in the seventh month of her pregnancy. She was delivered at the usual time, and the child was very healthy, it had a few small spots on it, but the midwife, who attended, said they had not the least resemblance to the small-pox.

This child I inoculated in May 1786; every stage of the disease was distinctly marked, it had about twenty pustules. One or two children inoculated with matter from his arm, was infected as usual.

CASE III.

MRS. LEE, of the parish of Northfleet, in the eighth month of her pregnancy, was in July 1780 attacked with the small-pox: she had the eruption extremely full, and nearly as bad as I ever remember to have seen; she however recovered, but it accelerated her delivery about a month. There was not the least appearance of the small-pox or any other eruption on the child.

This girl I inoculated in November 1787; she had about twenty eruptions, but being of a delicate constitution, and having lived too low, they

they did not suppurate ; the arm however had quite the usual appearance.

CASE IV.

I AM informed by Mr. Thompson of Rochester, that he attended a lady in the distinct small-pox, who was about five months advanced in her pregnancy. The child was inoculated some time after delivery, and had the small-pox*.

A LADY of quality, whom Boerhaave had attended with good success, in a very bad and confluent small-pox, and, in the sixth month of her pregnancy, was delivered when her time

* It may not be improper to make mention of the following fact. Mrs. Colyer, of Southfleet, had the *measles* just one week before she was delivered of a daughter. This infant had no appearance of the disease when born, and it was generally expected she never would have it ; but some years after the measles were very frequent, and she, among many others, contracted the disease.

was up, of a healthy boy, on whom not the least trace of the disorder could be found."

Van Swieten, Vol. XV. p. 17.

A WOMAN was taken ill of the small-pox, in the fourth month of her pregnancy, from which she apparently narrowly escaped, and, when her time was out, was delivered of a healthy and pretty stout boy, on which there is no mention made of any eruptions, or marks of them having appeared.

Van Swieten, Vol. XV. p. 212,

"A WOMAN was delivered of a male child at the ordinary time, herself as well as the infant being in good health, notwithstanding that, in the fifth month of her pregnancy, she had the small-pox in a severe manner, of which disease, however, there did not appear on the
body

body of the child, any mark which could testify, that he had been infected in the womb."

Mauriceau's Obser. 576, or Medic. Tr. Vol. II. p. 317.

SIR G. BAKER relates, that—"Two pregnant women having been inoculated, had the small-pox in a very favourable manner, and afterwards brought forth their children perfectly healthy at the usual time. Both these children, when they had attained the age of about three years, were inoculated *with effect*, and had a moderate eruption."

Medical Transactions, Vol. II. p. 314.

SIR G. BAKER mentions a case which fell under the observation of Dr. Clarke of Epsom. "A woman, towards the end of her pregnancy, had the small-pox, from which she narrowly escaped. Five weeks after the crisis, she was delivered of a healthy female child, who hav-

ing numerous marks on her skin, was judged, by all who saw her, to have undergone the same distemper before her birth. However, at the end of twelve months, she had the small-pox in a very severe manner. Both the mother and child were lately living at Epsom."

Mr. Hunter's Paper, Phil. Tr.

"MR. HUNTER thought the eruption so like the small-pox, that he could hardly doubt; but said that, in all other cases of the same kind, that he had met with, *the child in utero had escaped the infection.*"

Mr. Hunter's Account, Ph. Tr. Vol. LXX.

"THE infection from an infected mother is conceivable and *common enough"—yet no particular case is brought forward in support of this opinion. In a note, however, he, says **“yet this is not constantly the case—an ingenious*

genious anatomist lately assured me, he opened the body of a woman, far advanced in her pregnancy, who died of the small-pox, without imparting the least visable infection to her fruit."

Kirkpatrick, p. 21.

DR. DIMSDALE has since his first publication, seen instances in which two pregnant women were inoculated, and each had a plentiful eruption of the small-pox: three or four years afterwards he inoculated the children, and both had a tolerable number of pustules.

Dimsdale's Tracts on Inoculation, or Med. Journal, vol. II. page 157.

MR. ROBERTS relates that Eliz. Boon, in the eighth month of her pregnancy, was inoculated on the 15th of November, 1784. On the 20th the eruption appeared, and the fever did not abate. On the 27th her pains came

on, and she was in a few hours delivered of a living child. There was not the least trace of eruptions on any part of the body of the child, which died in about ten days, with a complaint in its bowels.

Medical Journal, Vol. V. page 400.

MARY JEFFRY, in the eighth month of her pregnancy, was inoculated on the same day with Eliz. Boon; she passed through all the stages of the disease, with as little disturbance as any person I ever saw: and, three weeks afterwards, was delivered of a living child, without any appearance of the disease upon it.

The same.

MR. JENNER relates that Mary Ellis, aged 42, in the ninth month of her pregnancy, was inoculated May 25th, 1785. On the 1st of June the eruptive fever came on, together with pains, resembling those of labour. She had
few

few eruptions, and did well. On the 10th of June she fell down stairs: this accident brought on labour, and she was delivered of a dead child, which had no appearance of eruption on any part of its body.

(It should seem that this child might have died before it could have received the infection, or at least before the eruptions could have made their appearance.)

Medical Journal, Vol. VII. page 165.

REBECCA GILL, in the ninth month of pregnancy, was inoculated June 6th. On the 13th the eruptive fever commenced, and on the 16th the eruption appeared. On the 18th she was delivered of a living child, without any appearance of disease upon it.

The same.

M. TWINING, aged 38, was inoculated July 1st. in the fifth month of her pregnancy; she had the disease favourably, was delivered of a living child, at the end of the ninth month, without any appearance of disease upon it.

The same.

THAT

THAT the animal œconomy should not observe precisely the same law, under the same circumstances, has excited the surprize of many attentive observers: much might be added to what has already been written on this interesting subject, at present, however, I shall content myself with stating a few circumstances that occurred under my own observation, which, although they do not by any means entirely clear up the difficulty, yet, I am of opinion, may assist in explaining why a woman, in the small-pox, so seldom communicates the infection to the fœtus in utero.

Some time since, I had occasion frequently to observe, that *very young children* had been repeatedly inoculated, and for several weeks constantly exposed to the worst kind of natural small-pox, without any effect. Soon after, the measles became unusually rife, of a putrid nature, and much more contagious than I ever observed it before or since: here again I attended in several families, where the *young infants* (particularly when under two months) were the *only* part of the family that escaped the disease, although exposed, a considerable time to the infectious air, and lying all the night close to other children passing through every

every stage of the complaint, and, consequently, perpetually inhaling into their lungs the very essence of infection; nay, I have been informed of more than one instance, where, in addition, the mother had the disease, and the child, (although constantly in her arms, breathing the air from her lungs reeking with putrid particles, and sucking the milk, impregnated strongly, as we should think, with the disease,) has for some months withstood the infection!

The perpetual repetition of what I have just related, very much surprised me, and the subject of this paper being about that time much in my mind, I was struck with the similarity of the circumstances, and concluded, that nature, for the best and wisest purposes, had ordained, that very young infants should be so *extremely unsusceptible* of these diseases, which occasion such havock among those who are older, even when they seem to have the advantage on their side of health, strength and a vigorous constitution. To me I acknowledge, the appearances in favour of such an idea are very strong; but whether this is really the case, and whether others have observed the same general exemption of very young infants, future

ture observation may determine; if, however, it should generally be found to be so, it may, upon the same principle (that is, the younger, the weaker the infant is, the less of life it possesses, the less susceptibility it has also for these complaints) be explained, why the foetus in utero so seldom is affected with the small-pox.

Gravesend, Nov. 9th, 1792.

CASES of CHILDREN which are said to have been INFECTED with SMALL-POX in UTERO:

By whom related, and where.	Period of Pregnancy.	Natural or Inoculated.	Degree of Dis- ease.	Interval between 1st of Erup. fever and delivery.	Degree of disease in the child.	State the child was born in.
Mr. Wood.	9 month.	natural.	the woman was de- cayed, but the child was ex- tracted by the cesarian operation.	very numerous.	dead.	dead.
Mr. Sergeants.	7 month.	inoculated.	favourable.	21 days.	disperfed all over the body.	alive.
Mr. Derham, Ph. Tr. vol. 337. p. 165.		natural.	mild.	about 20 days.	extremely full.	dead.
Van Swieten, vol. 15. page 16.		natural.			extremely full.	alive.
Dr. Watson, Ph. Tr. vol. 46. p. 235.		the woman had had the disease.			evident marks.	alive.
Van Swieten, vol. 15. page 17.					4 or 5 pocks.	alive.
Dr. Mead's Works, page 232.	7 month.	natural.	extremely bad.	about 14 days.	the child was seized w. t. the erup- tion four days after birth.	dead.
Dr. Mead's Works, page 253.	about 7 months.	the woman had had the disease.		about 2 months.	extremely full.	dead.
Mr. Hunter, Ph. Tr. vol. 70. p. 28.	6 mon h.	natural.	mild.	25 days.	very full.	dead.
Dr. Wright, Ph. Tr.		natural.	mild.	17 days.	full.	alive.
Dr. Dimdale, 1st. Traité p. 22.	about 7 months.	inoculated.	mild.	9 weeks.	distinct.	
Dr. Bland, Med. Journ. v. 2. p. 205.	7 month.	natural.	confluent.	18 days.	confluent.	dead.
Mr. Roberts, Med. Journ. v. 5. p. 400.	9 month.	inoculated.	mild.	8 days.	confluent.	dead.
Med. Journ. v. 7. p. 165.			mild.	7 weeks.	distinct.	dead.
Mr. Linn, Singular case of a lady.	8 month.	natural.	uncommonly num- merous,	25 days.	covered all over the body.	alive.

CASES in which it appears the CHILDREN were not INFECTED with Small-Pox in Utero.

By whom related, and where.	Period of Pregnancy.	Natural or ino- culated.	Degree of Dis- ease.	Interval between 1st. of Erup. fever and delivery.	State in which the child was born.	Event of Inocu- lation.
Mr. Kite.	9 month.	natural.	confluent.	3 days.	alive.	died 9th day.
Mr. Kite.	7 month.	natural.	very mild.	7 weeks.	alive.	succeeded.
Mr. Kite.	8 month.	natural.	confluent.	1 month.	alive.	succeeded.
Mr. Thompson.	5 month.	natural.	distinct	4 months.	alive.	succeeded.
Van Swieten, vol. 15. page 17.	6 month.	natural.	confluent.	3 months.	alive.	
Van Swieten, vol. 15. page 212.	4 mon h.	natural.	severe.	5 months.	alive.	
Mauriceau's Obfer. 576.	5 months	natural.	severe.	4 months.		
Sir G. Baker's Med. Tr. v. 2. p. 314.		inoculated.	favourably.		alive.	succeeded.
Sir G. Baker's Med. Tr. v. 2. p. 314.		inoculated.	favourably.		alive.	succeeded.
Mr. Hunter, Ph. Tr. vol. 70.	about 8 month.		severe.	6 weeks.	alive.	had the natural S. P. in fever man.
Dr. Dimdale's Traés.		inoculated.	plentiful erup- tion.		alive.	succeeded.
Dr. Dimdale's Traés.		inoculated.	plentiful erup- tion.		alive.	succeeded.
Mr. Roberts Med. Journ. v. 5. p. 400.	8 month.	inoculated.	distinct.	10 days.	alive.	died 10 days.
Mr. Roberts Med. Journ. v. 5. p. 400.	8 month.	inoculated.	mild.	4 weeks.	alive.	
Mr. Jenner, Med. Journ. v. 7. p. 165.	9 month.	inoculated.	mild.	9 days.	dead.	
Mr. Jenner, Med. Journ. v. 7. p. 165.	9 month.	inoculated.	mild.	5 days.	alive.	
Mr. Jenner, Med. Journ. v. 7. p. 165.	5 month.	inoculated.	mild.	4 months.	alive.	

ARTICLE XXIII.

Hints respecting the Prison of Newgate.

WHEN I was requested to see the late Lord George Gordon, in Newgate, on the 25th of October, 1793, I did not expect my attention would be excited beyond his immediate illness; but as another gentleman died of the same malignant fever, on that side of the prison called the state side, and a fever had also appeared in the common felon's ward; such a report had been circulated of the danger of this fever, as greatly alarmed the publick; which was further excited by the recent accounts of the fatality of the yellow fever in the West-Indies, and North American continent. Hence I was desired to visit the whole of Newgate and to make a report of the health of the prisoners; in which enquiry I was accompanied by Mr. Kirby, the keeper, and Mr. Gillespy, the house surgeon, on the 10th of November.

During

During Lord George Gordon's illness, the utmost precaution was adopted to prevent the spreading of any infection. Pitch barrels were daily burnt in the area between the women felon's yard and state side court, and likewise leading up the stair-cases: the rooms were well washed, cleaned, and aired, and sprinkled with vinegar, or a composition of vinegar and tar; and other fumigations were occasionally used, and continued after the death of this nobleman, and the other gentleman. By these precautions no distemper was propagated from the state side of Newgate, which was more easily effected, as the rooms are comparatively airy and spacious, with the state side court between it and the women felon's yard. On visiting this department, I found the rooms were clean, and all the windows open, and precautions used to prevent the propagation of infection. In the sick ward, which is a spacious room, at the uppermost story of the prison, there were six women confined to bed by fevers, besides one female who died in the preceding night. The keeper had very humanely, at his own expence, supplied many of these female convicts with shoes and stockings, nevertheless several of them

them were in a very distressful state of cloathing and filth. A few days prior to my visit, there were crowded together about two hundred females, but at this period there were only ninety-five. Considering so large a number of miserable objects, allotted to a few rooms, it is matter of surprize, that so small a number was seriously indisposed; and which may justly be ascribed to the provident care of the keeper; for, on the common side, felon's and debtor's wards, there were about 250 men confined, not one of whom laboured under febrile complaint.

