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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE enclosed case of a collapsing state of the brain, of a man whom I trepanned on board his Majesty's ship Victorious, being, as I think, as interesting to the physiologist as the surgeon, I request the favour of you to allow it a place in your Journal; and if a case thought worthy of such attention, I may probably send you some others. I am, &c.

Dumfries, August 25, 1805. WM. JARDINE.

On the 1st of August, I was sent for to John Gray, aged 46, who the night before fell down the main hatchway. As he did not immediately after the accident complain, or appear any way hurt to those who took him up, being drunk, he was as soon as possible put to bed, where he remained until the morning; when his mess-mates seeing he could not be awoke, at first thinking him only asleep, began to be apprehensive of something more being the matter. I found him in a very stupid lethargic state, attended with some of the other symptoms of a compressed state of the brain.

In examining his left ear, to which some drops of dried blood in its cavity had directed me, he cried out very passionately, expressive of much pain, though before he could not be made to speak. There was the mark of a blow on the occiput, yet I could not discover, from all I saw, enough to satisfy me with respect to the very place where an operation might most successfully be performed for his relief. He was plentifully bled, and his head after being shaved, bathed with a cooling solution of the cerussa acetata; he was likewise ordered an injection, which, however, soon after insensibly came away, as also did his urine. The ear seemingly injured was cautiously syringed

with warm water, with the view of promoting a discharge that way; a practice I have, in a few similar cases, formerly had recourse to with some advantage; but that operation rather paining him, without answering its end, was left off.

Nothing could be given him by the mouth

5th. All the right side paralytic,* and in every other respect worse. On examining his head again, it was at last observed, that in feeling a particular part, betwixt the left ear and occiput, he moved his head a little, and attempted to raise his hand, and seemed to feel what he did not in examining the same place before. This place therefore I considered to be the most proper for applying the saw; and in dividing the teguments, I was the more satisfied in what I had done, from nearly the size of a shilling of the pericranium, directly under, being dusky and varicose, and not so adherent as it should be.

As soon as the piece of bone was taken out, a thick congealed blood, seemingly within a very fine membrane, and partaking of the pulsation of the brain, rose at the perforation, and was, as I afterwards found, collected in such a quantity within the skull, as to separate the dura mater from it the whole extent of the parietal bone, and was so elastic and adherent to that membrane, it was with much difficulty, after penetrating almost an inch deep from the edge of the foremost part of the perforation, I could extract about two ounces. I thought it, therefore, most adviseable, observing his senses returning, to desist and wait the effect of time, and the operation upon that matter, which even at that time, by another opening, coul not have been completely cleared out.

The dressings were very simple, and he was kept very quiet.

In dividing the teguments he was very restless, but did not show the least sensibility or feeling, in introducing the instrument under the cranium. About an hour after the operation he seemed much relieved, knew his messmates, and asked for a drink, and his pulse became more regular.

6th. Had a good night's rest, and surprisingly better, his appetite &c. returning. Though he sometimes spoke incoherently

* Whether he was in that paralytic state the day before, I do not now recollect, that circumstance not being noticed in my Journal. I rather think, from the way he lay he was, but it must have escaped my observation.

coherently and to himself, when spoken to he gave a rational answer. His pulse very regular in the forenoon, but a little quickened in the afternoon. No discharge of the compressing matter that we could expect any sensible benefit from.

7th, 8th, and 9th. In every respect gradually getting better. His pulse always quick in the afternoon.

The compressing matter nowise altered in its consistence, very little at a time therefore, these three days past, could be taken out; but by the little that was, he was always sensibly lightened. The morning of the 9th rather low, in consequence of a profuse hæmorrhage from the membranes within the cranium, and likewise from the teguments; he was therefore allowed a little wine in his sago; a poultice was applied over the dressings on the eighth, but on account of the hæmorrhage of the 9th, it was laid aside.

10th. Continues better. The dressings were not removed on account of the hæmorrhage the day before. Requested a little more wine in his sago, of which he took very plentifully.

11th. The compressing matter still very tough and difficult of extraction, but a great discharge of a brown sanies from the membranes of the brain; the teguments all firm and sound. Had the bark with wine.

12th, and 13th. The compressing matter not being so cohesive as before, a considerable quantity of it was brought away; and there was such an increase of the same ichorous kind of discharge as yesterday from the membranes, that it run through all the dressings. The dura mater, of a dark brown colour, for the first time, made its appearance; was very firm, and was again with the brain apparently rising to fill up the space they formerly occupied. No pulsation of the brain observable on the 12th, except at a particular point near the edge of the perforation; his pulse still quick in the afternoon; however, he was in all other respects gradually getting better.

Ordered as much bark as his stomach could well bear, wine, &c.

14, 15, 16, 17. The compressing matter now coming away very freely, accompanied with a vast discharge of the sanies from the membranes. The dura mater in appearance more healthy; on the 14th some red spots or granulations were observed upon it; and by the 17th, all opposite the perforation was of a fleshy appearance. The pulsation of the brain being very weak, was scarcely ob-

servable, unless the membrane was touched by the probe; but it was gradually getting stronger. Every thing externally looked well. Continued the bark, wine, &c.

Between the 18th and 21st. A profuse hæmorrhage from the membrane the 18th, that depressed him that day very sensibly, but on the 19th quite revived. The discharge of the compressing matter daily diminishing, but that from the membrane increasing, and becoming more offensive. In the afternoon his skin very hot, and his pulse as before, always quick, but in all other respects as well as could be expected, and had always a very good appetite.

Medicines as before.

22d and 23d. Both nights a profuse bleeding from the inside of the cranium, and also a considerable increase of the sanious discharge from the membrane, but he did not sink under such a loss, so much as might have been expected, and he very soon got the better of it. A further increase of wine, with the bark, &c.

24th. The sanious discharge of the membrane as profuse as ever. The brain and membrane now risen, almost all round, equal with the lower part of the perforation. The membrane not so lively in its appearance as the day before. To day I found he seldom received the bark as directed, and indeed had taken very little, to which neglect may be attributed the continuance of such an excessive and offensive discharge from the membrane. Continued the bark and wine.

Between the 25th and 31st. The brain and membrane now risen close up to the edge of the perforation, and on the 27th the membrane was beginning to attach itself to the bone. The ichorous discharge from it diminishing daily; not so offensive in the smell, and thicker. The pulse in the afternoon not so quick as before. The pulsation of the brain on the 30th scarcely observable. On the 31st it was stronger, and the membrane where it was forming an adhesion to the bone was withdrawing itself from it, the air forcing its way through the opening made by that separation. It appeared as if the brain had been sinking in and drawing the membrane, which indeed was but slightly attached to the skull at that time, except at the back part, along with it.

Betwixt the 1st and 5th of September the brain and membrane continued gradually sinking in; by the 5th it had shrunk at least a quarter of an inch from the lower edge of the perforation, whereby such an opening was

made

made that I could introduce the probe, in a direction forward, about two inches and a half betwixt the membrane and cranium. From such appearances I was satisfied that an attachment of the membrane to the inside of the cranium, but in a very slight or partial manner, ever had taken place: The instrument introduced, altho' covered with a cotton thread, did not show matter of any kind betwixt the cranium and membrane. The teguments were firm and adherent, and he had all the appearances of returning health and strength. He took about ℥iiß of the bark every day, and was liberally supplied with wine, and a large blister was applied to the back of his neck.

From Sept. 6 to Sept. 9. The brain and membrane again gradually rising up to the edge of the perforation. In introducing the probe into the cranium, it was every day more and more confined in its room to move in, so that by the 9th, it had not the eighth part of an inch. The membrane looked well, and was again supposed to be forming an attachment with the cranium. No kind of discharge except a few drops of a thin colourless fluid that run out on the 7th and 9th, but the part of the dressings (a piece of lint) opposite the perforation was blackened every day by a kind of imperceptible vapour from the inside of the cranium. The brain rather in a dormant state, sometimes a slight pulsation was excited by touching the membrane, at other times when touched it seemed quite insensible.

As I imagined the separation of the brain and membrane from the cranium might have been somewhat promoted by the erect posture of his body, having sat up very much in the course of the day, (the 5th) he was on the 6th and 7th, the two following days, ordered to lie down; but the change of posture I found to have no observable effect in promoting the adhesion of the membrane to the cranium, no particular situation therefore afterwards was attended to.

Had a quart of Madeira wine, besides ℥iiß of the bark every day, and was also plentifully supplied, having always a good appetite, with fresh meat, soups, &c.

From the 10th to the 14th. The brain again gradually receding from the perforation, and the most of the time rather in a dormant state; a pulsation only sometimes could be excited even when the membrane was touched. The probe, which on the 9th could not be introduced the eighth of an inch under the cranium, now easily found its way as far as at any time before. By introducing it on

the 11th, about two tea spoonfuls of the same colourless fluid was discharged as on the 7th and 9th. On the 13th, a pulsation of the brain was occasioned, which forced out a little more of the same kind of fluid as on the 11th. On the 14th the discharge thicker, and the lint again blackened by the vapour from within.

15th. The brain now shrunk more than a quarter of an inch from the perforation, and in such a torpid state as not to be roused, even when the probe was introduced under the cranium as far as the sagittal or coronal suture. In touching the inside of the cranium with the probe, I thought I felt some parts of it softer than others. Nothing whatever discharged. His hand in the course of the day sometimes shook very much; he had taken unusual exercise the day before. The bark was given him with mustard-seed, and his allowance of wine.

Betwixt the 16th and 20th. The brain and membrane again gradually rising, but still in a very inactive state. A weak pulsation only observable on the 20th, except three slight strokes, which were occasioned by touching the membrane on the 17th. No kind of discharge before the 20th, when by laying him upon his back, a little purulent matter was forced out by the pressure of the brain against the cranium. The integuments all sound and firm.

The mustard-seed in every form disagreeing with him, was left off. Continued the bark and wine as before.

From the 21st to the 23d. The dura mater looked well, and seemed to be getting firmer in its attachment to the bone, and more likely than ever with the brain to maintain its proper situation. The pulsation too more lively than for days past; he was put into the same recumbent situation as on the 20th, with the design of forcing up any matter that might again be lodged betwixt the membrane and cranium, but nothing appeared. The same treatment continued.

From the 24th to the 26th. The brain and membrane again sinking in, and the opening betwixt the membrane and cranium again so wide as to admit the probe easily half an inch. The pulsation of the brain only observable on the 24th, and then very weak. The lint applied to the perforation the 25th and 26th, was wetted with arrack, and a stimulant sinapism was applied to the right, or formerly paralytic foot. Bark and wine.

From the 27th to the 29th. The brain again rising. On the 29th, rather prominent, and the membrane seemingly completing its adhesion with the bone.

The

The spirit applied on the 25th and 26th felt cold. On the 27th the spirit. terebinth. was therefore tried; but the second application of the terebinthina, on account of its occasioning a great heat in the left side of the head, was taken off. The sinapisms were continued, but irritating him very much and preventing his sleep, at night they were taken off. Bark and wine.

30th. An opening again made by the separation of the membrane from the skull, indicated the collapsing state of the brain.

Between Oct. 1 and Oct. 4. The brain and its membrane again gradually rising.

Continued the bark, wine, sinapisms, &c. and renewed the blister at the back of his neck.

Between the 5th and 9th. Although the membrane was firmly attached to the bone, a concavity at the perforation showed that the brain was again in a collapsing state. From the 7th the spirit. terebinth. was applied externally to the place perforated. Besides the bark and wine, he drank very freely of valerian tea, or had the bark mixed with it.

Betwixt Oct. 11 and Nov. 11. The place perforated, although concave, was very firm, except at the foremost part, where a small crust was formed on the place where that matter had burst out before. The ossification was therefore thought very slow or doubtful; however, on November 11, all the dressings were laid aside, and a firm substance was fixed in his cap, to defend the place from external injury, and he returned to his duty, which he did without any inconvenience whatever, until the night of September 5, when he was taken with a head-ach, which he was relieved of the same night, by a quantity of purulent matter bursting through at the foremost part of the place perforated, where the adhesion of the membrane had all along been so slight. The quantity discharged, from what I saw and was told, I judged to have been about an ounce and a half.

Betwixt Dec. 6 and Dec. 21. The discharge lessened gradually to about a tea spoonful every second day, when it was dressed, and became quite clear.