It may be worthy of remark, that on the state side of Newgate, which is the most airy, where the prisoners are few, of a higher rank, and each possessing a whole chamber, the fever should have been the most malignant; but, on this subject, after offering a few hints on the œconomy of this prison, I shall again advert, in relating the history of Lord George Gordon's distemper.

Lord George Gordon was attacked with rigors, head-ach, and the usual symptoms of Typhus, about the 21st of October, 1793. I visited him on the 25th, as already observed. Mr. Lloyd, who had attended him, and treated him

him with professional judgment, accompanied me, and pointed out the species of fever, by calling my attention to the petechiæ, which were very general.

At this time, although the patient was much reduced in strength, and particularly in his spirits, I prescribed small doses of James's powder, as the fever was very considerable, and the skin and tongue dry: the strength I endeavoured to support with a decoction of snakeroot, to which was added, to soothe agitation, the confectio Damocratis. Throughout the whole illness, there was much difficulty in persuading him to submit to any rules of medicine or diet: he disliked the taste of snakeroot, and refused wine, in the smallest quantity. The vitriolic acid was now substituted, and given in an infusion of red roses; this medicine was submitted to for the space of twenty-four hours only. However, about the 30th of October, the fever was less violent, but the debility was such, that it was thought necessary to give the bark, which was taken pretty freely, and he submitted to the use of wine.

The whole progress of the fever afforded nothing peculiar from the general course of the
typhus

typhus, gaol, or putrid malignant fever. On the 4th of November the patient died. A gentleman I have mentioned, incarcerated on the same side of the prison, and attacked with typhus about the same time, survived but a few days longer.

I have, upon former occasions, during Lord George Gordon's confinement, attended him under indisposition; but he used to possess a chearful disposition, and good spirits. When I first visited him in his last illness, I found him considerably emaciated, with great prostration of strength, and a degree of despondency, which gave me at once apprehensions of a fatal event. About nine months before this attack, he accustomed himself to much exercise in the adjoining area, or state side court, and under the hope of approaching emancipation, strength and vigour of mind and body were preserved. At the period above-mentioned, when the time of his confinement had elapsed, he was incapable of finding bail, and was again remanded to his former apartments. From this moment he considered himself as a prisoner for life; his spirits drooped, his recreation in the court was totally discontinued, debility ensued, and that state of constitution

resulted, which is disposed to receive, and to sink under, a typhus. On the first attack of fever, he gave himself up for lost, repeatedly saying, he should never recover: but proofs are not wanting, in the records of medicine, of the fatal influence of despondency.

I have intimated, that the state side of Newgate, in which the fever raged, was the most airy part of this prison; and that the more crowded and confined parts were comparatively healthy: this may suggest some doubt how this disease was originally introduced. I did hear it mentioned by Mr. Lloyd, a prisoner, that he was himself attacked prior to Lord George Gordon; but his indisposition appeared too trivial to be considered as this species of fever, and I think a more probable cause may be suggested.

In order to give a clearer comprehension of the subsequent description, I have annexed a ground plan of Newgate, with which I was favoured by my ingenious friend Mr. Peacock, with the approbation of the present humane keeper of this prison; and as this has never before been laid before the publick in so complete a state, I thought it would be acceptable, as it may tend to convey an accurate knowledge of the
ground

ground plan of this great prison, as an object of imitation or improvement.

From the front of Newgate, through the *felons lodge*, the entrance to the *state side court*, is called the *passage to the state side*; but before entering this court, there are two lock-up gates, a few yards distant from each other. Between these two gates, another passage opens on the left hand, to the *women's felon yard*: this little passage, marked W. on the plate, is sometimes so crowded that a difficulty is occasioned to press through to the further gate, which opens into the state-side court above mentioned. At the commencement of Lord George Gordon's illness, I have observed that there were about 200 females confined; six I saw in fevers in the sick ward, and one besides died, about the time of this nobleman's decease: a few days before this event, full one half of them were removed to Woolwich, to be transported to Botany Bay, or otherwise disposed of. A surgeon there, Mr. Scott, who saw these convicts, was soon after attacked with typhus, and, though assisted with the aid of my friend Dr. Willan, died of the disease.

Having revolved over these facts, after my professional visit to the different departments of Newgate, I thought it my duty to offer some reflections on the subject, in order to meliorate misery, and prevent disease, under the following points of view.

- I. The introduction of infection.
- II. The prevention of infection.

I. INTRODUCTION OF INFECTION.

It is, I presume, an opinion pretty generally established, that the gaol, camp, hospital, and putrid fevers, are the same species of typhus, differently modified; and that they often originate from human contagion, or effluvia from the human body.

If a considerable number of healthy persons were brought together under close confinement, without suitable nourishment, or change of clothing, a fever of this kind would be generated. It so happens, however, that in certain instances these persons, by the gradual habit of living under all these circumstances, may be so initiated, as to bear them with impunity. In various other affections, indeed, the
constitution

constitution is rendered capable of bearing them, by gradual accession, to a degree of violence, that would destroy life, if suddenly applied to their full extent. It has often been found, that persons immersed in, and habituated to, the foul air of a prison, may carry about them all the contagion or semina of typhus, sufficiently to infect other persons fresh from the air, who come within the morbid effluvia of the former. This was remarkably exemplified in the assizes at Oxford, called the Black Assizes, when the judges on the bench and others were infected by the prisoners, who did not themselves appear to labour under disease.

It has also been found, that two companies of people, under different situations of confinement, though not apparently diseased, when mixed into one company, shall be attacked by the typhus. This has been often exemplified, in mixing the crews of different ships; and still more frequently, by making up the deficiency of a ship's crew, either from impressed men, who had been long confined, or by convicts from prisons. Numerous instances might be produced of fatal fevers breaking out in naval armaments, where the crews have

been collected in haste, and indiscriminately mixed ; not so much from the change in habit, as from some laws in the operation of morbid effluvia, when put into action by combination or contact, though more certainly from both causes. Upon these principles perhaps it is, that children in schools near London, where there are not sufficient play grounds for due exercise, when brought home, and mixed with the other children ; or the different sexes, from boys and girls schools, united in the same family, are very liable to a tedious low remittent fever, which has usually been ascribed to freer living, and more irregular hours ; but as I have uniformly observed, that when the holidays have been preceded by much wet weather, and consequently more confinement within doors, that this species of fever has been more predominant, in private families, under the circumstances alluded to, we may probably ascribe the increase of such disease to the increase of confinement.

In close apartments, with large companies, a certain smell is perceived by a stranger entering, which the company is insensible of. In large boarding schools, of each sex, I have often been struck, on entering the common school-

room

room, with this unpleasant circumstance. I think, in general, there is not that sufficient caution adopted in the airing and washing of school-rooms, which the preservation of good health demands; and as many of the diseases of children, if not originating from, may be aggravated by, this circumstance, a hint, I am persuaded, will be sufficient to beget the utmost attention.

After these cursory remarks on some sources of typhus, I conceive my suggestions, on the origin of the fever, so fatal on the *state* and more airy side of Newgate, will be explained and understood; while, on the northern or other extremity containing the *common side felons wards*, no such fever existed, and on the *common women felons ward*, no high degree of it.

The northern extremity of the prison has, indeed, no communication with the part allotted for females, and is still more distant from that called the *state side*, which is the south extremity of Newgate, so that a fever may exist in either extremity, without any great probability of one infecting the other; but a disease on the *master's side*, *women felons*, or in the *common women felons ward*, may be easily communi-

cated to the state side by the medium of the *passage to the state side*, and particularly of that part of it marked W. under the circumstance of being much crowded, and by this medium I have reason to believe Lord George Gordon received the fever of which he died.

II. PREVENTION OF INFECTION.

WHEN the sources of contagion are well ascertained, the prevention of such sources will naturally be presented. When the exigency of crimes renders confinement of many miserable fellow creatures requisite, several must necessarily be brought into one apartment, and in proportion to their numbers, other circumstances being the same, will the danger of infection be augmented.

In such situations, the following are more particularly objects of attention :

1. Clothing.
2. Personal cleanliness.
3. Diet.
4. Air and exercise.
5. Bedding, and general accommodation.

I. CLOTH-

1. CLOTHING.

THE principal victims of justice, and inhabitants of prisons, are poor depraved, half-clothed objects of both sexes: when I visited the female convicts, soon after the death of Lord George Gordon, I was shocked, on viewing their wretched condition: some of them had scarcely raiment sufficient to render them decent, although the keeper, Mr. Kirby, had expended nearly £.20, out of his own pocket, to assist them; and now I mention this gentleman, it gives me pleasure to commemorate his humanity to such unfortunate delinquents. Early in my medical life, I was desirous of seeing the diseases more incident to prisons, and for three years gratuitously attended Wood-street Compter, of which he was then the keeper; and during the existence of any severity of disease among the prisoners, however abject their state, he has often told me to order such wine and diet as I might deem most suitable, and which he uniformly supplied.

Not more than half of the prisoners, who are brought into Newgate, possess clothing
fit

fit to wear; each therefore, upon arrival should be examined, and when neither the individual nor the relatives are capable of supplying a decent sufficiency, some fund ought to be appropriated to this salutary purpose; and raiment that is light and warm, like flannel, and that is capable of washing, would be the most eligible.

To promote this object, a prisoner of each sex, who has been remarked for good conduct under confinement, might be selected to superintend the respective sexes. With a little aid of new clothing, and management of the old, two dresses or suits might be made up for each person, who should twice a week change the dress; and whatever has been once worn, should never be used again without being previously washed, or run through warm water and weak soap-ley. In short, the more frequent the change of light, warm, dry clothes the safer; and this, which is indeed a part of the next subject, leads me to mention,

2. PERSONAL CLEANLINESS;

WHICH cannot be effectual without change of raiment; but the subject I mean chiefly to recommend

recommend here, is cold bathing, or otherwise frequently washing the whole body.

Newgate is so judiciously constructed, as to contain tolerably airy and open areas, well supplied with water. Twice a week every prisoner, when circumstances of health will admit, should be subjected to a thorough lavation; on which account, every area should be supplied with a bathing tub. Perhaps for the sake of greater decency, females might be indulged with a shower bath, made double, to admit two women at once, without one seeing the other.

3. DIET.

TEMPERANCE is uniformly salutary; and under imprisonment, where due exercise, and change of air cannot be admitted, some regulation in the quantity and quality of diet are peculiarly conducive to the preservation of health. The indulgence of fresh meat, and the addition of vegetables, when they can be procured, are certainly desirable. Bread and potatoes are always within the reach of a prisoner, and if the fresh products of the kitchen

garden could be occasionally added, the variety would contribute to comfort and salubrity.

But the greatest error among prisoners is in the quantity and kind of liquors: ale, porter, small-beer, are proper in moderation, and spirits are interdicted. Wine, however, proper is not often attainable, and may be dispensed with, when good malt liquor can be procured.

4. AIR AND EXERCISE.

NEWGATE, as has been hinted, is happily constructed, with several spacious areas, which are as airy as the safety of a prison will admit; and, on my visit, I found them clean washed. In these areas, the bathing tubs may be placed. They all contain cocks admitting free streams of running water. These areas are likewise convenient for tennis and other exercises, and every prisoner should be obliged to spend at least an hour, in walking in them, or in some amusement, as far as amusement can be acquired, in the seat of distress. They tend to divert attention, and that affords some alleviation of anxiety; as well as give exercise to the body, which every one knows is conducive to health.

Lord

Lord George Gordon, who spent so much of his life in Newgate, daily amused himself in the court of the state side, till the time of his confinement expired, and during all this period, he enjoyed good health, a slight bilious affection once excepted : but after his bail was refused, perpetual confinement appeared to him to be his lot ; from this moment hope forsook him, his spirits were sensibly sunk, and till his death, a period of about nine months, I was informed, he visited the court twice only. No doubt the solicitude of mind, as well as the want of exercise, rendered him more liable to infection.

Some of the prisoners, who resided on the ground floor, and who were exposed to this cause of disease, escaped infection ; but I observed that all these, not only enjoyed the hope of emancipation, but used much exercise, or were otherwise very busily employed, as Ridgway and Symonds in the sale of books, &c. which not only diverted the melancholy of confinement, but afforded continual employment both of body and mind.

I found the windows tolerably spacious, and the rooms clean, objects so obviously important to health, and so fully detailed by that distinguished

distinguished man, the late John Howard, that nothing remains for me to add. I cannot however omit reverting to the directions given to stop the progress of infection, at the commencement of my attendance of the unfortunate nobleman I have so often mentioned, which there is reason to conclude was beneficial, as no infectious disease has since supervened.

5. BEDDING AND GENERAL ACCOMMODATION.

ATTENTION to bedding is of singular importance in prisons, and all places of confinement, where great numbers sleep in one room. The beds, sometimes brought in from the miserable habitations of the incarcerated objects, are frequently thrown on the floor, and become very dirty for want of ventilation; besides they occupy much space, and incommode the apartments, and prevent cleanliness.

Upon this subject I have bestowed some attention, the result of which I shall briefly relate. There are however many other little circumstances, not usually to be suspected. Many
of

of the delinquents are brought into prison not only void of decent clothing, but totally so of bed and bedding, which is necessarily supplied them; and so lost are they to all honesty and propriety, as to cut, deface, and steal the very bedding allotted them in humanity.

I would discard all beds, except in the hospital ward, and substitute cots, somewhat similar to those used by seamen; but instead of being suspended to the roofs of the apartments, to stand on iron legs, and raised about six inches from the floor.

In viewing the annexed drawing of the whole apparatus, the construction of the frame of the cot-bed is so simple, as to preclude the necessity of much detail, after consulting the references.