Betwixt Dec. 21 and Jan. 13. No kind of discharge whatever or the least appearance of it upon the dressings. No pulsation or feeling from introducing the instrument under the cranium, until three days before the place closed up, when he felt a little more than he had at any

time before. The convexity at the perforation continued, but was very firm except at the foremost point, which was only covered as before, by a kind of crust that was forced off on Feb. 11, by some purulent matter bursting through a hole about the size of a crow-quill, which discharge relieved him of a slight head-ach he had the night before. In introducing the probe on February 12, a small quantity of mixed matter was discharged, and the membrane, except at the edge of the perforation, was found to be as extensively detached from the cranium as ever. No pulsation at that time observable. It continued open until the 18th, without so much as an appearance of having discharged any thing whatever, except what was observed upon the lint, that was blackened as in the preceding stages of the injury.

A whitish thin matter burst out again on February 24, but the discharge from that time to March 6 being very trifling, the place was looked at very seldom.

Betwixt March 6th and 16th. No discharge of any kind whatever. When the dressings were taken off, a pulsation was sometimes observed at the orifice, which ceased as soon as the probe was introduced under the cranium. The lint upon the orifice sometimes black and sometimes brown.

October 17, 1800. Seven months after the orifice on the edge of the perforation was closed up by a firm incrustation, it was again opened by a pale thin matter, which, from the appearance of the dressings, could not have exceeded half an ounce.

The matter did not alter its consistence before the 24th, when it became whiter and thicker, and diminished until the 27th, when the orifice closed up, and by November 1, became very firm.

Before the 27th I could not introduce the probe a quarter of an inch, and he was then more sensible of the touch, and complained more than ever he did before.

Betwixt Nov. 1, 1800, and Feb. 13, 1801. All very well. On Feb. 4 again complained of a head-ach, which was, as sometimes before, relieved by a pale thin matter bursting through at the foremost part of the place perforated.

The sensibility now so increased that it was with much difficulty I could introduce the probe a quarter of an inch, or even touch the orifice without giving him much pain. The discharge diminishing gradually, it healed up again Feb. 16.

On the 5th of August following, the last time I saw him, the

the place perforated was very sound, although externally concave. He never from that time experienced any other uneasiness from the injury in doing his duty, unless he had caught a cold, when coughing or sneezing made his head ache.

It may be necessary to mention that this man was subject to an obstinate costiveness, for which he was obliged to take laxatives almost every second or third day, and that he suffered very much from his stools and urine insensibly coming from him, and that it was not before Sept. 5, a month after the accident, that he got the better of that disagreeable complaint.

What particularly struck me in this man's case was, that the brain, whether in a collapsing, inactive, or more irritable state, did not observably influence the system in general, or was at any time accompanied by any of thsoe symptoms denominated nervous; and that the brain and membrane seemed so firmly attached to one another, that they rose and sunk together, unless where the attachment of the membrane was very firm to the cranium, backward, the brain in collapsing was sure to tear it from it.

That he never was sensible of the membrane being touched, or of the probe or any other instrument being introduced betwixt the membrane and the cranium, although at that time a pulsation of the brain, when in a dormant state, was sometimes excited by it, until near about his recovery, when the sensibility of the parts touched became very quick.

That the loss of blood he met with at four different times, which at first, I dare say, exceeded twenty ounces, and at different times afterwards as much more, observably had no effect in retarding the recovery of his paralytic side. Mr. Hill (if I recollect) mentioned a case of a man, who after recovery of a paralytic state of his head, occasioned by a blow, relapsed in consequence of a subsequent discharge of blood from that part.

That though the dura mater was so long detached from the skull the teguments were always very firm and adherent, and never had any thing like an unhealthy appearance, except for a few days between the 20th and 30th of September, when a space, rather larger than a sixpence at the lower corner of the incision, appeared rather spongy, and from which place about a tea spoon full of purulent matter, lodged between the skin and cellular substance, was pressed out.

The membrane being sooner and more firmly attached

to

to the back and lower part of the perforation, than the fore and upper, was obviously owing to the perforation being nearer the lambdoidal suture, and by the brain, probably by its weight, acting against the side of the cranium, thereby forcing up any matter likely to collect in the lower part of the cavity, by which the membrane was kept in closer contact with the bone.

The bark, when properly given evidently, was very effectual in correcting the irritable quality of the discharge from the membrane, and drying it up; but neither it nor any thing else he took afterwards, with the same intention, had any observable effect upon the brain, either in its dormant or more irritable state, or appeared to me to be of any benefit to him whatever.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN the paper which I sent you a few days since, on the Case of Malformation of the Heart, by John Ring, I offered you some ideas on that important organ. Certain purposes of it are obvious, and beautifully adapted is its structure for the accomplishing of those purposes; yet, while the tyro of later times at once becomes acquainted with the grand functions of this hydraulic machine, how naturally must he be led to consider the whole medical world, previous to the days of Harvey, as composed only of empirics! Must not their whole art have been founded upon experience alone? Indeed, to us, who have had revealed the discoveries made in the animal economy, of streams sanguiferous, lymphatic, &c. our wonder might be excited at the shrewd conjectures of the ancients, totally unacquainted even with the use of the roots (lacteals) whence the waste of the system is repaired; with these, conducting chyle towards the heart; with this, propelling it to all parts of the system—our wonder might be much excited, did we not feel that the most happy application of remedies to the disordered frame has been entirely derived from empiricism. On the *modus operandi* of them, the observation may be trite, we can only make conjectures.

It

It has lately occurred to me, that the obvious use of a bony covering to the brain, a guard against external injuries, is not the only one; that it is also a defence against continual attacks from within, on the grand organ of intelligence and of life. A firm case, different from pericardium, dura mater, or any other yielding tunical covering, seems to me essential to its defence against irregularities in the circulation. The pressure on the brain is continually changing; the contents of the cranium swell gently under ordinary expiration, and are diminished under inspiration. In this there may be a convenient keeping up of the intestine motion, necessary to the living parts, which could not so well have been effected here by strong circulation, nor by muscular motion, as in the other parts of the body. The contents of the cranium also swell, and the pulse quickens under watching and exercise, till at length the refection of sleep is solicited. The organs of the senses and muscles of voluntary motion relax; there is no longer that compression on the sanguiferous system of vessels on the trunk and in the limbs; the blood, consequently, retires from the head, and the brain loses the pressure necessary to a state of wakefulness. Venous sinusses are formed in the head to such an extent as to contain, it is supposed, one-tenth of the whole mass of blood in the body. Into these the veins, arising from the brain, pour their contents, in rather a retrograde direction, which may prove a guard against the effects of reaction, from any inordinate interruption of the venous current at the right side of the heart; any interruption beyond the ordinary slight one at the time of the systole of the auricles. But trifling must be the effect on the brain of such reaction or interruption of the venous stream, in comparison of what must arise from increased action of the heart. When this is produced by any morbid cause, by excess of any kind, by sudden passion, how direct must be the attack upon the brain! Were there not a bony case at such a time, to keep every part of the medullary mass firm in its place, would there not be rupture of delicate parts, interruption of their ineffably and incomprehensibly curious functions or intestine motions? Would not intellect become immediately deranged? Would not death soon close the scene? Other parts of the body may often vary in their volume, may occasionally become plump or tabid, must diminish in declining life; but under all these varieties, will not the contents of the whole cranium continue much

much the same in quantity by the pressure of the circumambient air, through their being contained in a cavity of bone?

On this subject I offer you my first ideas, well aware that they cannot be considered correct *a la lettre*, or literally exact, seeing that many enjoy good health after the application of the trephine; which does away the supposed necessity of pressure of the atmosphere keeping the cranium filled: yet from the circumstance of its being requisite for these persons to lead a more guarded life than before, I cannot abandon the idea that a bony cavern for the brain is necessary, to keep it guarded against such irregularities of the circulation, more particularly as other parts bear it with impunity.

By giving this paper a place in the Journal, it may perhaps induce some of your Correspondents to transmit you several curious and valuable observations on the head and heart.

Yours, respectfully,

JOHN WALKER.

Salisbury Square, 21, iv, 1805.

Case *of* Necrosis *of the* Tibia *of the* Right Leg: *by Dr.* Eloy Berger, *of New-York.*

[Extracted from the New-York Medical Repository]

In the month of April, 1803, I was called upon, in the absence of M. Delmas, my colleague, by Mr. R. Kemble, to attend one of his servants, who had been laid up with a sore leg nine or ten months, and had used various kinds of treatment and application without any success. Mr. Kemble, feeling very much for the unfortunate man, requested me to inspect his leg with great attention, that I might give him my opinion about the nature of his complaint. Upon the first inspection of the leg, I found it considerably swollen, from the tuberosity of the tibia, down to three inches above the articulation of the ancle; the swelling affected the anterior part of the leg; it was very hard, and seemed to be formed by a bony substance; several ulcerations were spread over its surface. At the first sight I suspected it to be a Necrosis; but to ascertain it, I examined, with a small probe, all the ulcerated part, and,

and, upon due inquiry, I found divers fistulas, into which I introduced the probe to discover their depth in the bone. One of them, which was a little below the tuberosity of the tibia, was more than an inch deep, and two or three others in the same direction below that, had about the same depth. By this examination, I was convinced that every fistula had a communication with the centre of the bony cylinder. The interval between the upper and the lower fistula was about four inches. From these inquiries, I entertained no uncertainty about the nature of the complaint: I assured Mr. K. that his servant had a necrosis, which could not be cured but by a chirurgical operation. He immediately wished to have him committed to my care and that of M. Delmas, who had already been very useful to the patient on occasions which had preceded the formation of this complaint. On my return from Mr. K's country seat, I communicated to M. Delmas my opinion concerning the nature of the disease, assuring him that I was certain that a piece of bone was separated in the centre of the bony mass supporting the leg, and which could not be extracted but by the removal of a sufficient portion of the bone forming the case in which it was confined. I consequently proposed to him the operation, which I had before performed several times. He agreed with me, and a few days after we performed it.

To have the patient more at hand, he came into New-York, to Mr. Peter Kemble's, where, after the usual preparation, we performed the operation in the following manner. We made at first, two half-eliptic incisions, in which we included all the fistulas. These incisions were begun a little below the tuberosity of the tibia, and ended together about half an inch lower than the last fistula. We held, with a small forceps, the upper extremity of the incised skin, and dissected it downwards in its totality. By that process, the bone was laid bare five inches in length, and three in breadth. After having washed away, with a spunge, the blood which covered its surface, we perceived it not to be even as the tibia is commonly, but uneven and rough. We then cut off, with a gouge and a mallet, many pieces of the bony substance, that we might reach the middle of the cylinder, in which we supposed the disease to exist. With much patience and courage we attained it, and forthwith we discovered a piece of bone, much whiter than that which we had been obliged to cut off, in order to discover it. Having taken hold of it with the

forceps,

forceps, we perceived it to be loose, and that it was only necessary to lay it entirely bare to extract it easily. We then persisted in cutting off with the gouge and mallet, the whole thickness of the bony mass which kept it confined, down to the lower fistula; and notwithstanding our being retarded in the operation by the discharge of blood, which we were constantly obliged to wash away with the spunge, we laid bare in twenty minutes the whole of the detached piece of bone. Its extraction was then the easier, as it had no other adhesion to the sound parts but by the crossing of the angles of each other. After this operation, we washed the blood out of the bony cavity, and cleared away the matter with which it was filled. We made round the sharp angles which were in it, we filled it with dry lint, and secured the whole by compresses and a bandage.

Afterwards we examined this piece of bone; it was four inches in length, and contained in its upper extremity the three substances of the bones; it was white and smooth, and much harder than the pieces which we had cut off, in order to reach it.

One might be surprised at the patient having not, during all the time of the operation, which lasted more than twenty minutes, uttered a single expression of pain; we even observed that he made no complaint but during the incision of the skin. Four days after the operation, the suppuration of the wound began to be established, without the patient having had any fever: he had taken nothing during that time but some lemonade for his drink, and some soup for his food. At first, I dressed the wound with small dossils, imbued with vulnerary water, which was employed to promote the filling up of its cavity; I covered them with a pledgit of lint, over which I laid a poultice of bread and water, and kept the whole secure by a bandage. The same dressing was continued for a long time without any alteration. Hardly were ten days elapsed before I perceived many fleshy granulations, arising all over the bony surface, which would have soon filled its cavity, had I not opposed their increasing, by the interposition of the small dossils, and a slight compression made upon the wound: this restriction kept down fungous flesh, and seemed necessary, in order to keep the sore in a state of firmness and moderate inflammation, which is necessary for a good suppuration. In this manner, the pus, during all the time of my attendance, was white, entirely inodorous, and the

the ulcer drawing very fast to a cicatrization. The dressing was constantly the same, except that I laid aside the vulnerary water to use only dry lint, and lessened the dossils in proportion to the diminution of the cavity of the ulcer. In short, four months after the operation, it was perfectly healed.