The posts, AAAA, are kept steady at their lower extremity, by a bottom rail, BBB, running from one extremity to the other, and its terminations are forked, to increase stability: for the same view, though not absolutely necessary, raking braces, CCCC, are added. The terminations of the bottom rail are fastened to the end cross rails by joints, which allow the posts to
fold

fold in upon the bottom rail. The side rails DDDD, to which the facking E is to be hung, are fixed by hooks into notches, at the upper ends of the posts in such a manner as to be put on and removed in a few minutes; for it is expressly designed, that they should be taken off every morning, as soon as the prisoner rises from sleep, and all the bedding of the cots in each room may be placed together in the most convenient place, that space may be allowed for the prisoners, to enjoy the whole extent of their crowded chamber. With this facility of removing and replacing the whole bedding and apparatus, they will be enabled to wash and clean the apartment daily, which should be insisted upon by the keeper; and once a week every cot, and the whole apparatus of bedding, should be sprinkled with vinegar, or fumigated with burning sulphur, or pitch, in the area. This is one important intention in constructing the bars on hooks, that every part may be readily separated and cleaned. By these precautions all stagnant human effluvia will be obviated and destroyed, and vermin prevented from harbouring in the furniture.

Add

Add to these precautions, those already recommended, respecting bathing, clothing, air, and cleanliness, and it may be predicted, that infectious diseases would not be the disgrace of prisons and workhouses.

In the sick ward, the cot-beds may be so constructed, as to let down, either on one side, or at the ends, or both, by having the sides and ends of the cots made to tie, instead of being sewed together; and were it desired, at any time, particularly in the winter, to add curtains, bent irons may be added at each extremity, to raise the curtains, sufficiently high above the cots, to obviate as much as possible the contamination of the air from breathing.

All the frames should be numbered, and the cots, with the bedding belonging to each, should be marked with a corresponding number, to prevent the furniture from being stolen or cut up, practices too frequent with the prisoners.

ARTICLE XXIV.

Case of extra uterine abdominal Fœtus successfully extracted by an Operation.

BY THE LATE

DR. CHARLES M'KNIGHT,

OF

NEW YORK,

COMMUNICATED BY JAMES MEASE, M. D. OF
PHILADELPHIA, TO DR. LETTSOM.

THE woman became pregnant 22 months previous to the operation; the nature of the case was rendered unquestionable, by the common symptoms of pregnancy, which proceeded regularly from conception to labour. The menses ceased, the woman grew lusty, had the ordinary complaints, and at a proper time felt the motion of the child, which grew stronger, &c. as in similar cases. At the end of nine months she was taken with labour pains, but no child presented, and after sometime the pain
ceased,

ceased, but without any diminution of the patient's size; she left her chamber and betook herself to her ordinary avocations with good health, but an uneasy mind. Under these circumstances she came to town, and consulted different gentlemen of the faculty, who all agreed as to the case, but differed respecting the treatment, whether the operation should be immediately performed; or, as the woman enjoyed good health, and as it was impossible to ascertain the parts to which the placenta adhered, or which it might be necessary to injure, in the complete extirpation of the fœtus, that the operation should be deferred until something like an external imposthumation should appear, that nature should thus point out the place and manner in which extraction should be performed. On the other hand Dr. M'Knight said, that an immediate operation, before the woman's health became injured, and before the contiguous parts should suffer from compression and putrefaction, was most adviseable. The event has proved, that he was right; and I confess, from the observation I made during the operation, I

am of opinion, that this reasoning and practice will always be found so.

The tumor of the abdomen lay considerably to the left side, and the protuberant part of the child could be, distinctly felt, particularly a protuberance which was taken for, and proved to be, the head of the child in the left groin, and a less one supposed to be the knee, on the opposite side above the navel. The woman submitted with great fortitude to the operation, which Dr. M'Knight began by an incision on the left side, somewhat above the navel, and a little beyond the junction of the rectus and oblique muscles, which he continued to the pubes, and so near it as to divide one of the epigastric arteries. He operates boldly, and very soon penetrated the cavity of a sac, which contained the waters and fœtus; as soon as the waters were discharged, he introduced his fingers, and extended the opening both upwards and downwards, which brought the cheek and one arm into view; the arm was taken out, and by it an attempt was made to extract the child, but it proved too large for the opening, and so found that no part gave way.

I pre-

I proposed lessening its bulk, and the bones of the head were taken away; it was then easily extracted, but still the shoulders gave great resistance; and suddenly yielding, the foetus fell from his hand, and unluckily broke the navel string, that was yet within the body of the mother; and although after searching for sometime, he found a small apendiculum, which he took for the broken end of the navel string, yet he could never find the placenta, nor was any thing like the containing membranes of the child delivered. These circumstances gave me great uneasiness for the poor woman, and although, in some measure, reconciled to, I did not care to examine by introducing my hand into the wound, but I was struck from the appearance with this idea that the whole membranes and placenta had united to the neighbouring parts, and formed a separate sac, connected in all its parts to the internal surface of the peritoneum; so that when the child was extracted, the hand was not admitted to the surface of the intestine, but to the inside of the sack; and as the placenta must necessarily lie on the outside of this cavity, it, for that reason,

could not be discovered and taken away ; but whether this conjecture was true or not, neither placenta nor membranes were delivered ; the lips of the wound were brought together, and they were left to slough off during digestion, which proved a dangerous process ; the discharge was very great, the sloughs black, ichorous, and offensive, and reduced the woman very much ; nevertheless, however, she has struggled through it, and is now so far recovered as to go about, and I am told by Dr. M'Knight, that the wound is healed to a very trifle without any sinus.

Dr. Mease has subjoined some remarks, on the impropriety of attempting to extract the placenta, should a similar operation, in future be performed. Some of the members of the society, who were present when the paper was read, concurred with him in opinion. It was then observed, that the cases on record prove, that when the ovum escapes into the abdomen, and grows in that cavity, the fœtus has neither the same envelopment

envelopement of distinct membranes, nor the same large and perfect placenta, nor length of funis, which it possesses in its natural receptacle, the womb.

As all parts of the ovum closely adhere to the surrounding peritoneum, any attempt to extract them would probably be injurious.

In the related case, it was not necessary to tie the funis. Should a foetus be extracted at an earlier period, at the termination of 9 months, with a view to its preservation, as well as for the safety of its parent, a ligature on the chord might perhaps be necessary; this however is a circumstance, which future experience must determine.

ARTICLE XXV.

History of the Treatment of certain Hæmorrhages,

By JONATHAN BINNS, C. M. S.

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS IN
LONDON, AND PHYSICIAN TO THE LIVERPOOL
DISPENSARY;

With a successful Case of Amaurosis,

By DR. JAMES GERARD,

IN A LETTER TO THE MEDICAL SOCIETY OF LONDON.

Read AUGUST 4th, 1794.

GENTLEMEN,

A VERY remarkable cure of Amaurosis having been performed by my friend Dr. Gerard on one of his Infirmary-patients, I requested that he would draw up the case, and permit me the liberty of communicating it to you; to which, with some hesitation he assented. I embrace this opportunity of sending you an account of a method I have used for the cure of profuse hæmorrhages

hæmorrhages from the large intestines, namely, by astringent clysters injected nearly cold. In the year 1780 I was desired to visit W. B. a middle aged man, of a thin habit. I found him labouring under a low feverish affection, much resembling Typhus, which from the attack continued about six weeks, when a new complaint appeared, namely, a copious discharge of blood by stool. During the feverish affection he took a good deal of the decoction of Peruvian bark with vitriolic acid, and the bark in powder. About ten days before the appearance of blood, the patient being constive, some calomel and an opening draught, composed of the infusion of senna and the vinous tincture of rhubarb, were given; and after this, the quickness of pulse continuing, he took small doses of antimonial wine every day for a week. The day preceding the bloody stools, he began to take a stomachic vinous tincture, with some tincture of bark, and vitriolic acid. After the hæmorrhage came on, the discharges by stool were very copious, and so highly tinged that they appeared to be chiefly blood. The patient vomited several times, but no blood

blood came upward. He was so much sunk by the discharges, and the previous fever, as to render it difficult for him to support himself on the stool, and the pulse was extremely weak: in this situation I did not dare to recommend bleeding. A quart of the tincture of roses, well acidulated with vitriolic acid, was ordered, and he took a tea-cup full of it cold very often; he was allowed to take nothing but what was cooling and cold. The stools, notwithstanding, continued to be frequent, very bloody, and sometimes he voided nearly, if not quite, two quarts at a time; the pulse sank so as to be scarcely perceptible, and the patient became so pale that, I think, I never saw a person alive, who might more properly be said to be *exsanguis*. The late alderman Richard Gerard (Dr. Gerard's father) an old and respectable practitioner, who attended with me, was alarmed as well as myself; for it appeared that, without some more efficacious means, it was impossible to save the patient. In this critical situation it occurred to me, that, though the patient had vomited several times; yet as no blood was thrown up, and what was voided by stool

was

was fresh-coloured, the disease was probably seated in the large intestines; that this might be the reason of the medicines failure, and that a similar one injected by clyster might possibly be more efficacious, and if thrown up nearly cold, might act as cold injections in uterine hæmorrhage. I communicated my reflections on this subject to my friend in consultation, and asked whether he thought we might venture to give a cold clyster, containing some powerful astringent and vitriolic acid. He approved of the proposal, saying that any thing which affords the least prospect of success ought to be tried in so desperate a case; the following form was therefore agreed on.

R Rad. tormentillæ ʒiſs.

Coque in aq. font. ʒxiv. ad ʒx. colaturæ, cui adde

Mucil. gum. Arab. ʒij.

Sp. vitrioli fort. gutt. viij. m. f.
enema.

This was directed to be given much cooler than usual—nearly cold. As it did not produce any inconvenience it was repeated
the

the same day. The day following we had an account that the stools had been less frequent, and that they were become blacker, which I considered as a good sign, indicating a cessation, or at least a diminution of the hæmorrhage. The tincture of roses and the clysters were continued, and in a few days the blood wholly disappeared; but it was several months before he fully recovered his strength. About nine years after he was seized with a consumption of the lungs of which he died; but in the mean time I inquired whether he had laboured under any complaints of the belly, which might be ascribed to the vitriolic acid; and was informed that none such had occurred. I therefore ventured afterward to pursue a similar plan, and have generally succeeded. I ordered eighty drops of acid. vitriol. dilut. of the last Lond. Pharm. in about fourteen ounces of a decoction of camomile flowers for a clyster, which was repeated five or six times a day, for about four days, in a man labouring under the hæmorrhage, who had some insanity upon him. He at the same time took the acid freely by the mouth. I afterwards discovered that an
acid

acid had been used of the strength of elixir vitrioli acidum of the old Lond. Pharmacop. and that about the time the bleeding ceased he had some griping; but it went off presently, on giving him some tinct. opij. in aq. menth pip. It ought not however to be concealed that, since he discontinued the acid, he has had occasional returns of the griping; but as it is only temporary, and at other times he remains perfectly well for several weeks, and the stools are quite natural, I think it can hardly be ascribed to the acid. In order more certainly to learn the effect of the vitriolic acid in clysters, a few times of late I administered nothing but that acid, and a decoction of camomile flowers. I ordered this decoction chiefly as a vehicle, because it is what we commonly use in the dispensary, in place of the common decoction for clysters, and not from much expectation of its styptic power, though it has been recommended in this disease by Lieutand: it may possibly be of some service, in retarding the putrid tendency of the extravasated blood. Whether the acid is as effectual, as when the tormentil is united with it, I am doubtful; yet in the
above

above case, in which it was necessary to continue the means for four days before the hæmorrhage entirely ceased, the affection might perhaps be protracted by the man's state of mind, which rendered him often restless. If a case should be so obstinate as to resist the usual method of cure, in conjunction with the means here recommended, and should therefore seem to require an increase of the quantity of vitriolic acid in the clysters, I have thought it probably might be done with less danger in the form of alum; but no case has occurred to me of late wherein it was necessary to try it. Although in these intestinal hæmorrhages I have succeeded beyond my expectation, since I have been in the practice of recommending the injection of clysters, yet I would not wish you to understand that I neglect all other means; but, as I am not intending to give a dissertation on this disease, but merely a few rude hints, it will not be requisite to enter more fully into the subject. Before I conclude, I wish however to remark, that I generally endeavour to adapt the clysters to the nature of the attendant complaints; for example, about seven months ago

ago, I was called to a child three years and a half old, labouring under the confluent small-pox, with considerable discharges of bloody stool, I accordingly varied the clyster to the following form.

R Decoct. cort. Peruv. ℥ij.
Tinct. cort. Peruv. ℥ij.
Mucil. Arab. gum. ℥vj.
Acid. vitriol. dilut. gs. xvj. m. f.
enema.

It was directed to be given nearly cold, and repeated every four hours : at first it seemed to produce but little effect; on inquiry, I found it had been given warmer than I intended; it was therefore afterward exhibited without warming—of the same temperature as the patient's room, which was kept pretty cool on account of the primary disease; yet there was a small fire, as it was cold weather. The blood then soon ceased to flow, and did not return, though the child continued to have loose stools for two days, when it died of a very putrid small-pox. It is not improbable that astringent clysters may be serviceable in excessive bleeding from internal piles; but I am
clear

clear that none of the cases which I have treated in the above-mentioned was of this kind, but a hæmorrhage higher up in the intestines. In case of piles the clyster does not need to be more than two or three ounces, but that it ought to be increased in proportion to the supposed distance of the seat of the disease; perhaps, sometimes to twenty ounces or more. In some cases it may even be necessary to use a clyster-syringe, by which the fluid may be propelled with greater force than in the ordinary way, and therefore be more likely to reach a very distant part. Care ought always to be taken, if possible, to prevent the speedy return of the clyster. It may appear negligent in me not to have ascertained more accurately the temperature of the clysters; but it could not well have been done, unless I could have attended the administration of them, as with us they are generally given by nurses, or old women, incapable of using a thermometer; but on some future occasion I shall probably do it. As I have hitherto discovered no inconvenience from their coldness, I should not hesitate in very urgent cases, and in warm weather to employ means for reducing the heat below the temperature of the atmosphere;
yet

yet it is probable that in some constitutions such a degree of cold might induce cholic. Cold medicines and drink have undoubtedly considerable effect in suppressing hæmorrhages of the stomach, and I conceive that in the intestines, unaccustomed to any thing cold, cold clysters must have more considerable effect; and perhaps not only in the part into which the fluid is injected; but it may probably produce some effect upon a hæmorrhage in the contiguous intestines, in the same manner as cold applied to the back or abdomen of a patient, labouring under uterine hæmorrhage, will frequently suppress the discharge; yet not so effectually as when it comes into contact with the extremities of the bleeding vessels. Some perhaps may ascribe the whole effect to the coldness of the injection, and suppose that cold water may answer as well as the most artful impregnation; this I think is clearly confuted by the use of styptic applications, not only to external hæmorrhages, but to those of the stomach and uterus.

It may possibly be supposed that no fatal or bad consequence would have arisen from the hæmorrhages which I have been so solicitous to restrain, as the late Dr. Hunter recommended

to leave all internal hæmorrhages to nature, and said that life is safe, if the patient is permitted to faint.* I shall oppose to this doctrine only one observation of Van Swieten; “Memini me aliquoties vidisse, post diurnas & molestissimas cardialgias, ingentem copiam sanguinis absque ullo dolore per anum excretam fuisse; sed brevi sequebatur summa debilitas, animi deliquium, & mors. †”

JONATHAN BINNS.

Liverpool, 26th of 9th month, 1794.

* Motherby's Med. Dict. 2d. Edit. Art. Hæmorrhagia.

† Comment. in Boorh. Aphor. 719, tom. 2. Edit. 3.
page 374.

A successful Case of Amaurosis,

BY

DR. JAMES GERARD,

PHYSICIAN TO THE LIVERPOOL INFIRMARY.

Read AUGUST 4th, 1794.

JOHN LAURENCE, aged 32 years, labouring under Amaurosis, admitted into the Liverpool Infirmary the 15th of September 1791. He is a robust man, a common sailor, has in that capacity experienced all the vicissitudes of climate, and has always been accustomed to live freely in every respect. The disease began in the West Indies, about six months before, without his having been previously exposed to a stronger degree of light than he had frequently before experienced, or any other cause that he could assign. At this time he was sent to the Hospital at Port Royal, Jamaica, where he says various means were used without the least benefit; he afterwards came to England, and was sent into Haslar Hospital, where he says the disease was called

gutta serena; after remaining there about a month, he was discharged without receiving any relief, or encouragement to hope for it. On his admission into the Liverpool Infirmary, he was ordered to use the cold bath, to take the Peruvian bark in powder, and three times a day to instill into the eyes a few drops of an infusion of Cayenne pepper in cold water, in the proportion of one grain to an ounce. Notwithstanding its having been filtrated through paper, it occasioned very considerable pain, and a plentiful flow of tears; but the patient being a man of great resolution, he steadily persevered, and was very soon recompensed for his suffering, by the evident advantage which his sight daily received, and though this was but transient in the beginning, yet he was so sensible of it himself, that after having bathed but twice, and taken only a few doses of the bark, he discontinued both, in order to give the infusion a full and satisfactory trial. Upon finding the effect greater and more lasting on repetition, he used it more frequently and freely than had been directed, or than might have been thought prudent. As this circumstance seems to have contributed very materially to the success, it appears necessary

cessary to describe the particular manner of his using it, which was to lie down on his back, whilst one of the other patients poured the infusion copiously into his eyes, and this was repeated five times a day, although the pain was so great as to occasion an agitation of the whole body. In a few days he was so sensible of the benefit he had derived, that he desired the other patients to hold up different objects betwixt him and the window, to try whether he could tell what they were. On the first attempt he saw them very imperfectly, but experienced such improvement daily, that he could soon distinguish the church-steeple and other distant objects, and in three weeks from the time of his admission, his sight was so perfectly restored, that he could see as well as ever he had done in his life, and as distinctly as any other patient in the ward.

Considering this an uncommonly successful case, I afterwards mentioned it to my colleagues, and also to some of the faculty of the dispensary, and regretted that I had not called their attention to it at the time. An opportunity of correcting that omission however occurred last November, when I accidentally met the man. I considered this a very fortun-

ate circumstance, as it afforded them the satisfaction not only of seeing him, but also of hearing this account confirmed by himself two years afterward ; at the same time he also related some events that had occurred to him since he left the infirmary, which are perhaps worthy of notice ; particularly, that immediately after he was dismissed in October 1791, he undertook a coasting voyage, in which he was much exposed to the inclemency of the weather, at that season of the year, and was shipwrecked on the Coast of Holland in the month of December following ; and that, besides several other short trips, he had since been a voyage to Africa, where he had continued six months upon the coast. Notwithstanding these trials, and his having lived as freely as before, he experienced the enjoyment of his sight without abatement during the whole period. Upon examining his eyes there was no defect in either, but on the contrary, the iris in each possessed the power of contraction and dilatation in an uncommon degree, as appeared by the change which evidently and rapidly took place in the pupils, merely on turning his face to the light or from it ; a circumstance

stance which showed a great degree of sensibility in the retina.

Having now related the case, it is proper to communicate the circumstance which gave rise to the practice, which was mentioned to the faculty of this infirmary, by the late Mr. Robert Scott, Surgeon of Artillery, Woolwich; in justice to whose memory I must acknowledge, that it was on his suggestion the remedy was first tried here. The occurrence happened in the Bahama Islands, whilst that gentleman was there with the army. Several people were directed to husk some capsicum; amongst whom was a blind old man; during his being thus employed, one of his eyes itched, on rubbing it he had excessive pain, owing as it was supposed to a particle of pepper getting into his eye; to the man's great surprize, however, he could afterward see for a while. The hint was taken, he used an infusion of the pepper in the manner already described, and he recovered his sight.

ARTICLE XXVI.

*A Case where Small-pox was communicated from
the Mother to the Child in Utero.*

BY WILLIAM TURNBULL, A. M.

SURGEON TO THE EASTERN DISPENSARY.

Read SEPTEMBER 1st, 1794.

WHETHER, and in what manner the small-pox, or any other infectious disease can be communicated from the mother to the foetus, in utero, is a subject, that has afforded much controversy.

The late Mr. John Hunter in an ingenious paper, published in the Philosophical Transactions, Vol. LXX, has furnished us with a collection of respectable authorities on both sides of the question; but in the the conclusion, it appears that this point was not clearly elucidated to the satisfaction of that justly celebrated physiologist.

Nor did the well authenticated case of Mr. Lynn* change in any degree his sentiments on this matter; but I flatter myself that the following facts, which I am going to submit to the society's consideration, will establish beyond the possibility of a doubt, that the small-pox may be conveyed from the mother to the foetus in utero, and that the most probable way for its conveyance, is through the medium of the circulation.

In April 1793, my friend Mr. Hepburn, an intelligent practitioner, was desired to inoculate a Mrs. White † of Virginia Street, Ratcliff-highway, who was then, in the 7th month of her pregnancy; and on the 9th day, (April 22d.) from the accession of the eruption, which

* This ingenious paper was read before the Royal Society, in February 1786.

† At the same time, that Mrs. White was inoculated 35 other persons of different sex and ages, who were employed in the same manufactory, submitted to the operation; and among these, another woman far advanced in pregnancy, whose child, when delivered, had no marks of Small-pox. It is worthy of remark, that although this child has often been exposed to variolous contagion, it has hitherto escaped the disease.

was moderate, she received a fall,—from that period the motions of the child were no longer perceptible; when, on the 30th, she was taken in labour, and on the same day delivered of a dead female child, covered with a great quantity of variolous pustules, which were prominent, and in a state of suppuration.

Upon the delivery of the child, Mr. Hepburn requested the attendance of Dr. Turnbull and myself; the state of which I immediately communicated to Mr. Hunter, with a requisition that he would appoint a time to examine the fœtus, before its interment; but business prevented him from accepting this invitation.

I moistened two lancets with pus, with one of which, on the 4th of May following, I inoculated a little boy, about 3 years old, the son of a Mrs. White of Stepney; this circumstance may be considered as a little extraordinary, being the same name as the mother of the child from whence the matter was taken.

On the 9th of May the arm inflamed, and continued increasing until the 13th, when the boy was affected with these symptoms which generally precede the eruption, and which did
not

not abate till a good sprinkle of the distinct small-pox had made their appearance.

The disease observed a regular progression, and my little patient was restored to health in the usual time.

Dr. Turnbull repeated the experiment on another child, with equal success.

Although the above instances sufficiently ascertain this fact, that the fœtus in utero may receive small-pox from the mother, yet I was determined to carry the experiment farther, and for this purpose, took some matter from the child at Stepney, and inoculated three other children in Moorfields, who were all infected, and went uniformly through the several stages of the distemper, and recovered.

ARTICLE XXVII.

Some account of the Dysopia,

IN A LETTER TO

DR. GARTHSHORE, M. D. F. R. S. &c.

FROM MATTHEW GUTHRIE, M. D.

PHYSICIAN TO THE IMPERIAL CORPS OF NOBLE
LAND CADETS ST. PETERSBURGH.

Read SEPTEMBER 1st, 1794.

SIR,

I AM ashamed of having so long had the honour of being elected a correspondent member of the respectable and learned Medical Society of London, without having as yet sent any thing from this country, relative to the object of its laudable pursuit; but as the common routine of practice offers in general little remarkable which I have not already treated of in the second part of a Dissertation, published in the second volume of the Philosophical Transactions of the Royal Society of Edinburgh, viz. *the physical influence of a northern climate*

climate on man and his diseases, I waited till something offered which I could deem worthy the attention of the society, and I flatter myself that the disease, which constitutes the subject of this paper, has at least sufficient novelty to recommend it to the attention of the public in general, and your learned body in particular.

The curious disease which I have but very recently discovered in this country (although by no means inattentive to any thing interesting,) I do not remember to have ever seen treated of by any British author, although I perceive it was not unknown to the indefatigable and learned Nosologist Sauvage, whom nothing seems to have escaped, and from whom Dr. Cullen seems to have taken his first species of *Dysopia*, which is pretty nearly our disease, although only named by the learned professor.

This singular complaint has been long known in the interior parts of the empire to the Russian peasants, who are subject to it, and who have named it *Kuritssha Slepota*, or the hen blindness, as the patient loses the use of his eyes at the setting, and recovers it again only at the rising, of the sun (even in summer when

we have properly speaking no night) like the domestic hen, according to the popular opinion of the country, which has given origin to the fanciful name of the disease.

Although settled so many years in Russia, it is but a very short time since I heard of this disease on the following remarkable occasion.

I was desired last month, to give my opinion on a curious phenomenon that happened last war in Finland, when a Russian detachment, ordered to attack a Swedish post in a light night of spring, had like to have mistaken one another for our enemies, and occasioned bloodshed, from some hundreds in the column being *blind after sun-set*; this singular fact, which has been since confirmed to me by several officers, who served in the very corps wherein the disease occurred, set me upon immediate enquiry into the nature and frequency of the complaint, and I found that the peasants, to whom I already owe so much information*, were the only people from whom I could

* I have lately given in a literary journal, published by Dr. Anderson of Edinburgh, under the name of the Bee, a good deal of information procured from the Russian peasants, relative to Village Arts, &c. with some simple
Nomade

could get a distinct account of its cause and cure, so that the following history is in fact due to a class of civil society, whom Dr. Goldsmith had much reason to recommend to the attention of travellers, in all parts of the world, as patient observation in a succession of ages, has taught them many practical truths, arts, &c. by no means unworthy of the attention of the philosopher.

The *Kuritsba Slepota*, or hen blindness of the Russians, seems to be the *Dysopia Tenebrarum* of Cullen, and the *Amblyopia Crepuscularis* of Sauvage, whose specific or trivial name, appears to refer to the very species of the disease I am treating.

The result of all my village information was,

1. That the disease is pretty common amongst the Russian peasants, who have named it as above.

2. That they are generally seized with it after much fatigue and watching, more especially during the hay harvest, when they commonly work all night, to avoid the sultry heat of day, and sleep less than usual.

Nomade remedies in use amongst the wandering Tartar shepherds.

3. That

3. That it is attended with no pain, or even disagreeable feeling in the part affected, although the patient loses entirely his sight after sun set, in the lightest night in summer, and does not recover it till its rising again, although no one ever, on the most strict examination of the eye, can distinguish those who have, from those who have not the disease.

4. That its duration is only temporary, seldom lasting above a month or six weeks, even when the complaint is left to itself, but they know and use a village specific which removes it in a week or fourteen days at farthest.

This vegetable specific unfortunately the winter season has prevented me seeing a specimen of, but from all the descriptions I have got of it, as well as from its village name of *Cinets*, or blue flower, must be the *Centaurea Cyamus* of Linnæus, the corn flower, or blue bottle of Britain; although I shall have the plant brought to me next summer for greater certainty. This they drink in form of tea *without* honey, the peasants' sugar, which is seldom wanting in a Russian village, if it would add to the virtues of the medicine.

From

From all these facts I think I may hazard the following conclusions.

That it appears this curious disease is commonly preceded by bodily fatigue and extraordinary vigil, at a season of the year when the eye is exposed, with little intermission, to the constant action of light, as the sun dips but very little below the horizon during our hay harvest, (end of June and beginning of July) and that for a very short time, so that one might suspect that the disease proceeds from long continued action of light on the eye, possibly producing some degree of weakness, as it is cured by the use of a bitter tonic infusion, even whilst the patient continues his hard labour during the day, provided he sleeps at night as at other seasons of the year.

The curious event at the army seems to strengthen this conjecture, as the disease seized the soldiers in the spring, when the nights, from the short absence of the sun, and the strong reflection from the snow, must have been likewise very fatiguing to the eyes, at a period of much martial vigil and alarm, when surprises on both sides were frequent, and commonly nocturnal. However it must be remarked, that the complaint seems always

connected with fatigue and inanition, as the regiment, where it affected so large a proportion of the men, had marched all the way from the Taurid, or Crim Tartary, to oppose the Swedes in Finland.