From my inquiries to discover the cause of this disease, I was informed that the patient had been affected some time before with an inflammatory rheumatism; that the humour having fixed upon the right leg, a considerable swelling ensued, and that several abscesses had, after very long sufferings, been the result of it. Such is the information I was able to obtain about the cause of this complaint.

Reflections on this Case.

From the information just mentioned, and the nature of the complaint, is it not natural to think, that one of the abscesses which affected the leg, took its seat between the periosteum and the bone? that the pus formed between those two parts, necessarily destroyed the vessels of communication between them? that those vessels which are destined to convey into the bone the materials of nutrition being destroyed, those materials, instead of reaching the place of their destination, remained in the periosteum, spread in the different meshes with which it is framed, and formed a bony production, the configuration of which was necessarily that of the membrane which formed its mould? But, what could have become of the part of the bone laying under it? Receiving no longer the aliment of its reparation, it must have perished and fallen into mortification—certainly it must; and it is on that account, that provident Nature had begun the bony production to repair the loss she was sustaining: the one seems even to have been formed, whilst the other was falling into ruin. Whoever examines attentively this disease, will acknowledge that course of Nature in its formation. But it is obvious, that it is not sufficient for her to have thus repaired the loss she sustains; but she must, besides, get rid of the piece of the bone fallen into mortification, and that part of her task is not the easiest to perform; it is in fact the more difficult, as the piece of bone is confined in a kind of case; yet the difficulty does not stop her. That wise and powerful mother finds remedies even in the most difficult cases, and if she do not succeed always in fulfilling her design, an attentive observer perceives, at least, that she

she neglects nothing to accomplish it. This is the way which she employs in that occurrence to get rid of the detached body, whose presence is troublesome to her. Wise in all her operations, that body is the agent she makes use of to obtain a vehicle proper to convey it out; it is, in fact, its presence, which, by irritating the internal part of the case in which it is confined, determines in it a more or less abundant suppuration; the matter produced soon makes several holes through the bony case, and then pierces the skin to find vent. But as the pus, before its evacuation, lies in contact, during a certain time, with the detached piece of bone, it separates, by a kind of maceration, some small particles of it, which it conveys continually out, and would succeed, in time, in carrying off the whole of the disease, if circumstances were not unfavourable.

But it is easy to perceive that these efforts, however wonderful, must often prove insufficient to procure a perfect recovery, when the detached piece of bone is considerable. Nature is too slow in her operations, and the patient often falls away before the accomplishment of her design: then it is the part of our art to make up for the weakness of Nature, and to furnish the means she wants; she has traced out what must be done; she has fulfilled her task—the surgeon must fulfil his. Armed with a gouge and a mallet, he must then cut off, as we have done in the case above, a part of the bony cylinder which conceals the disease, in order to be able to extract it easily. In that manner our art performs, in a few minutes, what Nature could not do in several years; it prevents many severe occurrences, which always attend, in process of time, this distressing disease, and which, if they do not bring the patient to the grave, at least necessitate an amputation, always painful, and often fatal. We can assert, that four patients, upon whom we have practised this operation, have suffered no unfavourable consequences in the warm climates, where tetanic affections very often follow the great operations.

Fatal Treatment of a Case of Tinea Capitis;

Communicated by Mr. J. Weston, *of Shoreditch.*

THOMAS MANN, aged eight years, who had long been afflicted with tinea capitis, which had obstinately resisted all the common remedies, had on Saturday, Aug. 3, the expressed juice of tobacco* applied over his head, by his father, who had been recommended to do so by a neighbour. The application was finished at five minutes before two o'clock, P.M. and he almost immediately afterwards complained of giddiness and loss of sight, so that his father smilingly said, "the boy is drunk." He soon after became sick, vomited frequently and in large quantity; he had also inclination to go to stool, but could not evacuate; his limbs tottered, his face was pale, and covered with a cold sweat; his mother assisted him up stairs to bed, into which he had no sooner entered than he had an involuntary dicharge of fæces. His countenance now appeared sunk; his limbs were motionless excepting that now and then his legs were drawn towards his belly convulsively. He spoke but seldom; but when he did utter any thing, it was to complain of an extreme degree of thirst and of violent pain in his bowels, which seemed distended with flatus. Still he vomited frequently, and the whole body was bedewed with a cold sweat; he gradually became weaker, and at half past five o'clock he expired, which was three hours and a half after the application of the poison.

Dissection.

Head. The pericranium separated more easily than usual from the cranium, and some watery fluid was interposed between it and the skull. The membranes of the brain were healthy, except that there appeared to have been some slight effusion of lymph between the tunica arachnoides and pia mater; but this did not seem to have happened lately. The ventricles did not contain more than their proper quantity of water. The pineal gland had a hydatid in it.

The viscera of the abdomen were all in a natural state, excepting the small intestines, which appeared somewhat more loaded with blood than usual; all the viscera of the

* The dried tobacco leaf is wetted sufficiently to damp it, it is then put between iron plates, and pressed, by which means the juice is procured.

chest were perfectly sound; the blood in the heart was principally in a fluid state, but there was a coagulum in the right ventricle.

It appeared therefore by dissection that this boy's death was not attributable to any organic defect, but was to be ascribed entirely to the operation of an active vegetable poison upon the nervous system.

Several instances have been recorded of similar effects being produced by the unguarded use of this substance as an injection, and such cases cannot be too generally known, or too frequently related, as a knowledge of these facts will serve to put medical men upon their guard in using a remedy, which, without proper attention, is likely to destroy the life which it is intended it should preserve.

August 19, 1805.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

A Country Practitioner has seldom much leisure to notice on paper the theories or remarks of others; some strong expressions of the Physician to the Finsbury Dispensary, in your last Number, have however induced me to offer a few remarks on them.

With the greatest deference to the judgment of Dr. Reid, I must take the liberty of differing from him in opinion on the subject of venæsection, not when he says that it is very rarely advisable in "this enervated age," but in the *degree* of *fatality* occasioned by an improvident use of the lancet. I am by no means an advocate for frequent blood-letting, nor have I a wish to *carp* at an unguarded expression of any of your correspondents, knowing how much I myself stand in need of their candour; but when it is positively affirmed by a physician to a public institution, that "if the employment of the lancet were abolished altogether, it would, perhaps, save annually a greater number of lives than in any year the sword has ever destroyed;" junior practitioners might be lost between the rules of authors and the *ipse dixit* of the Reporter. This is not all, your widely extended and valuable Journal is read by numbers not of our profession, and what must *they* think of medical practice after reading the above quotation?

Superstition

Superstition, or at least timidity, is a frequent attendant on the bed of disease, and it is not impossible or improbable but that many a valuable life might be lost from non-compliance with the wishes of the medical attendant who advises venæsection; his patient might have seen what comes from so high an authority, and knowing that the *sword* has (unhappily) of late years sent *millions* of our fellow creatures prematurely "to that bourne from whence no traveller returns," he might recollect Dr. Reid's comparison, and actually fall a victim to his fate, for want of that remedy he feared would only hasten it. If Dr. Reid, when he insinuates so much mischief has been done by the lancet, alluded to the operations of those *appendages* to the profession who are to be found in every country village, under the denomination of barbers, bone-setters, and farriers, he is in some degree right, no surgeon in much practice but must have had the mortification to see frequent instances of the abuse of the lancet by these people, and to see every means fail that art could devise, to restore the accustomed tone to a debilitated system; but in regularly educated men of some experience, surely the fatality caused by the lancet in their hands is not quite so extensive; indeed, I believe that practitioners are so well aware of the Doctor's remark, "that inflammatory complaints are seldom to be met with," (at least in this country) that very few indeed use the lancet once in one hundred cases of fever.

I have read your Journal, Gentlemen, from the commencement of its publication, and have as constantly seen with peculiar pleasure the remarks of the Reporter of the Cases at the Finsbury Dispensary, and still hope to see from time to time the productions of his elegant pen; and as he was pleased to qualify an expression in a former number, wherein it was said, "unless the constitution has been exhausted either by time or intemperance, no one *ought* to die of fever," so possibly he will, on reflection, think the writer of this article not actuated by any other motive than the regard he has for the welfare of the community and the honor of the medical profession, and will be induced to think somewhat differently of the extent of the injury inflicted by venæsection.

I am, &c.

THOMAS WESTON WADLEY.

Wotton Basset, Aug. 10, 1805.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

ON Monday, the 29th of July last, a child of Mr. Jackman, joiner, in Clowance Street, two years and a half old, was attacked with the usual symptoms of fever, but not violently, for the child played much of this day. The day before this child was in every respect perfectly well, and was taken several miles into the country. On Tuesday several eruptions were observed, and on Wednesday and Thursday these became numerous, amounting to many hundreds, and were principally on the face and extremities. On Wednesday a few of them were surrounded with that remarkable efflorescence which we have here often noticed, and which is so accurately described and insisted on by Messrs. Little and Smith in their respective letters addressed to me, and published in No. 77 of your Journal. Mr. Little saw it again in this case, and I was glad of an opportunity of pointing it out to Mr. Farrant, a man of much observation and respectability, and Surgeon of the First Regiment of Devon Militia. In this instance this areolary character disappeared on the following day. But a small proportion of these eruptions could be said to reach maturation, and all these were fully maturated as early as the fourth and fifth day, indeed some were already desiccating, and on the morning of the sixth most of them were entirely swept away. The few that remained were those which had nearly reached the medium size of small-pox, these were perfectly scabbed, were flattened, and of a dark mahogany tint; in short, were unquestionably more resembling in all their characters small vaccinæ than variolæ. Messrs. Sargent and Little saw them in this stage. Dr. May, and I believe some other medical men, also saw this case; no doubts were entertained by any one that the affection was variolous. I vaccinated this child, Oct. 8, 1803; the cicatrix on one arm is distinctly, if not strongly marked, but I observe no seaminess in it; on the other arm any vestige is with difficulty discovered. Fluid was taken from this child largely two or three days successively.

I inoculated a child in this family about ten years ago, with small-pox; this child had the confluent disease, and died on the tenth or eleventh day of it; and this family had before lost a child in the casual disease: we have here then another instance of what I have ventured to term

incomplete

incomplete vaccination happening in a family, and in all probability in a subject of high variolous susceptibility, and again followed by a sort of hybrid result or modified variolæ. Such and so often have been these coincidences, they would hardly seem to be accidental; I do not think, therefore, it can justly be deemed gratuitous assumption, to connect and consider them as cause and effect. I have the satisfaction to know that this view of them is at this time fully subscribed by several of the medical men in these towns, who are at the top of the profession. Another child in this family, whom I vaccinated July 7, 1800, has to this day entirely resisted the small-pox. Mrs. Jackman says, she does not recollect that the vesicle on this child's arm was ever broken or opened.

If future observation does not develope other more direct and adequate causes of variolous action subsequent to vaccination, I hope it will tend at least to confirm these and others which have been already adduced. It is undoubtedly a great desideratum, that we should on these occurrences have a something on which the mind can generally rest with tolerable satisfaction; a few cases have occurred, and will of course again occur in both inoculations, which leave us no ground for conjectures with respect to the causes of them. To such inscrutable decisions of Nature we must bow with silence and with respect.

Another case, similar to the former in many of its circumstances, lately fell under our observation at Stone House, in the family of a Mr. Williams, who lives in George's Street; the subject of it is a child whom I vaccinated more than two years ago; nothing could be more regular and correct than the progress of the early vesicles; on the seventh or eighth day the child tore them both to pieces with its nails. From the irregular appearances which followed this destruction of the vesicles, I advertized the parents that I was not satisfied with it as a case of complete vaccination. Mr. and Mrs. Williams often mentioned this remark of mine to their neighbours. The cicatrices on this child's arms are not unusually small, and in many respects are satisfactory. This narrow street had for some time been previously full of the small-pox; some weeks ago, after two or three days of indisposition, somewhere between fifty and a hundred eruptions appeared on this child; these reached their utmost maturation in five days, were very small, and were very suddenly swept away; the areolary character so often attendant on these secondary small-pox was in this case very remarkable, and

remained three or four days; indeed, these pustules were more vaccinated than even those in the preceding case; with the event of this case the parents were so much pleased, that they desired me to vaccinate immediately their youngest child. I am sorry however that I did not succeed in infecting it, that it has since suffered severely from the casual disease, and is at this moment suffering from violent ophthalmy.

I am, &c.

Dock, Aug. 13, 1805. RICHARD DUNNING.

P S. The small-pox continues very mortal with us; a few days ago five children were buried on the same evening at Stone House, and some are every day buried. I am at this moment in attendance on a poor babe suffering severely under a confluent disease from an inoculation by the unmedical person who, we believe, has so generally spread this dreadful plague through this town and neighbourhood.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN your last Number, p. 144, Mr. Ring very properly remarks on the danger of suffering children to be carried abroad in London or its vicinity, previous to inoculation, on account of the number of persons loaded with small-pox, who, to the disgrace of the police, are suffered to be continually in the streets of the metropolis spreading disease and destruction. Unfortunately, keeping children within the house will not always preserve them from the danger, as these masses of contagion push their way into our very dwellings. A son of the Rev. Mr. C. of Tottenham Court Road, has nearly fallen a victim to the small-pox, propagated in this manner.

A shoe-maker in the neighbourhood having occasion to send some shoes to the house where this gentleman resides, employed a girl to carry them who was covered with the loathsome eruption. Mr. C's child, of three months old, being in the nurse's arms, passed this girl on the stairs. Fourteen days after, the eruption began to appear. The child was very ill and loaded with the confluent disease

disease, but at length struggled through it with great difficulty.

Mrs. C. has suffered very severely from fever, pain, and inflammation of the breasts, occasioned by suckling the child, who communicated local pustules not only to her breasts but to her face and other parts of the body, to the amount of from forty to fifty.

When I sent my letter, which you have inserted in your last Number, page 140, I did not recollect the following deplorable and decisive instance of the mischief of variolous inoculation, published by Dr. Willan in his very instructive Reports on the Diseases of London. He therein says, p. 18, "I cannot here pass over a striking instance of the bad effects arising from partial inoculation. A child was inoculated in April 1796, whose parents kept a shop in a court, consisting of about twenty houses. As the inhabitants repaired every day for necessary articles to the source of infection, the consequence was, *that seventeen persons were affected with the small-pox in the natural way, within a fortnight after the child's recovery; and eight of them died of the disease.*"

It may not be amiss to call to the recollection of your Readers the following facts, asserted by Baron Dimsdale in his Thoughts on general and partial Inoculation.

Baron Dimsdale says, p. 9, "I received a letter from a poor man, who kept a school about eight miles from Hertford, to inform me, that not being able to pay a proper person, he had ventured to inoculate his own family himself, and begging a visit on account of one of his children who he feared was in danger. I complied with his request, and found one child dying of a confluent pock; but my compassion abated on finding his house filled with some poor neighbours, from whom he received a small gratuity for their inoculation, one of which had lost an eye under his care. This man's residence was in a small town, and from his patients, *several caught the small-pox, and some died.*

"I saw a poor woman dying of a confluent disease. Her husband had raised money for his own inoculation, and having had the disease favourably, was assured by a farmer, who inoculated him, that he might safely go home to his family. The wife died, leaving five children, who all had the disease and recovered.

"At a village not far from Hertford, the same farmer inoculated as many of the parish as could raise five shillings and three pence, informing the others that the small-

pox was not catching from the inoculated; *but the whole neighbourhood became infected, and several died.*"

These instances tend to shew the necessity of legislative interference, if not altogether to prevent variolous inoculation, at least to confine it within some limits.

August 5, 1805. S. M.

Some REMARKS *on the* ORIGIN *and* PROGRESS *of the* MALIGNANT YELLOW FEVER, *as it appeared in the Village of Catskill, State of New-York, during the Summer and Autumn of* 1803: *In a Letter from Dr.* BENJAMIN W. DWIGHT *to* ENEAS MONSON, *M. D. of New-Haven, Connecticut.*

[Continued from Vol. xiii. pp. 304—320.]

HAVING stated, as I trust, a sufficient number of cases to evince the nature of the epidemic at its commencement, I shall now proceed to mention the ordinary symptoms which occurred in patients generally, and the extraordinary symptoms which occurred in particular cases.

Previous to the onset of the disease, patients generally complained of slight indisposition, such as is usual before the attack of fever. This was quickly succeeded, in most instances, but not in all, by a chilly fit. In a short time violent pain came on in the fore-part of the head, in the eyes, loins, and hips, in many instances extending down the thighs to the knees. In some instances the pain was most severe about the knees, and in that part of the leg where the gastrocnemius and soleus muscles unite to form the tendo Achillis. The face was much flushed; the eyes, in some instances, were of a fiery red, in others of a dull red appearance, and very intolerant of light. There was a stinging or burning heat in the skin; the pulse was full, quick, and hard: the tongue covered with a whitish fur, and moist: the thirst, in some instances, was excessive, in others moderate: the stomach was distended and very irritable. The sick complained much of a burning heat, pain, and excessive sickness at the stomach. They were troubled with frequent retching, and occasionally with vomiting; but they seldom brought up any thing, in this stage of the disease, except mucus and their drinks, and a small quantity of a greenish and very acrid matter, which, at times, almost corroded the fauces. A great quantity

of

of gas was eructated.* The bowels were generally costive. Great restlessness and despondence, and frequent moaning, and tossing about the bed, to find, if possible, some relief from change of posture, were common symptoms. Several patients, who had formerly been affected with intermitting and remitting fevers, declared that the pain which they suffered from this disease was more severe than all that they had endured in their lives before. Upon going into a patient's room, the common salutation was, "I shall die, I cannot get well again." After a short period had elapsed, the stomach was the part most affected.

When stools were procured by injections or cathartics, they were usually thin, and not to any considerable degree bilious. Except the colouring which they acquired from calomel, they were whitish.

No distinct remissions or exacerbations occurred in any instance,† but the disease marched steadily on till it was arrested by medicine, or till it had finished its course.

The first stage of the disease generally lasted from one to three days. In a few instances, perhaps, it extended into the fourth day. About this time a yellowness of the eyes came on in many, but not in all instances. The pain was much lessened. The pulse became frequent, but not hard, nor very full. The skin was dry, but much less hot. If the patient became evidently better at the first stage, the recovery was, in some instances, very rapid; but if the disease was undermining the constitution, the uneasiness at the stomach and the restlessness increased, and stupor rapidly came on. Silly delirium was a frequent symptom in this stage of the disease. The yellowness became more and more manifest, and diffused over the face, and, in some instances, over the body. Suppression of urine, black-vomit, coma, convulsions, and coldness of the extremities, followed in rapid succession, and death soon closed the miserable scene.

These

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* The quantity of gas discharged from the stomach and bowels was in some instances, so great as to induce a belief that it was owing either to a decomposition of the gastric liquor, or that it was a morbid secretion from the areolæ which secrete that liquor.

† The difference in this respect between yellow fever and the common bilious remitting fever, as it appeared in the neighbourhood, was very remarkable, and, as it seemed to me, the most characteristic symptom by which to distinguish the two diseases. We had several severe cases of bilious remitting fever within a few miles of the village, and in every instance there were distinct alternate remissions and exacerbations, so that the most inattentive by-standers noticed it.

These were the more ordinary appearances which the disease assumed. In one patient, a young lady, during the first stage of the disease, the hands and arms were nearly covered with large crimson-coloured blotches, many of which were round, and of the size of a half-dime; others were of the size and figure of a damascene.

During the second stage, hæmorrhages, in several instances, took place from the nose, mouth, and uterus.—W. Hammond, a day labourer, a man of a robust habit, had the disease severely. The symptoms were very unfavourable till they were cut short by a salivation. About three days after the soreness of the mouth came on, the gums became exceedingly spongy, and he discharged from his mouth, in the course of forty-eight hours, more than six pounds of florid blood. After this, the hæmorrhage ceased, and he recovered in a manner surprisingly rapid.

Hæmorrhages from the mouth, nose, anus, &c. were unusually frequent this year, in the common bilious remitting fever.

One patient, an Irishman, of a very vigorous habit, was, on the third day of his disease, in fine spirits, chatted, and enjoyed himself to a very unusual degree. He complained of no pain: his countenance was clear; his pulse nearly natural. About twelve o'clock he sat up in the bed and shaved himself. In the evening he was affected with continual hiccough. During the night he was affected with black-vomit to a great degree. Early the next morning he got up to the window, and hallooed to some persons, who were about ten rods distant, to bring him some meat and drink, and said he was very hungry. He laid down again, and complained of vast uneasiness at the stomach; and, after making one struggle, instantly expired.

Another patient was in the same cheerful mood, and, within two hours, was over powered with stupor to so great a degree, that it was very difficult to arouse him. He died not long after with black-vomit and convulsions. The cheerfulness in these two cases resembled that which is produced by drinking freely of wine or brandy. The first of these patients, as there was strong reason to suspect, had indulged himself in that way.

The last of these patients, and one other, had, during the last stage, frequent stools, resembling strong beef-brine, and highly fœtid.

One patient, Lavinia Parsons, who resided in the same house and room with Briggs several days, during the early part of his illness, becoming unwell, alarmed at her situation,

ation, removed to Mr. Ferguson's, a distant and healthy part of the village. Continuing unwell, though not confined to her bed, she was, a few days after, taken in a carriage to Freehold, about 20 miles westward of Catskill. At Freehold she soon became more seriously sick, and was brought back to Ferguson's. Her disease was considered by Dr. Croswell as a very decided case of Typhus gravior. The fever lasted four or five weeks without any intermission. I saw her a few times during her sickness, and had the same opinion of its nature. Just before her death, being near at hand, I was sent for in great haste, and found her vomiting matter which very strongly resembled chocolate grounds.

A little girl, sister to Lavinia Parsons, who came from Connecticut in the month of August, went to Briggs's house, and staid there one night. This was soon after he was taken sick. The next morning she went to Ferguson's. About the same time that Lavinia was seized she began to complain. Her's was a very clearly marked case of *typhus gravior*. A few days after Lavinia died, she began to recover. From these facts may we not infer that the jail and yellow fever are species of the same genus? and that the miasmata producing yellow fever are not specific, but may, according to circumstances, produce jail, or yellow, or some other fever?

I will only add, that no other persons were affected with fever in this neighbourhood.

TREATMENT.

Dr. Croswell and myself practised together considerably, and our mode of practice was similar. If called at the onset of the disease, after a little experience had taught us what type it had assumed, we made very liberal evacuations from the bowels. This was effected by calomel alone, or conjoined with jalap. Ten or twelve grains of each were usually given to an adult patient. This was frequently aided or preceded by stimulating injections. In some instances blood-letting was indispensable. To allay the excessive sickness and burning at the stomach, we tried, in several instances, the effervescing draught, but it was of no kind of service. Neither did the aq. ammon. acet. appear to alleviate those troublesome symptoms. Alkalies alone were of any real benefit, and a very liberal use of them was adopted. After the cathartic had ceased operating, calomel was administered in small and frequent doses, with or without opium, according to circumstances. Mercurial ointment was also, in a number

of

of instances, applied freely, so as, if possible, to ensure a salivation. While this plan was in operation, the bowels were kept free, by injections or otherwise. In a few instances we attempted to cure the disease by copious and long-continued sweating, but our success was not such as to warrant this mode of practice. It was with the utmost difficulty that sweating could be excited and kept up for any considerable length of time.

The drinks were toast-water, barley-water, rice-water, chicken-water, and good spruce beer; the last of which, in several instances, sat better upon the stomach than any thing else.

Particular pains were taken to keep the rooms of the sick well ventilated. Their linen was changed often: vinegar was sprinkled upon their floors, and its steam diffused about the room.

If the disease proceeded on to the second stage, and the irritability of the stomach increased, a large epispastic was applied to the abdomen, and sinapisms to the feet. If to these were added delirium, or comatose symptoms, epispastics to the neck, thighs, legs, and arms, were also used.

When patients *began* to convalesce, good old Madeira wine, and porter, were very serviceable. After a little period had elapsed, colombo and bark were used advantageously. But wine and porter were evidently preferable in the beginning. The elixir vitriol also was often useful.

Some persons were slow in recovering. Those whose systems became so far affected with mercury as to produce a soreness of the gums, all recovered, and generally in a very rapid manner.

No other fever occurred, during the prevalence of this disease, within the circle of its ravages.

The number of deaths, including Lavinia Parsons, was eight.

About forty persons were affected with the disease; perhaps I should say, more properly, that there were about thirty clearly marked cases of the disease, and as many as ten or twelve doubtful cases. The latter we considered, at the onset, as decided cases; for in most, or all such instances, the complaint commenced with striking symptoms of this disease, and generally threatened a violent attack. But the patients, instead of delaying twelve or eighteen hours, to ascertain whether they were about to be severely sick or not, applied immediately for medical aid. In such instances very free evacuations were procured from the bowels; after which sweating was, in several instances,

excited, and kept up for a considerable length of time. Thus the symptoms were relieved, and by the second or third day the patient was evidently on the recovery. Were I to express an opinion, I should say that these were undoubted cases of yellow fever, and that the disease was completely subdued in the first stage.