As it may possibly furnish some matter of speculation to your numerous writers on the *scurvy*, I shall add that the regiment just mentioned, although composed mostly of recruits, generally most subject to the land scurvy, which sometimes rages amongst our troops during winter, and is only stopped by the return of the fine season, and its vegetable production, as I have remarked in the second volume of the second decade of the Medical Commentaries of Edinburgh: I say that this raw regiment, so very subject to the Kuritscha Slepota, was the *last* in the whole army that felt the septic influence of a northern winter (when not sufficiently guarded against it, by a large supply of prepared antiscorbutic vegetables) and who suffered the least by that fatal disease.

This last piece of information, as well as that of their long march, I learned from Dr. Gallaway, a countryman, and one of the physicians to the army in Finland, who unfortunately

ately had the charge of a military hospital, to which the soldiers, affected with the amblyopia crepuscularis, were not sent; or we should certainly have received a more complete history of it, than I have been able to collect from my unlettered informants.

I cannot omit informing the society that, whilst making enquiries about the above-mentioned disease, I learnt a curious fact relative to one which is its diametric opposite, viz. the second species of Cullen's dysopia luminis, the amblyopia *meridiana* of Sauvage, who seems again to refer to the very species of the disease, described in the following anecdote:

A gentleman belonging to one of the two imperial military cadet corps, of which I am physician, assured me that, whilst in garrison in Landau, in Alsace, he saw a disease the very reverse of the one I was enquiring after, viz. a number of men blind during the meridian splendor of the sun, although they saw very well in the evening, or whilst it was obscured in the day. He said that, during the summer of 1771 or 1772, two hundred soldiers, of the regiment of Picardie, the garrison of that fort, were seized with a species of blindness *in sun shine*, insomuch that they could not

see their way, or do any kind of work, if it was not overcast, so that when strolling in the fields during a cloudy day, if the sun suddenly broke out, they were obliged to be led by their companions, till a cloud once more obscured the glorious luminary, and enabled them to pursue their undirected course.

I shall be happy if, by making this public, the attention of the faculty in general, and of army practitioners in particular, be drawn to the observation and investigation of these curious diseases, as in this case we may hope to see the subject amply discussed, and much information added to the little collected by your most obedient humble servant,

MATTHEW GUTHRIE.

*Imperial Corps of Nobles and Cadets, in
St. Petersburg, Feb. 3d. 1794.*

P.S. Since writing the above paper it has been observed to me that Dr. Blane, in his treatise on scurvy, mentions a simular weakness of the eyes to that of our *Kuritska Slepota*, as a symptom of the scurvy, under the name of Nyctalopia, but I presume it must be of a nature very different from the one I have treated of, as the Russian complaint is most prevalent at a season

a season when vegetables are in great perfection, and when no symptom of scurvy ever appears in this climate (on shore at least) although it certainly does likewise sometimes appear towards spring, whilst the snow is still upon the ground, as in the case at the army in Finland; but then the nights, from their shortness, and the strong reflection from the snow, scarcely produce any darkness, so that the cause I have supposed above for the disease obtains at that season, whilst it is by no means a winter complaint, and as far as I can learn very seldom appears then; indeed the peasants assert that it is not at all to be feared in frosty weather, even when they *travel at night*. Now I must add to all this, that I never once heard of the scurvy in Russia amongst the peasants, who are well guarded against it by the antiseptic quality of their food, nature having given them a taste for every thing that is subacid, as I remarked many years ago in a dissertation on the *antiseptic regimen of the Russian peasants*, and which alone prevents them as I there asserted, from falling martyrs to the many septic causes operating on them during winter, and which seldom fails to have that deadly effect, when converted into soldiers, and

shut up in cities, where a proper stock of their *prepared vegetables*, is beyond the reach of their moderate pay in dear seasons. See Philosophical Transactions of the Royal Society of London, Vol. LXVIII, for the year 1778, and the paper in the Medical Commentaries cited in page 374, mentioning the true sea scurvy, in all its menacing forms, raging amongst troops who had not been at sea, and returning every winter when the prepared vegetables are too high priced for the soldiers and sailors.

ARTICLE XXVIII.

On the internal Use of Silver in the Epilepsy.

BY JAMES SIMS, M. D.

PRESIDENT OF THE MEDICAL SOCIETY OF LONDON, &c.

Read OCTOBER 20th, 1794.

To give a definition of poison is perhaps a harder task than most people are at first aware of. If it be defined every thing which kills when taken improperly into the stomach, our best aliments will be included, as they daily kill more than all the commonly reputed most virulent poisons. If again the definition be limited to such things as may occasion death, when administered in a very small quantity, then will all the best and most efficacious remedies be included. And if, lastly, we define it a substance which, in all quantities and cases, is hurtful to the frame, I am convinced

no such thing ever did or will exist. And if to the definition we add, that the substance produces an inflammation in the stomach, or a narcotic effect upon the brain and nerves, we shall not render it less liable to objection.

The Greeks used the word *Pharmakon* to signify poison or medicine; and the Latin word *Venenum* has the same signification. The abuse of the term poison has always done great mischief, as it has tended to circumscribe medicine to the use of futile, inefficacious remedies. Thus we have seen treatises on the poison of lead and copper, two excellent and active medicines, in a similar manner as formerly there were numberless on the poison of mercury, tin, antimony, opium, and the Peruvian bark. If a substance can powerfully change the frame, it becomes either eminently useful or hurtful, as this change is calculated to increase or diminish the morbid bias in any particular case. From this there are two things apparent; which are, that all medicines are hurtful in a state of health, and that those which cannot produce a change in the body, and therefore do hurt, when improperly administered, are unworthy of the name.

I have

I have been led into those reflections, from an intention which I have, for some time, entertained of publishing the Pharmacopeia which I make use of in my practice, and also of giving to the society a few observations, which I have made on some very efficacious remedies, at present little, if at all, used in this country.

I shall begin with silver, a substance whose powerful effects upon the body, even externally, might have pointed it out as proper to be tried internally, in many of those cases which the present practice allows to be beyond its reach. These are cases where such trials are fair; nay, where a practitioner does not do his duty, if he doth not launch into something unusual or even untried. For as, on the one hand, it is inexcusable to use powerful means, where gentle ones may succeed, or to try unknown remedies where known ones may have the effect; so also, on the other hand, is it worse than weak and childish to go on with medicines of known inefficacy, either in the disorder in general, or in cases of such peculiar magnitude in particular.

The internal use of silver was known to Paracelsus, but it has been the fate of that great and extraordinary man to be continually vilified and abused, although we derive from him and his followers almost every remedy which deserves the name of efficacious. As I perceived that this medicine was praised by them in the epilepsy, a disorder known to be rebellious to the common methods of treatment, I have been in the habit for many years of prescribing it with, I think, considerable success.

The preparation which I have most frequently used has been a solution, in a watery menstruum, of the nitrat of silver, commonly called lunar caustic, to which I have mostly added a few drops of the nitrous acid, to keep it more certainly suspended. Of this solution I have given so much at a time as has contained from a twentieth to an eighth part of a grain of the nitrat, beginning with the former quantity, and gradually increasing to the latter; beyond which I do not recollect to have gone. I have at times used the solution of silver in the nitrous acid in the liquid form, before it has been reduced to a solid by the force of fire, but cannot say I have perceived any difference

difference between it and the other; and, as the solid nitrat is universally kept in the shops, I have mostly preferred it.

I have not given it in such a manner as to produce any evacuation, and am therefore ignorant whether or not it would, in a large dose, vomit or purge as some have asserted. In two instances I increased the dose until it produced a slight pain in the stomach, which went off upon diminishing the quantity of the medicine.

I have prescribed it in all the epilepsies I have met with of late years, being satisfied that we know very little of the causes, or of any different species of epilepsý. To read authors, a person would be led to suppose that these things, together with the method of cure were well known, whereas I will venture to assert, that hitherto very little is known of this disease, every thing concerning it being involved in the greatest doubt and obscurity, if we except the descriptions of a single fit, and that it returns at uncertain intervals

Whensoever I have found any other disorder in the system, especially in the primæ viæ, I have endeavoured to obviate these, whilst the patient was taking this medicine, as I constantly

ly found its action prevented thereby. Thus in case of feverishness, I have given the saline mixture, for acidity, the chalk julep, and for costiveness, the *pilulæ rufi*, or some such medicine.

I would not be understood to inculcate that this remedy was efficacious in all the cases of epilepsy I have met with; many of them were too inveterate to yield to this or, I fear, any other medicine; yet of these, several seemed to be meliorated, either for a short time, or even during the whole time that the patient adhered to its use. But in some the disease returned, during its use, with the same violence as before; and in others, it recurred as soon as it was intermitted.

One effect which I perceived in some of the successful cases was, that, on beginning it the first paroxysms were aggravated, although the disease afterwards compleatly yielded to its continued use.

The following prescription is taken from the *antidotarium Bononiense*, but as I only prescribed it once, which was whilst I was in Italy, I can say nothing of its efficacy.

Tinctura lunæ.

℞ Argenti puri ℥ij.
Spiritus nitri ℥vj.

Spiritum nitri immitte in cucurbitam vitream; deinde argentum paulatim, et per vices: solvetur argentum cum effervescentiâ, quâ sedatâ, liquorem digere aliquantisper calore arenæ, ut fiat solutio perfecta. Huic affunde,

Muriæ salis marini filtratæ, quantum sufficit.

Præcipitabitur argentum albi pulveris formâ. Liquore per inclinationem separato, pulverem sæpius ablue aquâ purâ, donec penitus dulcescat, leniter ficcatum immitte in matrarium, et adde,

Salis volatilis urinæ unciam,

Spiritus vini tartarizati libras duas.

Matrarium occlude, collum ipsius in alterius matrarii inversi collum inferendo, et commissuras aptè conglutinando: deinde in fimo aut simili calore digere per dies quindecim: extrahetur tinctura, quam filtratam in vase optimè clauso servabis. Pulvis in phialâ relictus

relictus est argenti calx ; quæ metallurgicis artificijs non magno negotio revivificari potest.

Epilepticis maniacis, apoplecticis et aliis cerebro malè affecto laborantibus prodesse creditur.

Dosis a guttis sex ad guttas sedecim.

The following prescription in the same dispensatory seems however more likely to prove efficacious.

Chryſtalli Lunares.

R Argenti cupellati et limati—uncias tres.

Spiritûs nitri—uncias novem.

Fiat diffolutio in matraccio vitreo : liquor supra cineres calidas evaporetur ad quartæ partis consumptionem : reponatur in loco frigido. Concreſcent ad latera chryſtalli ſalinæ candicantes ; quibus ablatis, reſiduum ſolutionis iterum evaporetur, et ſic pergatur, donec omne argentum ſalis formam induerit.

Cauſticæ ſunt et eſcharoticæ : aqua dilutæ purgandi vim habent ; potiffimus vero earum uſus eſt ad conficiendum lapidem infernalem.

Dosis à grano uno adgrana quatuor.

Instead

Instead of selecting any particular cases which have occurred to myself, I chuse rather to give the following relation of two that fell under the care of Mr. Seaton, a very excellent apothecary in Westminster, to whose chymical knowlege I have been much indebted in my experiments in that line.

James Page, aged 31, of a dark complexion, and thin habit, had been subject to fits for a considerable time, and in May 1794 they seized him three or four times a week. He began to take a twentieth part of a grain three times a day in a little water. The first week he had no fit, though he had several warnings of them. The second week he had an extremely severe fit of considerable duration. He continued the medicine, gradually increasing the dose, and in about another fortnight he suffered a very gentle fit; since this time, he has not had one, although for a time afterwards, he had some unpleasant symptoms of an approaching one; but these have gradually subsided, and he is now very well. The first of July, I ordered him to take the bark. He also took one eighth of a grain, three times a day, dissolved in rose water, without any inconvenience. He is now in all respects perfectly well.

A wo-

A woman, aged 20, applied to me in June 7th 1794, affected with fits every Thursday for several weeks past. She had been in an hospital in a fever, and was still rather weak from it.

R Argent. nitrat gr. ij solve in aq. rosæ ʒij.

Twenty drops of this were taken three times a day for a week. On the third day following she had no fit; but next day was taken ill, owing to a fright. After this she neglected her medicine, and had a second attack of a gentle fit. On the 21st of June she began to take the drops with spirit and resolution, gradually increasing the dose to 45 drops thrice a day. The bark was added in the form of decoction, in which she took her drops, and she has been perfectly well for more than three months.

THE
APPENDIX.

CONTAINING
MISCELLANEOUS COMMUNICATIONS.

MR. D. PRICE, Surgeon at Horsham, in a letter to Dr. Lettsom, dated February 19th 1790, observes that he has, in many cases of rheumatism and gout, applied emetic tartar (*antimonium tartarizatum*) with manifest advantage. After relating a concise account of several cases, he concludes, that in every one of which it appeared to relieve, and in most of them, to be the efficient cause of cure.

The dose recommended is much greater than that by Mr. Sherwen (*Medical Memoirs*, Vol. II. page 386) at first he tried small quantities of this preparation, but experience

has encouraged him to begin with a scruple of it, which is to be applied to the part affected twice a day, in powder; and this being just moistened in the palm of the hand, may be rubbed on any part of the body, with less probability of loss, than when used in solution, as described by Mr. Sherwen.

A Case of Ulceration of the Larynx and superior Part of the Trachea was communicated by Mr. DYSON, November 29th, 1790.

THE Patient took cold at Christmas 1789, had a cough and shortness of breath, and at length became consumptive. In the course of four months from the first attack, he experienced great heat, uneasiness, and a peculiar pricking pain about the upper part of the throat, and so great a difficulty of breathing, attended with an unusual noise in the act of inspiration, as seemed to threaten almost immediate suffocation. These symptoms becoming suddenly more urgent, the patient died, and on examination it appeared, that the disease was an ulceration of the upper part of the trachea and epiglottis,

glottis, accompanied with a separation of several small portions of bone from the ossa hyoides. The ulceration was fully as large as a fixpence, but did not penetrate the oesophagus. The cause of this singular disease not being known in the patient's life time, the treatment was chiefly of the palliative kind: some suspicions however existed of its being venereal.