Of those who died, one person, who was upwards of fifty years of age, possessed a constitution much shattered with syphilis and hard drinking, and would not, probably, have survived an attack of any inflammatory fever; a second died from a relapse: a third, as there was strong reason to believe, from drinking rum when he was apparently out of danger: a fourth, Mrs. ——, who had reached the tenth day of the disease, and bid fair to recover, was seized with premature labour, and expired shortly after: two others had greatly fatigued themselves immediately previous to the onset of the disease; a seventh, who was seized very violently, did not apply for medical aid till the inflammatory symptoms had nearly subsided. The eighth was Lavinia Parsons.

When these things are taken into consideration, the disease, to say the least, was not more fatal here than it has heretofore been in New York, New Haven, Philadelphia, and various other towns.

Of those who were affected with the disease, one-third were attacked in August, and two-thirds in September. The last person that was attacked was seized September 28. Three died in August, and five in September. Females, in general, were handled much less severely than males. Six of those who died were males.

None of our patients, during or after convalescence, were, to any considerable degree, affected with œdematous swellings.

A number of patients, after convalescence, lost most or all of the hair from their heads.

I come next to make some observations with respect to the origin of the disease. In a former part of this letter, I remarked that the creek, about three-quarters of a mile from its mouth, took a turn to the west, and that, along this bend, a street was laid, running nearly at right angles with the main street. Around this corner, and south and west of it, a number of houses and stores are situated, nearly or directly upon the bank. To these houses, and a few others on the opposite sides of the streets, the disease was confined.

At the bottom of the bank is a narrow strip of made-ground,

ground, on which are situated two or three stores. In one of these stores, during the month of May, between two and three hundred barrels of herrings were deposited. The brine, which is composed of the blood and oil of the fish, impregnated with salt, ran out, during the hot weather in July, in large quantities, on the floor. To conduct it off, a scuttle had been cut in the floor, and the floor was made descending from all quarters to this place. Of course, the brine settled upon the ground below, where it became highly putrid and offensive. The store has no cellar, and on one side no underpinning, so that any noxious effluvia which might be generated here would have abundant opportunity to escape and poison the surrounding atmosphere. From the nature and arrangement of the ground and buildings around (the bank forming nearly a semi-circle, and being from ten to fifteen, and in some places twenty feet higher than the ground on which the store stands, and being in a great measure, covered with buildings), it may be easily conceived, that those who lived in this neighbourhood must have daily and constantly inhaled a poison highly concentrated. Any effluvia existing in this place, unless possessing a specific gravity less than the atmospheric air, could not, without difficulty, escape far. The stench from this place was intolerable, as I often perceived, at the distance of several rods. To those who lived in its near neighbourhood it was less so, but by others it was much complained of. Some mechanics, who were employed from time to time in working in and about the store, complained of being much nauseated by the stench.*

Mr. H's house, that in which the disease commenced, is situated directly on the bank, about sixteen yards north of the store. The north end of the house stands on the top of the bank, the south end at the bottom. The family lived at the south end, on the lower floor, and nearly twenty feet lower than the surface of the street. Whenever the wind blew from the south it came directly from the shore upon them. The air here was also oftentimes damp, chilly, and confined. It may not be useless to

* October 16, I went, in company with several gentlemen, to the wharf on which this store stands. The sickness had entirely ceased, and all apprehensions of it had died away; but the stench was so unpleasant, notwithstanding the herrings had all been removed in August, and a considerable quantity of unslacked lime had been thrown in and under the store, that we retired in haste, without having staid our intended time.

to observe, further, that the room in which Mr. and Mrs. H. slept was situated under an open piazza, and that, after every rain during the latter part of July and the early part of August, it became damp, and oftentimes wet, so that the clothes hanging in the room were much moulded. Mr. H. had for several weeks previous to his sickness, been accustomed to open the store early in the morning, before breakfast, and to hoist the windows.

The three first persons who were affected with the disease lived in his house, and composed the whole of his family at this time. The two first were seized on the 10th of August: — the third on the 11th; — Briggs, the fourth, about the same time. He lived in a house situated on the bank, about ten yards distant. The fifth spent his days and nights principally in Mr. Croswell's printing office, which stands about four rods north of Mr. H's house. He was also not unfrequently in the near neighbourhood of the store. I cannot find the least shadow of a reason to suspect that either of the four first had been in any way exposed to *contagion*. The fifth patient, who was seized August 19th, was present at the interment of Mr. H. and hence some persons might conclude, took the disease from *contagion;* but let it be remembered that he was constantly encircled by an atmosphere highly *infectious*. The sixth, John M——, left New-York August 10, and arrived here the 11th, in the evening, about twelve hours after Briggs was taken sick. This man came up in the Commodore, a sloop plying between this and New-York. On her arrival she was immediately hauled up along side Day's wharf, which is adjoining that on which Hale's store stands. On board of the Commodore, John spent his nights, and around Hale's store he was employed during the day. Whether he took the disease here or in New-York is not *certain*, nor very material From several circumstances we are inclined to think he took it here. That he should have communicated it to any one is very improbable, as he died very soon, and as no one who visited him had the disease. The next cases occurred in such houses as were situated nearest the store.

To trace the progress of the disease minutely any further would be tedious and unnecessary. I shall only add, that it was confined to the near neighbourhood of this store; that every person who experienced an attack of it, except two or three, resided within a stone's throw of the store; that these were employed for a number of days, about their usual business, within two or three rods of the same place;

place; and that none of the numerous visitors and watchers from other parts of the town were affected with the disease. Probably more than fifty persons visited Mr. and Mrs. H. during the first six days of their illness. They, and many others afterwards, visited and watched with the sick. Old and young, males, and not a small number of delicate females, performed for them these and other kind offices. Of course many persons, and some of them possessing habits in no small degree liable to be acted upon by noxious effluvia, were much exposed to contagion, if any existed; but none felt any ill effects from it. In no instance was there any good reason, in our opinion, to believe that the disease was communicated from one person to another.

That the cause which I have assigned will, by all persons, be deemed a satisfactory one, I have not the vanity to imagine. That it appeared so to us we have no hesitation in declaring. In confirmation of this opinion, the following fact may be mentioned. Saturday, August 13, Dr. Croswell and myself being desirous to explore the cause of the disease, examined the state of the store, and the ground beneath. Having spent some time in accomplishing this object, we stepped a few feet aside, and continued conversing together for near half an hour. Though we were to the windward of the store, and the wind blew fresh, I perceived, several times, the stench to be very unpleasant. During the remainder of the day I was affected with slight head-ach and some degree of nausea. The next morning I rode out four miles to visit a patient. In addition to the ill feelings of the preceding day, I soon began to be affected with a severe burning in the fauces and stomach, and a distressing pain in the fore-part of the head. These disagreeable feelings rapidly increased till I returned. In a short time after, a profuse evacuation from the bowels took place, and I became almost immediately relieved. For eight or ten days after this, my perspiration was of a very peculiar and offensive smell. The burning in the throat and stomach produced a sensation altogether different from severe heart-burn.

If the cause which I have assigned was not the true one, I may safely say that it remains yet to be discovered. No other cause which is capable of a moment's defence, has yet been suggested, at least within my knowledge. Most of the inhabitants acceded to the opinion of its being produced by the herring-brine. All acknowledged this to be *causa sine qua non*. Some persons, however, it is

but

but just to mention, attributed it to another and very different cause. Early in the morning of the 9th of August, Mr. H. and family, and various other persons, were called upon to see a negro woman who lived in the neighbourhood, and who was supposed by the family to be expiring. This woman had been sick for several weeks; and some persons, rather than admit the yellow fever to originate from so *inefficacious* a cause as putrid fish or brine, concluded that it must have been communicated from Mary, the negress above-mentioned. How, or where she acquired the disease, no one could tell, till fruitful conjecture at length unravelled the mystery: — A person possessing a very luxuriant imagination, and terrified at the name of yellow fever, some time about the middle of August, passed near the negro house, and observed a basket of clothes standing at a little distance from the door. He "thought they appeared dirty," and smelt unpleasantly, and cautioned all those within hearing, not to come too near, for, to use his own expression, he "guessed that the clothes did not contain any thing good, and that there was no advantage in standing too near them." After guessing a little more, some uneasiness was excited in the minds of the bystanders. This hint, so gratifying to popular prejudice, was industriously circulated, and gained colouring and strength from every mouth that delights in telling some new thing; and it was soon currently reported, that Harry, Mary's husband, who was employed as a sailor on board the sloop Commodore, had purchased a chest of clothes in New-York, at auction; that these clothes had, in all probability, belonged to some person who had died of the yellow fever; and that in this way the disease was undoubtedly communicated to his wife, and from her to others. This was declared by Harry, in the most solemn manner, to be wholly without foundation. His wife, and mother (who is a very sober woman), declared that he had not brought home any articles of clothing, at any time during the present season, except such as he usually carried with him. Capt. Post, master of the Commodore, whose character for veracity and uprightness, and vigilant attention to his business, needs no commendation, also assured me repeatedly, that Harry had not, at any time during the present season, brought up any articles of clothing, except such as he usually carried with him, nor any boxes, nor trunks, nor chests, nor baskets, nor any thing else of the like kind. All this did not satisfy such as were unwilling to be satisfied. But after a few days had

elapsed, the subject was cleared up to our entire satisfaction.

On Friday, the 12th of August, when the Commodore, which had arrived from New-York the evening before, was unlading her cargo, a basket of clothes belonging to a negro passenger, was brought to Harry's House, and placed a little distance from the door. While standing here the man above-mentioned espied it. This was that baleful fountain whence issued such exhalations as filled all the surrounding atmosphere with poison and death. Let it be remembered that the vessel which brought this basket of clothes did not arrive here till August 11th, about twelve hours after Briggs (the fourth case) was taken sick, and not till near a month after Mary was seized with her complaint. In what manner this basket of clothes introduced the yellow fever, it requires more ingenuity than I possess to determine. In addition to all this, Mary, the negro woman, had not the yellow fever, neither has she had it at any time during the present season. About the middle of July she was attacked with common bilious remitting fever; a fever which *was* wholly different, in its beginning and progress, from the yellow fever. It came on very slowly, she gradually becoming sick for near a week before she was confined to her bed, and it was marked daily with distinct alternate remissions and exacerbations. This cannot be said of the yellow fever, *as it appeared here*, in any instance. At the time Mr. H. and family, and others, were called upon to witness her apprehended departure, she had a violent hysteric fit, a complaint to which she was much subject. She had at this time been convalescing for more than a week. The idea that any person should have caught the yellow fever from her in this situation is truly laughable, especially when we consider that none of her numerous watchers, so far as can be ascertained, had the disease.

This long, and I fear, tedious statement, might have been omitted, had I not deemed it advisable to strip the subject bare of that false and darkening veil which has been cast over it.

No other mode of accounting for the existence of the disease has yet been suggested, within my knowledge. Mrs. H. who is a very domestic lady, had been but a few rods from the house for several weeks. Mr. H. Emma, and Briggs, had not, so far as can be ascertained, been in any way exposed to contagion. The irresistible conclusion is, that the disease originated here; and where, let

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me ask, is the improbability of such an event? Does not the climate of the United States, aided by filth and other local causes, in some part or other of it, give birth to diseases, every year, of as malignant a nature as the yellow fever? A very malignant dysentery, you well know, has appeared this season in New-Haven and Stratford, and many other parts of New-England, which has been more fatal than the yellow fever at Catskill. The last year, the towns of Northampton, Greenfield, and Blandford, in Massachusetts, suffered very severely from a most malignant epidemic; yet no person supposes that the disease, in any of these towns, was imported from a foreign country. Nearly one twenty-third part of all the inhabitants, as I was informed by Dr. Hunt, died in Northampton, in the year 1802; a town usually uncommonly healthy.

Were physicians, in all parts of our country, careful to write accurate histories of the epidemics which fall under their observation, I cannot but think that the doubts on the domestic origin of the yellow fever would be in a great measure removed.

The foregoing observations I have detailed to you with that freedom which ought to be exercised in discussing any interesting subject; confident that, if I am in an error, you will exercise towards me all that candour and friendship which I have heretofore experienced from your hands; and that if, on the contrary, I have laboured in supporting a just cause, you will not be the less ready to admit the weight of facts, though they oppose the opinions which you have espoused.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

WHEN the nature of a disorder and the effect of remedies in its treatment are perfectly clear, however unusual the disease, and however new the practice, conciseness is always agreeable to the reader. But when there is any doubt respecting its nature, and the effect of remedies is uncertain or unsuccessful; if the case be submitted to public opinion, its history should be as full and particular as possible. For it too commonly happens, that from some of the more striking symptoms the practitioner

makes up his mind as to the nature of the case, and pays little attention to other symptoms, which, in his view of it, may appear either subordinate or anomalous. In such circumstances, if he were to write its history concisely, he would describe only what *appeared to him* to be its characteristic marks. Such a narrow view of the subject would, of course, be of little use to the medical world, and perhaps serve only to show, unfairly indeed, the uselessness, on some occasions, of powerful remedies. This early impression of the nature of a disease has very often more influence upon the mind of the practitioner than many would be willing to allow, more especially after its nosological name is fixed, and sometimes prevents his seeing what, to a new observer, would be sufficiently obvious. This is one of the best reasons for calling in the aid of a physician, and sometimes of a second; and it might be useful in the progress of an obscure and untractable disorder, to pause, and ask ourselves, what would probably be the opinion of another at that particular moment? There is, I presume, no medical man who has not sometimes wished, on a retrospective view of a disease which has terminated unfavourably, that he had pursued a different mode of treatment.

The case of Thomas Ains, recorded in the 78th Number of the Medical and Physical Journal, by Mr. Bishopp, is very interesting; but it would have been more satisfactory could Mr. B. have ascertained by dissection, what was the cause of the dyspnœa he mentions; whether it was hydrothorax, or abscess, or mere debility. It is an uncommon case which he has given to the world; no doubt, for the purpose of discussion; and as his mode of treatment was the same that most medical men perhaps would employ, he will, I am sure, be pleased at a few general remarks.

We all know that there are many diseases which affect the whole vascular system, whose progress seems not to be at all interrupted by depletion. This is remarkably the case in some kinds of fever, it is not unfrequently so in some inflammatory affections, as in the case of Ains, where the morbid vascular action continued until he was "completely exhausted," in spite of "topical and general blood-letting, relaxants, &c. It therefore appears that inflammatory action does not acquire a full habit as a necessary condition to its existence, and, when the abstraction of blood proves curative, that it does so in an indirect manner. The abstraction of blood may be considered

dered in two points of view, as it relates to the mechanical effect of taking away a part of the weight propelled by the action of the heart and arteries, and as it relates to its influence upon the nervous system through the new condition of the balance between the solids and fluids. If it were not for the latter consideration we should be unable to account for the difference of effect produced by the abstraction of a given quantity of blood from a large and from a small orifice, the one effecting the nervous excitability more than the other. There is an idea entertained by the common people, that the first bleeding must be useful to them in a remarkable degree, and therefore many of them keep this remedy in reserve for some very important occasion. If the above reasoning be true, it affords some slight support to this vulgar prejudice; the remedy too may be more powerful from such an opinion of its efficacy. Where the blood vessels are really over-powered by *quantity* of blood, it constitutes a disease for which the loss of blood acts as a direct remedy; but in those inflammatory diseases where its abstraction is sometimes, but not always curative, I apprehend that it acts as an indirect remedy, affecting the nervous system principally. Therefore, when in such cases it has been carried to a certain extent without disturbing the morbid action, I should expect no good effect from its farther use, but rather that it would hasten the fatal termination of the disease. I have seen blood-letting employed to a considerable extent in acute rheumatism, without the expected advantage. The blood indeed is generally more sizy at the second and third bleeding than at first. By its use (except perhaps in strong and full habits at the outset) the strength of the patient is commonly diminished, but not the violence of the disorder. I have found the disease yield much more certainly and speedily to powerful doses of cinchona, with opium at night; and the sooner this plan is adopted, after the tongue becomes moist and clean round its edge, the sooner will the patient be cured. It commonly increases the pain at first; but if employed sufficiently early, the patient is usually well in a fortnight, and not extremely debilitated and so subject to relapse as by the common mode of management.

In bleedings from the nose, where the hæmorrhage has been large and frequent, there are still found marks of febrile action; a white tongue; a large, quick, and frequent pulse; but which will not, in general, raise the finger very powerfully. In this case, a single bleeding from the arm is sometimes useful, producing what has been called a re-

vulsion, but what I should call its indirect effect. Where the hæmorrhage has been (as above stated) large and frequent, there cannot be much plethora, and I should consider a repetition of venæsection bad practice. In such cases (and I have seen many) I have never known large doses of cinchona with tinct. opii (for instance, ʒj. of the former and gtt. x of the latter, 6 horis, according to the age, &c. of the patient) to fail in curing very speedily and very permanently, if continued a sufficient length of time. I am disposed to think, that any great tendency to suppurative inflammation rather indicates want of tone; this is frequently seen in irritable habits, where whitlows sometimes affect all the fingers. Sometimes there is a disposition in the habit to produce suppurating boils on almost every part of the skin; a very painful and troublesome complaint, but which, as well as the former, is sooner cured by large doses of cinchona, as far as my experience goes, than by any other mode of cure. These facts are stated, not merely as they relate to the respective complaints, but as a ground for the trial of the same plan in cases of suppurative rheumatism; for if it were adopted before any vital part is affected, it might destroy the suppurative habit. Here the question again occurs, what was the state of the thoracic viscera in the case of Ains?

I have formerly seen in Hospital practice, an unconquerable tendency to hæmorrhage after amputation, where the hæmorrhagic nisus continued till the patients were exhausted. Here I should expect the same effect from cinchona and opium as in epistaxis.

As I have no other design, Gentlemen, in sending you the foregoing Observations, than that of contributing to the stock of useful medical knowledge; if you think them calculated to answer that purpose, you will do me the favour to insert them in your very useful Journal.

I am, &c.

Cheshunt, Herts, Sept. 2, 1805. E. HARROLD.

P. S. Since writing the above, I have seen your "Critical Analysis" of Dr. Haygarth's Clinical Work; a work which I have not yet had the good fortune to see. My communication can of course, as far as it relates to rheumatism, have no pretension to originality; but in so far as it may prove a humble support to the highly reputable testimony of Dr. Haygarth, it may be thought more worthy of attention. That the early use of cinchona in acute rheumatism has been my practice for near thirteen years, some of my friends and many of my patients could testify.

A concise Account of Dr. Gall's new Doctrine of the Brain, and the Faculties of the Mind.

(Communicated by Dr. Arneman.)

DR. GALL, of Vienna, already known to the medical world by several very valuable and ingenious medical treatises, has of late greatly increased his reputation as an ingenious and profound investigator of the operations of nature, concerning the functions of animal life, that he justly may be ranked amongst the most extraordinary men of the present age.

Dr. Gall is far from Charlatanism, neither does his theory originate from arguments formed by fancy and imaginary facts; the only rule he follows is mere and simple observation of Nature, confirmed by experience. He himself is willing to allow, that his doctrine for the present, is very far from being complete, and he is now engaged in a tour through the Continent, with the intent to display his doctrine in private lectures, to increase by these means his stock of observations, to collect the objections of the different medical men and literati, and to model more and more his assertions and the conclusions he draws from them, according to nature and general experience.

The Doctor has been for several months at Berlin, where he had the honour of delivering his doctrine before their Prussian Majesties, the Physicians of the Court, all the Medical Professors, and among them the Nestor of the present Anatomists, Dr. Walter; besides, the whole faculty, and almost every body who makes a claim to a liberal education, attended these lectures.

From thence the Doctor proceeded to Dresden and Halle, where the celebrated Anatomist Dr. Loder attended his lectures, and he intends visiting all the universities of Germany, &c. &c.

As the Doctor has not himself published an account, nor even the outlines of his doctrine, the different pamphlets published by young physicians, who attended Dr. Gall's lectures at Vienna, or saw his collection of skulls, are of very indifferent value, and for the greater part not to be depended on. We think ourselves entitled to lay a concise account of this very interesting and important doctrine before our readers, as we have several copies of the Doctor's lectures at Berlin, before us; and besides, a model of a skull formed in gypsum after the pattern the Doctor uses in his lectures for explaining his assertions;

and have compared this with the account of our correspondents, and several eye-witnesses.

Dr. Gall's doctrine may be divided in two parts. I. The Doctrine of the Brain. II. The Doctrine of the Skull, the Organology and Organoscopy, and Encephalognomiæ.

The Doctrine of the Brain

Originated from the Doctor's numerous observations and dissection of hydrocephali interni, and from these he was led to conclude that the brain was not a pulpous substance as it is generally believed, but a mere *membrane*. In his dissections of the brain he followed not the common method, to begin the dissection from the cortical substance, downwards to the basis encephali. On the contrary, he always made a beginning with the anatomy of the spinal marrow, and so upwards. In this way he found that the structure of the brain is very different from what is the general opinion of anatomists. By many years indefatigable labour and observation, the Doctor found, that animals of the most simple organisation have only filaments of nerves dispersed through the body. In the next class of animals he found the trunk of the spinal marrow formed. The more compleat classes of animals are endowed with nerves rising from the spinal marrow. In the highest classes the spinal marrow is double, like all other organs on which animal life depends; and a double series of nerves rises from the spinal marrow. *The spinal marrow forms the brain and all other nerves without exception,* although it may appear that they take their origin from the brain. There is no nervous substance or medulla nervea, but the nerves consist only of filaments, &c.

All nerves rising from the spinal marrow, increase in size in proportion as they enter the cranium and take their course to the surface of the brain; *they all pass on their way through nervous knots, ganglia.* These ganglia of the brain, contain a texture or expansion of nerves, mixed with a substance like the cortical substance of the brain, and may be considered as the matrix, or serving for their nourishment. Of the nerves rising from the spinal marrow, *eight pair hitherto are known.* The Doctor demonstrates them as follows: From the upper part of the spinal marrow, and the medulla oblongata, are formed on each side the *nervus accessorius*, and *nervus oculomotorius*, and as their common *ganglion* may be considered the *corpus olivare*. More towards the centre of the medulla oblongata we find *the nerves forming the cerebellum*, or, as the anatomists

mists call them, *processus cerebelli ad medullum oblongatam*, the ganglion of these fascicles of nerves is the *corpus ciliare*, situated in the *arbor vitæ* of the *cerebellum*. Next to these we find the *acoustic nerves*, the *optic nerves*, and the *nervi olfactorii*; all these pass through a ganglion, as by a minute dissection easily appears.

The most important of all the eight pair of nerves is what was hitherto called the *pyramids*, this fascicle of nerves is *the origin of the cerebrum*, or the *hemispherii cerebri*. The Doctor proves this by observing, *that the size of the hemispheres of the cerebrum always is proportionate to the size of the pyramids;* besides the pyramids take their course uninterruptedly to the surface of the hemispheres. The pyramids have allowed to them *two ganglia*, the first is the *pons Varolii*, or *protuberantia annularis Willisii*, and the second the *ganglion cerebri*, which appears in dissecting the *lobum cerebri* next the *fossa sylvii*. These nervous strings form the *gyri cerebri*.

It would lead too far to follow the Doctor through his very minute dissections and enumerations of all the filaments of nerves, by which he traces his assertions, we shall leave this to the attention of anatomists.

It has been said above, that, according to Dr. Gall, all nerves take their origin from the spinal marrow, eight pair of which enter the cranium; these he calls *entering nerves*. But on a minute examination, we find some nervous filaments returning from the brain. The Doctor considers these as a different species of nerves, and calls them *returning*, or *retrograde* nerves. *They take their rise from the cortical substance* that constitutes and surrounds the ends of the first species of entering nerves. They increase by joining towards the spinal marrow, and they do not pass through ganglia; but they form, as the Doctor observed, *commissuræ;* for instance, the commissura of the *retrograde acoustic nerve* is situated behind and under the pons Varolii; the commissura of the *nervi olfactorii*, between the ganglion belonging to these nerves; the commissura of the *retrograde nerves of the cerebellum* is in the pons Varolii itself. The *retrograding nerves of the cerebrum* have more commissura belonging to them; the first is the corpus callosum; the second the commissura anterior of the lobus cerebri bordering on the optic nerves, the *septum pelucidum* is a continuation of this, &c.

Besides these two species of nerves, we observe a very delcate and subtle substance of nerves, passing from the spinal marrow, through the very middle, upwards, and

ending in the raphe Lavoisii on the corpus callosum. This substance, Dr. Gall considers as the *uniting medium between the double organs* through the nervous system.

The Organology.