An Account of an horny Excrescence was communicated by Mr. PARKINSON, Surgeon, of Leicester, April 10th, 1790.

THIS horny excrescence was situated betwixt the vertex, and upper part of the right ear of Elizabeth Bent of Blaby, Leicestershire.

It originated from a small steatomatous tumour of many years continuance, which enlarging and becoming inflamed, discharged a fluid, that by exposure to the air inspissated to this horny substance.

The vessels from whence it issued were remarkable for the thickness of their coats and density, appearing like large nervous branches,

though perceptibly tubular on being viewed with a magnifying glass, from whose orifices a limpid fluid might be discovered to transude. These vessels also appeared to originate from the aponeurotic membranous expansion, and were nearly insensible.

Before the removal of this excrescence, in April 1788, it was perfectly horny,—except the portion below the skin, which only invested it closely near its base, being of a hard cartilaginous texture; it admitted of considerable motion without pain.

About four years ago, the patient had in the same place a similar, though a smaller, tumor, which she plucked off, from which time a commencement of the process took place, and in three years produced that, which I have transmitted to you, of a much larger size. Another is now forming, which continues to increase rapidly, from vessels secreting the fluid not being destroyed after the operation; and I must observe, that there are many other steatomatous tumors of a small size in different parts of the scalp.

This *lusus naturæ*, at the same time that it gratifies the curiosity, empowers us to draw the following conclusion. That this fluid, generating

generating the excrescence, must be different from the animal fluids in general, containing a larger proportion of coagulable matter, acquired probably from the particular structure and action of the vessels, by which it is secreted; and hence may furnish a subject for physiological investigation.

DR. WITHERS, of Newbury, in a letter read April 25th 1791, informs the Society that, about thirty years ago, he presented to the late Dr. William Hunter a large stone, taken from the intestines of a horse, to which it had proved fatal: relates several instances of the same disease and consequences, one of which afforded five triangular stones of considerable size and hardness. A late one has furnished him with a stone, nearly round, 21 inches in circumference, weighing between nine and ten pounds, which he has transmitted to the Medical Society with this account.— He thinks it worthy notice, that, in all these instances the subjects of this disease have been miller's horses, chiefly fed (as he finds upon inquiry) on bran and split beans, which he

supposes to have furnished plenty of fabulous particles, abraded from the mill-stones, to which the mucilaginous nature of the food has afforded a cement. An additional cause, he imagines, will be found in their mode of watering, just below the mill, where the agitation of a rapid stream still holds suspended much sandy matter. The disease was taken for colic.

An eminent miller, who had been several times unfortunate in this way, having for some time changed their food, by mixing with their bran whole beans, and a proportion of chaff, his horses have been healthy; nor have they ever since passed stony concretions with their excrements, as before.

The hope of preventing so dreadful a disease, in an animal so worthy attention, made Dr. Withers desirous to lay these facts before the public, and the society, to indulge so humane a wish.

*Mr. DOUGLASS, Surgeon, Bedford-square,
May 30th, 1794, communicated a Case of en-
larged Stomach, attended with peculiar Symp-
toms.*

The patient was a lady aged 48, of a thin and tall make, the mother of several children; she had been subject, for the space of eight years, to severe pains in her stomach, and violent vomitings of a black slimy fluid, which, at times, was intermixed with a cheese-like, or curdly substance. The first attack of this complaint was in 1780, and continued to occur, at irregular distances, until February 1788, when she died.

She sometimes had very considerable pains in her hips, back, knees, ankles, and especially in her arms, which were not present, whenever her stomach was painful; these pains were considered as rheumatic, and treated as such, with the usual medicines, with various and uncertain success. There was a general tendency to costiveness, and which, when removed by medicine, commonly brought on the vomitings. Emetics and opiates were occasionally employed, as the circumstances of
E e 4 sickness,

sickness, or pains in the various parts of the body indicated, with more or less advantage. Saline draughts relieved; chalybeate and other tonic medicines were employed, sometimes with, and sometimes without success;—cicuta and crude quicksilver were given, for a considerable time, without advantage. Bristol and Bath waters were taken, and the latter was pumped upon the arms without benefit; it created fever. It appears that a great variety of medicines had been used in this case, with only occasional relief, when, in February 1788, she had a violent attack of this vomiting of black slimy fluid, and severe pains in her feet, which alternated with the pain in her stomach; for these pains are said never to have occupied the extremities and stomach at the same time. On the 11th of this month, her deglutition was impeded, but which gave way to a blister; her strength was now much exhausted, although as much nourishment, in a fluid state, was given her as possible, and which her stomach retained. On the 12th, delirium came on, but subsided, and her senses recovered, by stimulating plaisters to her feet. On the 13th, she was much better; cordial and opiate medicines were exhibited with advantage,

age, and she continued comfortable for several days; but costiveness having ensued for three days, it was considered necessary to remove it; the attempt to which has hitherto brought on the vomiting again, after which she grew daily worse, and died on the 29th.

Upon opening the abdomen, the stomach was found enlarged to a great size, and occupying the greater part of the cavity, and some space of the pelvis, and had pressed the intestines down below it. From the upper orifice to its bottom, it measured $14\frac{1}{2}$ inches; and from the pylorus to the bottom, 9 inches: it contained upwards of three quarts of a similar fluid to that which she discharged when sick; its appearance was like a large distended bladder, half filled with fluid. The substance of the stomach was much altered; no vestige of muscular fibre remained, and the internal, or villous coat totally obliterated, except a small part near the pylorus. The small intestines had some marks of inflammation, and a portion of the *colon* was thrust behind the left kidney, to which it adhered; the other viscera were in a healthy state.

*Translation of a Letter from Dr. ROSELT, of
Ostend, to Dr. LETTSOM, on a Case of
Deafness, read October 10th, 1791.*

MR. BERRAND, Secretary of the Bank, and of the Chamber of Assurance of this city, was afflicted for a month with a deafness in both ears, so violent that he could not distinguish the sound of the violin, nor of the bass sufficiently, to accompany as usual, on the latter instrument, the musical friends that performed every evening at his house, although it was his greatest pleasure. I was informed this begun with some symptoms of a cold in the head, violent enough to resemble rheumatic affections. I prescribed gentle laxatives, a few doses of James's powder, some warming injection into the ears, blisters, &c. &c, without any effect, except a little diminution of the pain. By the most strict examination of the ears, I could not discover any cause, and supposing, that some change in the nerves of the organs of hearing would do good, I advised him to be electrified. He came to me the next day, and by means of a pointed metallic thread, in a thin glass tube, I drew fifty sparks from each ear, which produced not the least change.

I was

I was so much the more disappointed at it, as the shaking of an organ, so delicate, generally produces some effect, good or bad, for the moment. Just as I was thinking of increasing the number of sparks, I recollected the observation of Dr. James Sims, President of the Medical Society, on deafness, from affections of the Eustachian tube, communicated in the first volume of the Memoirs of the Medical Society, and finding so much analogy with the case here quoted, I advised him to the means there prescribed, and that he might the better know how to use them himself, I gave him the volume. The same evening Mr. B. returned my book with a thousand thanks for his complete cure, which was performed as soon as he was able to force the air through the Eustachian tube. It is true, he had an hour after, whilst he was playing on the music, a return of his deafness; but knowing the remedy, he retired for two minutes, and returned perfectly cured, having, when I wrote this, that is to say, a month after the cure, the sense of hearing quite as acute as before his illness.

I am, Your most humble and

Obedient servant,

ROSELT.

Ostend, October 1st. 1791.

The

The following Case of Hydrocephalus internus, by Mr. CRIBB, Surgeon, Holborn, was communicated by Dr. LETTSOM, April 11th, 1790.

W. CHAMBERS, a child, a year and a half old, was seized with a cough, difficulty of breathing, restlessness and fever. He was blistered, purged with calomel, took a mixture with Aq. ammon. acet. and opium. The 16th he was seized with a convulsion fit. The teeth were suspected, and the gums carefully lanced, but without any good effect. He was purged again with calomel the 18th. The foetid tincture was given in a mixture, and also thrown up by way of glyster. The fits continued, returning several times in the twenty-four hours. Sometimes of short duration, at other times lasting half an hour, or an hour, and sometimes longer.

From the 24th to the 27th, both inclusive, a grain of calomel was given every night. The three last days the intervals between the fits became imperfect. The eyes were at times affected with a dilatation of the iris, and some degree of strabismus; but these symptoms were

were not permanent till the 28th: when, about ten o'clock in the forenoon, he was seized with a violent fit of screaming, stretching himself out with his utmost effort, and seemed greatly agitated. This continued till about four o'clock in the afternoon, when the screamings and stretchings left him, and he went into a stupid state, till about three the next morning, when they returned again, and continued about seven hours; after this he had no more screaming: but the strabismus, enlarged pupil, and blindness, were now complete and permanent; attended with extreme restlessness, and continual groanings, with an almost perpetual grinding of his teeth. The thumbs were also strongly contracted to the palms of the hands.

These symptoms continued through the whole of the disease, save some small remission, on the 20th, 21st, and 22d, of May; though the grinding of the teeth was not so constant a symptom.

From the general mode which was observed in throwing mercury into the habit by inunction, and the exhibition of calomel, it will be unnecessary to say more than that this course was persisted in, from the 28th of April to the 4th of July, with little omission, interposing

ing purges of jalap and calomel now and then, which procured in general evacuations, and by Dr. Reynolds's order a blister was applied to the nape of the neck, a fetid mixture, and one with oxymel of squills prescribed, of neither of which was much taken; the warm bath was also tried. In which time the child continued nearly in a similar state, except on the 20th, 21st, and 22d, of May, it seemed better; the spasms in some measure abated, and he had some good sleep. On the 23d. however, the symptoms returned with their former violence. About the 23d of June an appearance of idiotism came on, and continued a fortnight. It should have been observed that near the 4th of June the purging began to be more violent, from three or four stools to eight or ten in twenty-four hours; at which time the use of the ointment was omitted, and five drops of the tinctura opii given; these, though appearing to check the intestinal evacuation, and the child from that cause becoming worse, were omitted, though from extreme restlessness they were again exhibited on the 10th of July, without any apparent inconvenience. About the latter end of June, the child began to suck very greedily, and eat ravenously, so that he

was

was obliged to be fed by rule, the appearance of idiotism was alarming, the strabismus, enlarged pupil, and blindness apparently remained in the same degree as before.

In this state he was removed into the country, leaving off the use of all medicines, except an occasional opiate, and in about a fortnight the child began to exhibit signs of recovery, all the symptoms gradually abating; but it was the middle of August before the child could be pronounced perfectly well, in which state he has continued ever since.

In this cure the quantity of mercury thrown into the habit, without producing any ptyalism, is very extraordinary, there being no less than six ounces, four drachms, and ten grains of the ointment, and thirty-six grains of calomel made use of. And this circumstance induces me to ask, Did the mercury enter into the habit? One might be tempted to think it did not, or that the irritability of the system was destroyed. Either of these suppositions would lead us to consider the external use of mercury in these cases as of little value. Unknown properties of medicine, however beneficially they may be exerted, give one but little information.

I own I have my doubts respecting *the use of mercury externally applied* in this disease. It is a melancholy consideration, that so few recover; and the more so, as the complaint is so common. I have seen but two instances in thirty-five years practice; this is one; the other was a young lady of fifteen years of age, who was under the care of Dr. Reynolds. I have read of others, some of which appear to me doubtful.

I shall only add, that the mercurial ointment was carefully prepared under my own inspection; and that the mother of the child did every thing in her power to render the medicines efficacious.

An Account of the Methods used in some of the northern Parts of America, for the Cure of the Bite of Mad Dogs, communicated by Dr. DEXTER, of New England.

IMMEDIATELY after the accident, the part is washed in warm water, well saturated with common salt, then scarified and cupped, if the wounded part will admit, and from ʒj to ʒij of Ungt. Hydrarg. Fort. is rubbed on the wound,
and

and parts adjacent, which is repeated for eight or ten days, keeping the part warm, if no appearance of ptyalism comes on, four or five grains of hydrarg. vitriol. with as much camphor, is given and repeated every third day, till a gentle spitting takes place. The mercurial frictions are continued for 25 or 30 days, if the strength of the patient will admit. During this plan the patient observes a proper regimen, and guards against cold. The doctor adds,

This is the practice of the best informed physicians here, and has been known to succeed where no applications had been made for two or three weeks, and even where the horrid symptoms attending these accidents had made their appearance, and such the confidence of the people, though accidents of this kind are frequent, they are little regarded, in consequence of the general opinion, that they may be cured under all circumstances.

Mr. BIRD, of Chelmsford, Surgeon, in a letter to J. C. LETTSOM, L. L. and M. D. communicates the Case of an Aneurism upon the Tunica Vaginalis propria Testis, successfully treated.

IN December 1790, Mr. B—— P——, of Great Baddow, applied to me for advice, respecting a large tumour he had in the scrotum. The account he gave me of his disease was—that about six months before I saw him, he received a violent contusion of the scrotum, from the pommel of a saddle in riding on horse-back. A considerable inflammation ensued, and he was near two months confined under the care of a surgeon, before he was capable of walking about. The tumour in the superior part of the scrotum, at the time I saw it, much resembled an omental hernia, having a great inequality of surface, which, however, could not be traced so high as the aperture in the abdominal muscles. In the inferior part of the scrotum, which was somewhat discoloured, there was a degree of hardness, attended with an evident fluctuation: these op-
posite

posite appearances seemed to divide the tumour into two portions, each of different substances. As the patient was willing to submit to any thing I would recommend, to obtain a cure ; with a view to ascertain the true state of the case, I proposed the following operation, (after previously emptying the intestinal canal with a purge) which was performed the ensuing day. I made an incision with a common bistory in the inferior part of the tumour, of four inches in extent. I was a little surprised to find it consist of ten or twelve ounces of blood, in a coagulated state, contained in a sac formed by the cellular membrane, which was considerably thickened ; after carefully removing this blood, I discovered a laceration, or spurious aneurism of a large branch of the spermatic artery, upon the tunica vaginalis propria testis, from which the blood issued freely. I readily secured this vessel by a small needle and ligature, not, however, without some apprehension of an inflammation of the testicle, from the puncture made by the needle upon the tunic. I should have preferred the application of pieces of dried sponge ; but not having it at hand, and the hæmorrhage increasing from the removal of the coagulated blood, I

was obliged to have recourse to the ligature. The aneurism occupying the whole of the inferior part of the scrotum, had forced the testis and spermatic chord, (which were perfectly free from disease) into the superior part, where the latter was convoluted so as to occasion the appearance of an omental hernia, as before described. The patient's habit being much injured by drinking spirits to excess, an incipient mortification took place a few days after the operation; which however, yielded to a proper treatment; the wound was completely healed in nine weeks, and the patient remains perfectly well. Immediately after the application of the ligature, the patient complained of great pain in his bowels, with spasms, &c. this symptom continued more or less every day, accompanied with a partial diarrhæa during the whole of the cure, notwithstanding every medicine that could be administered for his relief.