Laying down as a basis, that every string of nerves the ganglion of the cerebrum consists of, forms the different gyri cerebri; and being proved by experience, *that the state and growth of the brain forms and shapes the bony part, or the skull,* the Doctor was led to conclude, that the different elevations and depressions we observe in a manifold manner by comparing a number of heads in living persons, may be considered like the seat of so many different organs, proving and expressing the faculties of the mind, any animal or human being is endowed with by Nature.

As it cannot be denied that every eminent talent is a gift of nature, cultivated by education and art; and the faculties and powers of the mind, being so very differently distributed; the Doctor obviates every objection that his doctrine may lead to promote materialism. The anatomists and physiologists almost of every age, endeavoured to investigate the seat of the soul, and to find out the very spot the different faculties of the mind are resident. Dr. Gall, on the contrary, considers the brain, not as the common organ of the soul, but as *an assembly* or an *aggregation of the different organs.*

These *organs,* according to the Doctor, *manifest themselves* to the touch, or the eye-sight, *by elevations and prominences of the outer part of the skull,* and they are uniformly to be found in animals as well as in the human race. So, for instance, we find a striking likeness in the formation of the skull of rapacious quadrupeds and birds; the skull of domestic animals, or of such that are noted for mildness of temper, is totally different. This likeness the Doctor traces through all classes of animals, and as far as his vast and deep experience confirms it, draws a comparison with mankind.

This doctrine may be considered therefore, for the future, of the most important use in education. The different organs undergoing an evolution, depending partly on the general growth of the brain, partly on the different periods of age; in old age, when the faculties of the mind decrease, the condition of the brain and the shape of the skull becoming very different, and undergoing visble changes. It may be of the greatest importance to pro-

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mote and regulate the growth and forwardness of different organs by education and moral impressions, mean while the other pernicious organs must be forcibly depressed and retarded. The organs being independent of each other, yet among the neighbouring organs there exists a consentient association; and by rousing the energy of one organ, all the neighbouring parts may be affected and drawn into action. These organs, of course, in people of common faculties, are not very prominent; most conspicuously we find them in persons of brilliant talents, great geniuses, and in those whose minds are deranged. Dr. Gall points out *thirty-two* organs in the following order.

1. *The organ of life,* vis vitalis. Its seat is close to the *foramen magnum ossis occipitis.* All persons who attained a great age, as the Doctor observed, have a large foramen occipitis. This we find wonderfully confirmed in all animals that are noted for their longevity; the elephant, the eagle, the parrot, the swan, the raven, the carp, &c.— Wounding this part, instantaneous and absolute death is the consequence.

2. *The organ for preserving life,* wish for life. There are persons to whom life is very indifferent, though they live in the greatest affluence. On the contrary, we find wretches in dungeons, loaden with chains, who are most wonderfully attached to life. This organ is to be found near the processus cuneiformis ossis occipitis. It would be worth while to examine the heads of suicides.

3. *The organ of sexual love.* Near the foramen ossis occipitis, underneath the linea semicircularis inferior. It is double, and in nerves of the ars amandi and in the nymphomania, like a protuberance on each side of the head. Dr. Gall places the organ of sexual love in the cerebellum. In all animals that excel in this quality, viz. the stallion, the bull, these protuberances likewise are in very great perfection, therefore the neck is much broader, and the occiput appears larger. This is the same case with the monkey, the cock, the sparrow. On the contrary, in all castrated animals, the gelding, the ox, the human castrati, these protuberances are wanting or much less, and the neck is much thinner. It is known to the faculty, that constant painful sensation in this part of the brain is complained of by all persons suffering by the consequences of onany and debauchery. Mules have a very small cerebellum, &c.

4. *The organ for love of children,* and in animals of *their young* ones. This organ in general is in greater perfection

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in women, and particularly in those who are noted for their maternal attachment to children. In monkeys it is likewise very strongly marked. Also in people who put their greatest happiness in domestic life. It is very interesting to compare the heads of animals where the male leaves the young ones soon after birth, with those that shew the most tender attachment for their offspring. Likewise the head of those birds who leave their eggs to others to hatch, viz. the cuckoo. This organ is situated on that part of the occiput, inclosed by the margines lambdoidalis and the protuberantia occipitalis externa.

5. *The organ for friendly attachment, love, sociality, faithfulness,* is situated a little above the last mentioned organ, on both sides; or just above the sutura lambdoidea. It is in the highest perfection in people noted for their friendship to each other. The Doctor observed it likewise in malefactors, who sustained the greatest tortures merely to save their companions. Among animals it is very conspicuous, and particularly in some species of the dog kind, viz. the barbet.

6. *The organ for delight in fighting, rioting, quarelling.* Formerly the Doctor called this the *organ for courage,* but this expression is not wide enough. On the head of the Austrian General Wurmbser, the Doctor found it excessively large, and likewise among the mob, fishwomen, &c. It would be worth while to examine the heads of great boxers. Among the animal tribe we observe it likewise, particularly in some species of dogs, the lion, &c. Great cowards and timid animals, viz. the hare, have a depression at this spot of the head, or the protuberance is scarcely perceptible.

7. *The organ for the propensity of murdering.* It is situated on each side of the head, before the last mentioned organ, but more towards the meatus auditorius, just above the margo temporalis. In granivorous animals it is wanting. On the contrary, all carnivorous animals, and of course mankind, possess this organ in greater or less proportion. In the tyger we find it in the greatest perfection. The Doctor observed it likewise very eminent in some great warriors, in people that have an invincible propensity of becoming butchers, hangmen, &c. Also in those unfortunate beings, we find instances of in criminal trials, who murder their fellow creatures without any particular motive, but merely from an internal instinct.

8. *The organ for cunning.* In general, the forehead of persons noted for this organ is uncommonly broad. It is

situated

situated about two inches above the meatus auditorius, on the angulus sphænoidalis on each side of the head; and in the greatest perfection the Doctor saw it on the head of the great Frederic of Prussia, Prince Kaunitz, several great statesmen, eminent theatrical performers, poets, &c. Among animals, the head of the panther, the fox, the cat, the greyhound, and several birds, &c. prove this assertion.

9. *The organ for stealing*, is situated close before the last organ, more towards the sutura coronalis, on both sides of the head. This disgracing organ is undoubtedly proved by experience and observation. Among animals, the magpye, the crow, the cat, the monkey, &c. are instances. And likewise we find among the human species, individuals, who very far from want or necessity, feel an irresistible propensity to steal. The first King of Sardinia, Victor, was noted for stealing. Among felons and robbers, the Doctor found this organ in the greatest perfection.

10. *The organ for artificial objects, fine arts*, situated on the os frontis, just behind the apophysis jugalis, is likewise double. The Doctor found it most extraordinary on the head of Raphael; besid s, in great mechanics; women that are noted for fine work, millinery, &c. Among animals, in the beaver.

11. *The organ for music.* Above the angulus externus of the orbita, on the anterior part of the linea semicircularis ossis frontis, on each side of the head. The front becomes broader or longer when this organ is in the highest perfection. This we find confirmed in all great musical performers and connoiseurs; viz. the head of Viotti, Mozart, Gluck, the Emperor Joseph, Haydn, Cherubini, &c. Among birds, the whole tribe of singing birds are in possession of this organ, principally the nightingale, and some species of water birds noted for imitating the song of almost all other birds, (mock birds). In other animals this organ is totally wanting, viz. the monkey. Also in people who are averse to music it is scarcely perceptible.

12. *The organ for calculating, arithmetic*, has its seat on the upper corner of the orbita, in the fossa glandulae lacrymalis ossis frontis, on both sides. Animals do not possess this organ. The Doctor very seldom observed it in negroes, but in the greatest eminence in calculators and mathematicians.

13. *The organ for the remembrance of names, words.* It is situated deeply in the orbita; people, therefore, endowed with this faculty, always have prominent eyes. Some literati,

literati, compilers, possessors of large collections, &c. not being able to make a proper use of their great stock of knowledge, belong to this class.

14. *The organ for learning languages, the phylological talent,* is quite different from the last mentioned organ; it is situated on the anterior corner of the orbita. When in the highest perfection the eye becomes more depressed; this, for instance, is the case with the great scholar Wolf, editor of Homer, with Montaigne, and others. No animal possesses this organ.

15. *The organ for local remembrance,* on both sides of the root of the nose, towards the middle of the arcus superciliaris. When in the highest perfection, visible protuberances are formed. This we observe in eminent travellers, particularly those who are very accurate in local descriptions, viz. Captain Cooke; in great engineers; and the Doctor observed it eminently on the head of the famous Austrian General Mack; also in great astronomers, painters of landscapes, &c.

16. *The organ for colouring,* begins from the middle of the arcus superciliaris, and ends outwardly towards the upper corner of the orbita. Some great painters, admired for their talent of colouring, and the brilliancy of their colours, belong to this class, viz. Titian, Corregio, Van Dyck, &c.

17. *The organ for remembering persons.* There are people endowed with such a wonderful memory, that, after years have elapsed, instantly remember persons they have seen but once in their life, or met with only by accident. This organ is situated below the foramen supraorbitale, towards the nose, and appears double. When in perfection, the eye is a little depressed towards the nose, and has a squinting appearance.

18. *The organ for circumspection,* manifests itself by a prominence more towards the temples, about the linea semicircularis ossis bregmatis, on both sides. In all animals prosecuting their prey during night, it is to be met with; particularly the owl, the marder; also the fallow deer, the goat of the Alps, &c. who are known for being very circumspect. In children in general it is strongly marked, also in very considerate, cautious, and circumspect people. The head of Frenchmen, as the Doctor observes, is at this spot more pointed. In all inconsiderate and flighty people; for instance, beggars by profession, it is very imperfect, or scarcely to be distinguished.

19. *The organ for liberality.* In all people of liberal senti-

sentiments, the front is softly and pleasingly rounded. Misers have always a visible depression across the front.

20. *The organ for comparative ingenuity, sagacity*, appears single, like a conical protuberance at the middle of the os frontis. In clergymen known for talents of eloquence, and great orators, it is in greatest perfection.

21. *The organ for metaphysical ingenuity*, is situated on each side of the last mentioned organ. When in pre-eminence, it almost forms a triangular protuberance, viz. at the head of the great Philosopher Kant.

22. *The organ for wit.* At the very spot where the tubera frontalia are situated, on both sides. In great wits the tubera become quite prominent, viz. Voltaire.

23. *The organ for observing genius*, more towards the temples, and above the tubera frontis. Almost all children are instances of it.

24. *The organ for representing genius.* A protuberance at the upper part of the front. All great theatrical performers, viz. Garrick, possess this organ in greatest perfection; likewise dramatical authors and eminent poets.

25. *The organ for goodness*, about the middle of the front, between the tubera frontalia. It appears single, both organs being closely connected. People who distinguish themselves by a barbarous and cruel behaviour, have a remarkable depression instead; for instance, Robespierre, Nero. Also all rapacious animals, the tyger, the hyena, the eagle, some species of dogs, the crocodile. In horses and cows, this depression is a certain proof of their ill temper, well known to dealers in these animals.

26. *The organ for religious propensity, theosophy.* This is the highest of all organs, at the very summit of the front, above the last mentioned organ. All devout, religious, and fanatical people possess this organ in pre-eminence. The paintings of our Saviour and the Madona, may be considered as instances.

27. *The organ for firmness of mind, constancy.* At the spot where the anguli frontales ossium bregmatis meet together. In inconstant and whimsical people, we observe a depression instead. It is strongly expressed in great mechanics, who with the utmost perseverance engage themselves for a number of years in constructing the most complicated machines; likewise those who prosecute law-suits for twenty or thirty years.

28. *The organ for haughtiness*, appears at the middle of the sutura sagittalis, singly; both organs neighbouring each other. All proud and haughty people, madmen, &c.

of

of this class, shew a very remarkable protuberance at their head. Animals that climb the highest mountains, all birds that are fond of high places, viz. the eagle, have this organ more elaborate than others dwelling in lower regions.

29. *The organ for celebrity, fame, vanity,* situated on each side of the organ for haughtiness, and is doubly marked. In female heads the Doctor observed it more frequent than in men.

30. *The organ for veracity, truth.* Above the point of the sutura lambdoidalis. If a depression is observed instead, we may draw the conclusion for a story-telling temper. Daily experience, and knowledge of mankind, prove clearly, that want of veracity is, sometimes, not owing to education or habit, but founded in the organology of the brain.

31, 32. The functions of these two organs are not yet ascertained by the Doctor. He sometimes observed in examining skulls, above the meatus auditorius, a very remarkable protuberance; and in others, this part more flat and depressed. He is inclined to think, that they may belong to the organ of hearing, and consequently constitute *the organ for accurate and just hearing,* of which, great musical performers and virtuosos are possessed.