Chelmsford,
May 22d, 1791.

The following Case was communicated by Mr. MALDEN, Surgeon, Putney ; in a letter to J. C. LETTSOM, L. L. and M. D.

JOSEPH JUNKS, smith and soldier, in the first regiment of Guards, was bitten March the 1st, 1792, by a mastiff bitch, belonging to Joseph Wharton, in the thumb and forefinger of the right hand : three days after he applied to the surgeons of the regiment, who cut the flesh off the thumb and finger quite to the bone, and kept the parts in suppuration some time, salivated him, and gave him the pulvis antilyssus every morning in milk. He continued under their care about six weeks, when he was discharged as well, but at every new and full moon the parts healed, broke out afresh, and healed again without help in two or three days. He went on in this manner till the beginning of March 1783, when about the full moon the wounds again broke out, his arm swelled, he appeared very wild in his eyes, and in the utmost anxiety. In the extremity of his distress, one of his fellow smiths put some spirit of salt into the wound : he

continued all the night in great agony from the application of the spirit : the next day he was much easier, his wounds soon healed, and have never broke out since, and he has continued quite well. To remove every doubt of the madness of the bitch, I shall subjoin the case of Joseph Wharton himself.

Joseph Wharton, coach-smith, and publican, aged 38, received a bite from his own mastiff bitch, a little above the wrist of his right arm, through his coat and shirt, about a quarter of an hour after Joseph Junk's was bitten. Two teeth entered on the upper part of the arm, and one underneath, so as to draw blood. The same evening he sent for the Ormskirk medicine : three days after he went to Margate, bathed in the sea nine successive mornings, and returned home without any apprehension of bad consequences. On the 19th of April he complained of a pain in his wrist, shoulder, and neck, and a numbness and weakness in the arm bitten. On the 20th the pain extended round to his breast, with convulsive twitchings of the right arm and shoulder : he was extremely uneasy, restless and low spirited, and giddy at intervals : his urine high coloured and clear ; his pulse at eighty, rather low, with

a little irregularity ; his right arm cold and paralytic. On the 21st he had passed a very restless night, was very giddy, started frequently from his chair, and walked with great agitation about the room, felt a small difficulty in drinking, which by night was much increased, and by two in the morning of the 22d he could not swallow any liquid ; saying, his throat was closed on the approach of liquor at the place he pointed to, which was about an inch below the pomum adami : he had a convulsive catching in his breath, and his eyes looked wild, but he was perfectly in his senses, and swallowed some toast without difficulty : he spoke remarkably short and quick, and said the bringing any liquor to him took his breath away, and put him to great pain. On looking at himself in a glass he gave a great start, and begged to have it taken from him, as it made him so giddy he could not bear it. In the evening of the 22d his symptoms were all exasperated, though he even now walked about the room without support : his under lip trembled much, and his eyes were blood-shot. He continued growing worse and worse, and about two in the morning he became delirious, shaking his head and throwing his sa-

liva about; he soon after recovered his senses for a little time, then fell into convulsions, which continued till half past three in the morning, when he died. He had taken every four hours a bolus of gr. xxv. cinnab. antimon. Nativ. and mosch. with gr ij. and afterwards gr. iij opii. he had had a plaster of galbanum and extract. thebaic. to his throat, a blister to his back, and a clyster with assafoetida, none of which seemed to be of any use to him.

The following Case of Spasm, was communicated to the Society, by J. MALDEN, Surgeon, Putney.

ON the 16th of January 1775, in consequence of the necessary absence of the family surgeon, I was desired to attend a delicate young woman, about 18 years of age, who had had for several weeks very singular nervous complaints, and under the direction of Drs. Pugh and Lucy of Chelmsford, and her apothecary had tried various medicines without relief. Her spasms and their mobility were the most extraordinary I ever met with. She would
cough

cough sometimes an hour or more incessantly, then hiccough an hour or two, sometimes several hours, then perhaps complain of violent pain of the abdomen or side: at other times the sphincter muscle of the bladder would be affected, and it became necessary to use the catheter several weeks together, as this affection became a permanent one compared to the others; for, this excepted, one spasm ceased upon the attack of another. But the most extraordinary spasm was of some of the muscles of the lower jaw, the digastrici chiefly I believe, which, in spite of every opposing force, would partially dislocate the jaw; and I have been obliged to reduce it an hundred times or more during the twenty-four hours, and that for several days together: the difficulty of doing this was exactly in proportion to the distance of time between the dislocation (allowing me to call it so) and the attempt to reduce it: if I attempted it immediately, I found but little difficulty, but, if half an hour had elapsed, it required considerable force and perseverance. I once through necessity left her some hours, during the greater part of which time the jaw was in the state above-mentioned, she unable either to speak or to swallow, nor when

when I returned could I relieve her by my strongest and repeated efforts. Under these circumstances, in the greatest degree distressing to the patient, her friends, and myself, I ordered ʒij tinct. thebaic. in a clyster, and while she was under the influence of the opium, I fortunately succeeded in the reduction; but not till I had made reiterated attempts. The effects of bleeding were as singular in this case as any part of it. Whenever the spasm seized the lungs and the cough became incessant, having so often experienced the effects of bleeding, she pointed to her arm, requesting the operation: on losing a few drops of blood, sometimes five, at other times only three drops, the spasm instantaneously ceased, sometimes for an hour, at other times several hours; nor do I recollect I ever took more than half an ounce at a time, very rarely so much; nor did it ever fail of giving relief, though I was under the necessity sometimes of taking a few drops, a dozen times or more during the day, and that several days together, usually not from a fresh orifice, but by simply applying a ligature; nor could the ligature have the effect, as I often got a few drops of blood without it, and with the same success; nor did the bleeding ever relieve
any

any other spasm but that of the lungs. Almost every thing having been tried, such as musk, opium, camphor, foetid gums, valerian, warm bath, blisters, &c. and the patient in the beginning of February remaining nearly in the same state as when I first saw her 15th January, and the affection of the jaw being the most distressing complaint, as it required my constant attendance; it occurred to me from the cases I had read of the success of mercury in locked jaw, it might be worth while to try it in this singular, but, in some measure, analagous case. I accordingly boldly ordered calomel, and mercurial friction: in a very few days her mouth began to be affected, and from the moment she felt it so, the spasm of the jaw ceased, and, as I find by my notes, I bled her only once after that time, I presume the spasm of the lungs ceased also: that of the sphincter vesicae continued through the whole month of March, and until the latter end of April, the use of the catheter being necessary all the time,* and
though

* It has some few times happened to me, that, in suppressions of urine, when from the tumour above the pubes, I have been certain that the bladder has been distended with urine, yet none has passed through the catheter

though, during some part of the time, she had violent spasmodic affections of the side and other parts, the jaw continued unaffected. In the beginning of April her father went to town to consult Dr. Herberden, who ordered her gr. iv. flor. zinci ter quotidie, with common emulsion, but her stomach would not bear the smallest dose of the zinc, it always exciting vomiting. The ptyalism continued some time, and by the beginning of May she had got pretty well. She continued so till July 1776, when she had a slight return of the affection of the bladder, and I had occasion to use the catheter only two days. She afterwards got into perfect health and spirits, and remained so till the 30th of October in the same year, when

ter, though I could not doubt but the instrument had fairly passed into the bladder. It is possible a fungus may occupy the neck of the bladder, and be the impediment; but generally, I believe, it arises from the holes of the catheter being obstructed by blood or mucus: in such cases I have succeeded, by injecting pretty forcibly, by means of a vegetable elastic bottle, or pouch syringe, as it is called, some warm water through the catheter, which removes the obstructing cause, and then the urine readily passes; it seems therefore adviseable that every surgeon should be provided with syringes fitted to his catheters as necessary adjuncts.

a cat accidentally jumping upon her in the dark from a window, brought back the whole train of symptoms exactly as before, but if possible with more violence, particularly the affection of the jaw. Encouraged and justified by the former success, I immediately re-attacked the complaint with mercury; and as before, as soon as ever the mouth became affected, the spasm ceased, and by the 14th of November all her complaints had left her. In my zeal to relieve her as soon as possible, and as the mercury had no violent effects in the first instance, I used it rather too freely, so that the swelling of the fauces and tongue came on so rapidly, that I was exceedingly alarmed, lest I should lose my patient by suffocation; but a plentiful spitting came on and relieved my fears. She afterwards married, and I have never heard she has had any return of such complaints.

Though in this case the bleeding had no influence over the spasm of the sphincter vesicæ, I can subjoin one on the authority of my father, where it had. A young woman, frightened by a cat being shut up in her room, lost the power of expelling her urine: different remedies were tried ineffectually for several days, the use of the catheter being necessary; my

my father then bled her; during the operation the urine flowed spontaneously, and from that time she was cured.

A woman of about 43, very corpulent, addicted to drinking, and who had had some symptoms of paralysis, was ordered by Sir Richard Jebb $\frac{1}{2}$ gr. mercur. calcinat. made into a pill, with a little Theriac. Andromach. to be taken every night for a liver complaint.—The first dose she took was followed in two hours time by considerable paralytic affections of the upper parts of the body, particularly the mouth, which was much distorted. I advised her not to repeat the pill for the present, and in about a fortnight her paralytic complaint was removed. Thinking it scarcely possible that $\frac{1}{2}$ gr. mercur. calcin. could produce the effects mentioned, I advised her to try it again; she consented, on condition that she should take it in the morning instead of night, as she should not be so much frightened, if the same consequences ensued. She accordingly took a second dose, some little time after, she exclaimed, for God's sake I am dying! and expired immediately in her chair.

April

April 23d, 1792, Mr. MALDEN, of Putney, communicated the following history of Tænia, cured by Oil of Turpentine.

JOHN COLLET, a man between 40 and 50, had for 13 years been subject to the tape worm, during which time he does not remember to have gone to stool once without voiding some portion of the worm, sometimes an inch or two long, and different lengths, to upwards of ten yards, which is the longest he ever voided. He took various remedies without finding relief. Having accidentally received a fall, he was advised to take some oil of turpentine, he accordingly took about two teaspoonsful : on that day he was rather purged, and voided one portion of the worm measuring more than five yards, and a great number of small portions, since which time he has not been able to observe any more of the worm. It is now three years and a half since he took the turpentine.

June 22d, 1789. A Case of Strangulated Hernia, was communicated by W. LIVINGSTON, M. D. C. M. S. Aberdeen.

THE subject of this case was a youth about 14 years of age, who, from some violent exertion on February 1st, 1786, had an Inguinal Hernia produced; on the 9th a gangrene took place, and on the 12th he was received into the Aberdeen Infirmary, at which time Dr. Livingston first saw him; when he found that the scrotum, hernial sac, and the strangulated intestine, were sphacelated, and an opening formed through which the fæces were discharged; considerable tumefaction, and tension about the abdominal rings; the frequency of his pulse was not much increased; the parts were covered with common dressings, and cataplasms: bark, with wine, was given. About ten days after, the sphacelated parts separated, and came off, which enlarged the opening, and gave a greater vent for the fæculent discharges; there was but little alteration in the next fortnight, except that his pulse was more quick, the quantity of wine was then increased, and an anodyne was given at night.

About

About the fourth week from his admission, the granulations were healthy; the intestinal discharges were less thin, and some small quantities came per anum, which increased as the opening in the scrotum and intestine became less, and in seven weeks after he was received into the infirmary, there remained only a superficial ulcer, and the whole of the fœcal discharge passed by the natural passage, and his cure was completed in the first week in May.

The Doctor saw him when he wrote out this case; there was then only a small thickening on that side of the scrotum; but no appearance of protruded intestine; he thought the testicle rather diminished.

A Case of Morbid Retention of Urine, with a Description of the Parts diseased, after Death, was communicated by the same.

THE patient, who was 74 years of age, had been, for several years occasionally, subjected to a retention of urine, but hitherto had received relief from the catheter. On the 23d of May 1789, he was admitted into the Aberdeen

Infirmary. He had not passed any urine from the 18th; he had suffered much pain; his strength was much exhausted, and his pulse was frequent and feeble; there was tension about the region of the pubes, and the abdomen was generally distended; he had no stool for four days. The catheter was used, and about a quart of urine came off, but suddenly stopt: this did not appear to relieve him; stools were procured by an enema; the abdomen was fomented, and wine was given him. On the next day the same quantity of urine was drawn off, but without any relief; his strength gradually failed him, and he died on the 25th.

Ten quarts of water were found in the cavity of the abdomen; the bladder was empty; its internal coat appeared to have been inflamed in several places, and at the fundus, in the centre of a livid spot, a circular hole was discovered, large enough to admit the fullest sized black lead pencil: the prostate gland was double its natural size, and its substance was schirrous. Dr. Livingston considers this state of the prostate gland, to have been the cause of this disease.

Dr. HUBBARD, of New Haven in Connecticut, C. M. S. in a letter to Dr. LETTSOM, October 17th, 1791,

COMMUNICATED a case wherein the application of Nettles (*Urtica dioecia*) to the whole surface of the body, restored animation which had been suspended at least an hour; and after friction and the usual external stimulants had been tried in vain. The person had been struck by lightning, and the muscles of one thigh and leg had been much torn by it. The body when found was become quite cold, and had neither the least appearance of life, nor afforded the smallest hope of its restoration. The nettles caused the skin to rise considerably, and in a few minutes afterwards, signs of returning animation appeared.

This success induced Dr. Hubbard to try the same application in paralytic cases, and in these he has often found it a successful remedy.

The following Case from the late Mr. THOMAS DENMON LEDWARD, Surgeon of the Bounty, was communicated by Dr. CLOUGH, April 9th 1792.

ON Monday 15th of August, 1785, Elizabeth Sturges, about 18 years of age, accidentally received a small wound in the left temple, just above the cheek-bone, with a fickle, (with very little apparent force) which hung by its point in the wound, and was extracted with the greatest difficulty. She fell down senseless, but soon came to herself, and pursued her usual employment, until the next afternoon, when she was seized with a most severe rigor, an excruciating pain in her head, was giddy, had frequent inclinations to vomit, and was extremely restless. She had an exceeding bad night, and in the morning was delirious; in the evening, a surgeon was sent for, she was then deprived of her speech, an emphysematous tumor occupied the left side of her head and neck, closing the eye on that side; the respiration was interrupted, with stertor, and the pulse intermitted. The pupil of the right eye was very much dilated, her jaw was locked,

ed, her hair bedewed with a cold sweat, and her extremities quite cold.

On examining the temple a small wound was found, into which a probe was introduced with the greatest difficulty, and neither fracture nor depression could be discovered; the wound did not appear to be above half an inch in depth. A branch of the temporal artery was divided, and about five ounces of blood was taken away: this was all that could be attempted for her relief, as she died in five or six minutes after.

On removing the integuments, which were extremely hardened, and swelled to the thickness of an inch, it was discovered that the point of the sickle had penetrated through the temporal bone, about half an inch above the os malæ, making a small hole, (without depression,) which would scarcely admit a large sized probe. On removing a piece of the bone it was found that the sickle had also penetrated through the dura and pia mater, and had advanced about half an inch into the substance of the brain, which portion was filled with coagulated blood, as were also the interstices between the membranes.

March 25th, 1792. A Case was communicated by Dr. PERFECT, of Loss of Speech, recovered by drawing electrical Sparks from the Throat.

IN the month of August last, a young lady of fashion, by a cold contracted from lying in a damp bed, lost her voice so entirely for above *four months*, that she was under the necessity of speaking always in a whispering tone, and that so very low and weak, that it was very difficult to understand what she uttered. She consulted many medical people, both in town and country:—all their *remedies* proved ineffectual. Finding she had been continually tormented by a slow and constant fever, I prescribed her four grains of *Dr. James's Powder* every night, with a *saline mixture* in the course of the day. In a few days she had lost her fever, but her voice remained in the same state. I next advised bracing and strengthening medicines; and that her throat should be *steamed* with a preparation of *herbs, vinegar, and camphor*. This being repeated, after a few days, she was enabled to pronounce a monosyllable or two, but not very distinct, and, in

in a very short time after, again lost the power of utterance. It then occurred to me, it would not be impossible to obtain some advantage, by extracting a few *electrical sparks* from her throat. I consequently proposed it, and she very willingly consented to the experiment. The first day of trial she underwent the operation only for *five minutes*; during this short period, to the surprize of every one present, her voice instantly returned: she spoke several words, whilst seated on the *electrical chair*, distinct and with tolerable firmness of voice; but, in about half an hour after again lost her voice.—The next day a second trial was made, and she was kept on the *chair* for half an hour, during which time *sparks*, which were *vivid* and *strong*, were continually excited from her throat. During this operation her voice again returned, and she spoke plain, and with far greater ease, than on the preceding day, and her voice continued *firm, natural, and articulate*, for the space of *an hour*, and then sunk again to her usual whisper. The *third* and *fourth* time lasted for an hour; the last of which produced a wonderful effect; indeed she retained her voice perfectly the whole evening, went to bed, and the next morning had the satisfac-

tion to find her voice remain unimpaired. At her own particular request she has been *electrified two or three times* since, for above *fifteen or twenty* minutes at a time, and still enjoys the use of her voice as well as ever she did in her life.

A Case of Chorea Sancti Viti, with Observations on the Locked Jaw, and on the Hydrophobia, by JOHN ANDREE, M. D. Hertford, were read November 22d, 1792.

THE very indifferent success which is known to have attended the customary modes of treating St. Vitus's Dance, seeming to require a trial of some other remedy, a case occurred, in which I was induced to try the effect of white vitriol.

The patient, a girl of 7 years old, and of an irritable temper, had, without any evident predisposing cause, an attack of this disease, so gradual, that it was in a confirmed state when I first saw her on the 28th of February, 1789. Some purges had been given her, but aware of the strange effects produced by worms, I
judged

judged it necessary, to prescribe the following vermifuge, in order to ascertain this point, before any other methods were taken, Limat. stann. gr. xij nocte & mane sumend. and the following powder every third morning.

R Pul. jallap. g. viij. pulv. zingiber.
gr. iij.

No worms however were voided.

March 10th. The symptoms were more violent,

R Vit. alb, gr. iij. pulv. aromat. gr. ij.
Conf. ros. q. s. m. f. pil. mane
and nocte sumenda.

The pills kept the bowels lax, and produced a gradual amendment till April the 8th, when the appetite returning as the spasmodic affections grew weaker, her recovery became more remarkable, and on the 26th, she was perfectly well,

The cure, I think, cannot but be attributed to the white vitriol; since no other medicine was administered, except the aromatic powder,

powder, &c. which were added merely with a view to prevent nausea or purging.

The case of *Locked Jaw* occurred in the person of Ann Donn, a weakly child of $6\frac{1}{2}$ years old, in St. Clement's Workhouse, London. She had a small steatomatous tumour on her chin, which, having suppurated of itself, was emptied by pressure between my finger and thumb. The pain occasioned by squeezing the part induced her to cry out, and to contract the mouth on one side, producing a distortion which continued till death. The organs of deglutition were affected with spasm, and the jaws became immoveably closed in the course of a few hours. The free use of opium for the first two days proving fruitless, she now took the white vitriol four times a day, in successive doses, from 3 grains to 6. By this latter quantity both the stomach and bowels were slightly affected, and after continuing it a week, the jaws were so far capable of separation, as to admit my finger, and to allow of her swallowing solid food. Notwithstanding this she gradually sunk and died, without pain or any other symptom, but that of weakness. Mr. Moore junr. of Norfolk-street, attended this patient with me, and, I think, suggested the use of the white vitriol.

In the *hydrophobia*, that fatal and terrible disease, for which we are, as yet, in possession of no remedy, I am inclined, from what happened in the following case, of a similar affection, from a different cause, to recommend the application of extremely cold fluids to the head, neck and adjacent parts. Equal portions of salt ammoniac and nitre applied, in the act of solution, best answer this end, and by way of abating irritability, some good might arise from keeping the patient immersed, for a sufficient length of time, in the cold bath.* The case I allude to, was that of a man whom I attended with Mr. Toplis, apothecary, in Drury-Lane; and who, from an accidental wound in the leg, occasioned by getting through a window, was seized with Hydrophobia, attended with spasms of the muscles of the head, arms, neck, breast and throat, and a complete inability of swallowing, of which he died. He had, of his own suggestion, desired the repeated application of cold wet cloths to his head, neck, &c. a process, to

* Cold bathing is recommended by Hippocrates for the Tetanus and other spasmodic disorders.

the palliative effects of which, I was myself a witness. The patient, whose symptoms did not occur till about six weeks after the accident, (the period at which the hydrophobia arising from the bite of mad animals usually appears) had never been bitten, nor experienced any accident, to which such consequences could be attributed, except the wound in the leg, which was nearly healed at the time of the attack.

The aerophobia, a symptom mentioned by a French author, as having occurred in some cases of hydrophobia, I had once an opportunity of seeing, in a blacksmith who had been bitten on the finger. He was so extremely irritable, that the air coming in on opening the chamber door, increased the spasms, which affected the body universally. This man died, exhausted by the disease, and was the third instance of hydrophobia which I had seen, and which had occurred *six weeks* after the bite. None of these patients became delirious.

The practice of excision, as a preventive, is thought to be the only secure method of treating these accidents; yet there is a risk of the whole not being removeable by the knife, owing to the depth or direction of the wound;
and

and for this reason, I am inclined to prefer the actual cautery, as recommended by Galen. The pain of this operation is so much less than might be supposed, that a gentleman's footboy, who underwent the operation on two of his fingers, by my advice, said he would undergo it again for sixpence; and I have been assured by a friend of mine, who cauterized a wound on his own finger, that the pain is very bearable. These facts seem to speak strongly in favour of this mode of treatment, and I hope will encourage those unfortunate persons who have been exposed to this sort of danger, to agree to the immediate performance of it, as the most likely method of preventing fatal consequences. It is scarcely necessary to add, that, in employing the hot iron, every part of the wound should be thoroughly and effectually cauterized.

*Extract of a letter from Dr. JOHN WARREN
of Boston, to Dr. LETTSOM, dated May
30th 1790.*

THE influenza, well known in Europe, pervaded the whole of the United States of America, in the course of the last autumn ; the symptoms with which it was attended, were much the same with those described by Dr. Fothergill in his works, and by Dr. Hamilton in his letter to you, contained in the Memoirs of the Medical Society of London, as attendant on the epidemic of 1782 ; and with us similar methods of treatment, with those therein recommended, were generally found successful. It prevailed here in November and December ; at Georgia, the most southern state in the union, in September ; and in the British Government of Nova Scotia, in December.

The present spring with us has been remarkable for an epidemic almost as universally prevalent, as that in the autumn ; the symptoms, however, were widely different, so far at least as they have fallen under my own observation. In the latter, the affection was almost entirely confined to Schneider's membrane ;

brane; infomuch, that although the same disease has frequently made its appearance in this country before, yet, from its affuming the form of a catarrhal fever, it has never been noticed under any other denomination. In the former, this membrane was seldom diseased: the attack was for the most part sudden and violent, generally without any cough at this period; without coryza, and without those pungent pains, so remarkable in the influenza, about the frontal sinuses. I do not recollect seeing a single instance of that sense of stricture in the antra Highmoriana, which in many cases attended patients in the autumn. The predominant complaint at the seizure, was violent pain in the back and limbs, sometimes with head-ach, often however without, and rarely preceded by very severe rigor. The pulse frequent, seldom full, sometimes indeed hard, and attended with peripneumonic affections. The tongue oftener dry, than in the former epidemic, but, like that, covered with very little saburra.

In this stage an emetic generally removed all the complaints in thirty-six or forty-eight hours, except the debility; this continued with loss of appetite, frequently for several days

days afterwards. Small doses of emetic tartar, combined with an opiate preparation, were sometimes necessary to determine to the skin, promote expectoration, and relieve a slight cough with which some were afflicted. Those who did not take the emetic in the beginning, were not so completely relieved by it afterwards, and the cure was often protracted to the term of two or three weeks. In no disease do I recollect ever to have met with such immediate and sensible success from medicines of this class, as in that which I am describing, and this I may remark was by no means in proportion to the quantity of matter evacuated from the stomach, for the relief was as complete, when little or nothing was discharged but the substances just taken down, as when large quantities of bile were ejected.

The efficacy of the emetic seems to have depended upon the relaxation of the cutaneous vessels, consequent on the nausea which it excited, and upon the force of reaction in the act of vomiting, produced by the contraction of the diaphragm and of the abdominal muscles. The facility with which the severe pains of the breast, and the stitches in the side experienced by some, yielded to this remedy, seems

seems to have confirmed the hypothesis, that they were spasmodic, and to remove the spasm, was the evident indication. I must however remark that the sweats with which this disease terminated, were by no means so profuse, as in the autumnal epidemic; they were rather a moderate and universal diaphoresis.

Children under eight years of age commonly escaped it, as they did also that of the autumn. Few adults were exempt from its ravages; and I cannot find that the aged were less subject to it than others; most who died were of the latter class, yet the bills of mortality were remarkably enlarged in all ages at the epidemic period. It began about the middle of February in Boston, and spread as universally through the country as the metropolis, and that with such astonishing rapidity, that it was scarcely possible to notice any circumstances that might lead to ascertaining the degree of its contagion. It is now about three weeks since it ceased in this capital, and we have not yet obtained any very accurate histories of its progress in the country. The first appearance of it is said to have been earlier than here, pretty high up on the *Hudson* river,

thence it is said to have proceeded down *Connecticut* river, and to have bent its course hither ; after which we heard of it at *Portsmouth*, sixty miles eastward, before it appeared at *Salem*, which is forty miles on this side the capital of New Hampshire. At New-York as far as I can learn, its appearance was somewhat later than here, and our beloved President Washington is but now on the recovery from a very severe and dangerous attack of it, in that city.

From all accounts which I have been able to collect, bleeding was sometimes, though seldom, had recourse to : blistering very commonly, and almost uniformly with success, especially in cases where the disease assumed the form, as it was often observed to do, of a rheumatic affection.

Whether this is a variety of influenza, or a new disease with us, I am at a loss to determine. The first stage of it appears very dissimilar, but the last approaches nearer to a likeness. I have not met with any account of it under this form, and can scarcely believe that the difference of season is sufficient to explain the variation of symptoms ; nor, so far as I can learn, are there any instances recorded

corded of its return in Europe, at so short an interval. The periods of 1510, 57, 80, 87, 1709, 32 and 33, 43, 62, 67, 75, and 82, being much more distant.

The summer preceding the autumnal disease, was remarkably hot, the mean heat of the thermometer in September was 75° and in October 63° , which are ten degrees higher than usual. The last winter was uncommonly mild and rainy: the diseases of this season were numerous, particularly those of the synocha and typhus.

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