Comparing and surveying this whole series of different organs, distributed on the head of mankind, we may rank them in three classes. The first comprehends the Organs for preserving and maintaining Life; the second, the Organs for the different Propensities, Affections, and Passions; the third, the Organs for the intellectual and moral Faculties.

The human species unites all the organs, without exception, that are met with in animals; and it would be possible, by properly placing the different human organs, to form and represent all the single organs that animals possess. On the contrary, all the organs which animals are deprived of, are situated in the front of men; and the formation and evolution of this part of the brain, totally different, and for the greater part wanting in animals, constitutes the great line that intervenes between the animal tribe in general and the human species.

To Dr. BRADLEY.

SIR,

IN perusing the 72d Number of the Medical Journal, I was much edified by the luminous History of the Spanish Epidemical Fever, given by the learned gentleman who signs himself W. Domeier, Physician to the Forces. But notwithstanding the classical elegance and perspicuity of style in which this paper is written; notwithstanding the acute ingenuity of research with which the physician to the forces has traced the causes of this fatal epidemic; and notwithstanding the profound judgment he has displayed in laying down his prophylaxis and plan of cure; there are some few passages which, to my dull comprehension, are not wholly intelligible; and there are some points of doctrine advanced, upon which, for want of sufficient information, perhaps, I still retain a degree of scepticism. The author commences by announcing the discovery of important truths, which he presumes will be attended with the fate of Cassandra's Prophecies, Gallileo's Discoveries, &c. He, however, comforts himself with the reflection, that the discussion of matters belonging to the practice of physic, until infallible cures shall be discovered, is always useful. From this observation it would seem, that the Doctor himself entertains some little doubts about the infallibility of his system (if system it may be called) notwithstanding the expressions of confidence which so frequently occur in his Essay; as, "This being proved." "The reader having been convinced by what has been said." "If any one doubts, &c."

The four first pages are taken up in informing his readers of what the generality of them have no doubt, that the human constitution is much influenced as to health or disease by the state of the atmosphere; this he considered as peculiarly modified in different countries, producing thereby diseases peculiar to each; hence, he denominates Egypt the land of ophthalmy; the Antilles of yaws; England of gout; America of syphilis; and the *North Sea*, the *land* of scurvy. "This being proved," says he, "let us now consider, &c."

What a pity it is, that "the limited room of your Journal" should have precluded this philosopher from explaining the peculiarities of atmosphere which induce syphilis, gout, &c. He then proceeds to state, that an atmosphere fit for the purposes of health and life, should contain twen-

ty-seven parts oxygen, seventy nitrogen, and three carbonic acid gas; and pronounces, that any aberration from this standard is capable of producing disease or death. This is certainly a recent discovery, for it has generally been supposed that the fortuitious addition of carbonic acid air to the other component parts, was not absolutely necessary to the purposes of respiration. This preliminary discussion being concluded, he proceeds to open his subject, the epidemy of Spain; and here it is well that he has designed by a specific name the subject he intended to treat of; the Essay being as applicable to a Chinese fever, or the epidemy of Philadelphia, as that of Spain. "The next cause," says he, "is want of oxygen in the constitution." The reader would imagine that he had overlooked the first and principal cause; but this is Dr. Domeier's façon de parler. In the next paragraph, he states the remote cause to be a deficiency of oxygen in the atmosphere. From a philosophic physician, as the author declares himself to be, we should have expected a detail of eudiometrical experiments, to ascertain the purity of the atmosphere, before he confidently assigned a particular deficiency in its component parts, as both the remote and proximate cause of the disease he pretends to elucidate: but Dr. D. contents himself with telling us the will-o'-the-wisps were busy that season; that hurricanes were observed in the West Indies, and volcanic eruptions in the kingdom of Naples; that therefore the atmosphere was polluted by an extraordinary quantity of carbonic gas, which diluting and diminishing the just proportion of oxygen, produced the malignant fever at Malaga and Gibraltar. Supposing there really was this amazing quantity of carbonic gas evolved in an eruption of Vesuvius, the carbonic gas, which is but a dull traveller, had three hundred and fifty miles to traverse before it could arrive to infect the atmosphere of Malaga and Gibraltar, while its own neighbourhood, which, by its specific gravity, it should first fall upon, remained free from any contagious fever.

From a train of reasoning or *arguing*, as the author more properly calls it, he declares, and hopes he convinces the reader, "that the usual absorbing powers and pressure of the atmosphere are diminished, and being in want of oxygen it absorbs this substance more eagerly from the surface of the body than usually." Now this is one of the passages which is to me unintelligible. If "the absorbing power of the atmosphere is diminished," how can it possess an unusual power of absorption? Its pressure,

one

one would suppose to be augmented not diminished, as carbonic gas is half again as heavy as its other component parts. The yellowness of the skin he considers as a consequence of the general cause, want of oxygen, and the practice of oiling the bodies of the sick as intended to prevent the escape of the fluid. It is the first time, I believe, that it has been understood that the bodies of healthy or sick animals gave out oxygen; this therefore is another discovery.

From this satisfactory view of the epidemic of Spain, the history of the symptoms making no part of the Essay, the author proceeds to the method of cure, and this he hopes to compose with the more facility as he has but one indication, viz. to supply the system with oxygen.—For this purpose he recommends a liberal exhibition of vitriolic acid, which he considers as the "best of remedies," and proposes a dose of from 30 to 100 drops several times a day. This is indeed bold practice. Genuine wine he recommends as the best common drink, and desires the patient to be exposed much to the air, and carried about in open carriages, waggons, chairs, and on horseback. The latter part of this advice, I imagine, the physician would seldom have an opportunity of putting in practice until the patient's fate was decided, and he pretty well advanced in his cure; beside, the exposure to this vitated air would only facilitate that "eager absorption from the body," which he talks of, and which he says the oiling was intended to prevent; and the unlimited exhibition of genuine wine, by increasing the action of the system, would certainly cause an increased expenditure of that principle which he desires to save and supply. His other ideas on this part of the subject are not novel, and are within the comprehension of every nurse-tender.

In his "proposals to prevent the progress of an epidemic," which forms the next part of his essay, among many common-place directions, concerning cleanliness, ventilation, fresh diet, &c. I was surprised to find a recommendation to encourage public amusements and shows, as, by collecting a number of persons together in an atmosphere already unfit for the purposes of respiration, the most fatal consequences might be apprehended; nor, upon his principles, is it easy to comprehend why he recommends gymnastic exercises, the use of wine, brandy, and porter, as all those encourage the expenditure of oxygen in the human body, when the source from which it is to be supplied is supposed to be already exhausted.

Dr. Domeier offers an odd apology for not confining his treatise to the history of a particular epidemic, because he says, "it would lead him too far from his purpose, and for this limited space." The latter part of this apology, tho' not very clear, alludes I suppose to want of room in the Journal for a more copious treatise. But if he had any purpose in writing this essay, one would imagine from the title of it, that it was intended to apply to a particular epidemic; and a definite subject may surely be described in fewer words than an indefinite one. Of all classical quotations, affixed as mottoes to philosophical or medical essays, the most miserable is, I think, that hacknied and trite one, Si quid novisti rectius, &c. However palpable the absurdity of a theory, if the subject is of a speculative nature, or the proofs of a more rational one difficult, or impossible to be produced, the theorist triumphantly, as he imagines, fortifies his system with this quotation; yet this is an argument the Doctor uses, to support his idea of the atmosphere being loaded with carbonic acid gas.

I am, &c.

Tullamore, Aug. 25, 1805. PETER HAWKER.

REPORT OF THE INSTITUTION FOR THE CURE AND PREVENTION OF CONTAGIOUS FEVER IN THE METROPOLIS, 5th of MAY, 1805.

Admitted May 1804, to May 1805,	80
Dismissed cured - - - - - - -	71
Dismissed as an improper object -	1
Died - - - - - - - - - - - -	7
Died (not of Fever) - - - - -	1

During the last year, and especially in the autumnal months, the metropolis has been, in an extraordinary degree, free from contagious fever: hence the number of patients, admitted into the House of Recovery since the date of the last Report, is scarcely equal to one half of that received during the year preceding. This diminution of the common evil of the crouded and uncleanly parts of the town, is perhaps too general, to be attributed solely to the efforts which have been made by the Fever Institution. It is connected probably with a comfortable supply of provisions and of fuel among the poor, and

and consequently with the means of observing a greater degree of cleanliness, and with fewer inducements to shut out the cold air from their apartments: and probably it may also depend to a certain degree, on some unassignable state of the atmosphere: yet, upon the whole, the beneficial operations of the Institution have been extremely manifest. The district with which the house belonging to the Institution is, by situation, more immediately connected, has been, and still continues more free from typhous fever, than the more distant parts of the metropolis. Several of the courts within this district, especially Spread Eagle Court, Gray's Inn Lane, some of the courts and alleys in the vicinity of Field Lane, Saffron Hill, &c. at first furnished a large proportion of the patients, who were admitted to the benefits of the Institution. These courts have been gradually purified under its direction by whitewashing, fumigation, and the removal of the infected persons; so that during the last year, only twenty patients have been found in this district, and three fourths of those admitted were brought from distant parishes, chiefly from Cripplegate, and the neighbourhood of Spitalfields, and partly from the Borough. The efficacy of these means of purification, and the facility with which contagion is destroyed, and the progress of malignant fevers arrested, is thus illustrated in a striking manner. Where the ordinary aid of public charities is resorted to by patients in fever, it has been observed with regret, that they frequently suffer a return of the disease, in consequence of the operation of the contagion, which the first attack had produced. But in those houses in which the plan of purification, adopted by the Fever Institution, has been employed, no relapses of this kind have occurred, nor has the disease been known thenceforward to extend itself to any individuals not previously infected. The houses which were purified during the year, comprised in the last Annual Report, have not afforded any instances of the disease during the present year; and even some of the courts above referred to, which were almost generally cleansed in the former period, have produced no patients for the House of Recovery in the latter period. In the course of the year ending this day, *thirty-six* apartments have been whitewashed and fumigated, and fumigation has been employed in almost all the apartments from which patients have been received. It is to be lamented that, in a few instances, the offer of whitewashing has been refused.

It may be farther remarked, that, while on the one hand the practices of the Institution have demonstrated the readiness with which contagion may be suppressed or destroyed, they have on the other afforded no less satisfactory evidence of the facility of confining its operations within very narrow limits. The House of Recovery, occupied for the purposes of the Institution, stands in the midst of a row, in contact with dwelling houses on both sides; four hundred and twenty patients have been received into it; there has been an almost uninterrupted succession of fevers within its chambers; yet the neighbourhood has continued altogether free from the disease: no complaint has been communicated from it in any way; and the apprehensions of the adjoining inhabitants, which common prejudices with respect to the nature of contagion, at first naturally excited, seem to have now altogether subsided. This is an additional fact of considerable importance, when conjoined with the experience of Dr. Ferriar at Manchester, and tends to prove that contagion is not conveyed widely through the air. Were not the general prejudice on this subject strong, this fact indeed might have been clearly anticipated. For if, as we have learnt from experience, contagious *effluvia*, diluted by a free admission of air, are not communicated from room to room in a house, nor even from bed to bed in the wards of an hospital, it scarcely required a positive experiment to prove that houses, even in contact, were not liable to infect each other.

The mortality, during the last year, has been somewhat less in proportion than in the year preceding: but the deaths of the year 1803, were a little over-rated by our late able and benevolent physician, Dr. Dimsdale, from a desire of observing an extreme candour in his report, which led him to include in the list two or three instances of fatality produced by diseases unconnected with fever. On the other hand, it should not be omitted that a few of the cases received into the House in the course of the last autumn, were of such a mild nature, as to render it doubtful whether they were merely the consequence of cold, and did not generate contagion, or were strictly of a typhous nature. All the patients who died, with one exception, were admitted on or after the seventh day; two so late as the twelfth and thirteenth days. The case excepted was one of those unfortunate combinations of disease, which almost elude the powers of medicine; namely, a typhoid fever, conjoined with an extensive inflammation

mation of the lungs; the patient was admitted on the third, and died on the fifth day of the disorder. The body was examined, and the previous idea of the disease was confirmed by the dissection. The patient who died some time after her recovery from fever, was cut off by the return of a complaint, to which she had formerly been subject, a *tympanites*, which her reduced strength was unable to resist. The child, dismissed as an improper object of the Institution, laboured under a severe hooping cough; she was received in consequence of a recommendation from an apothecary, stating that her complaint was fever.

From the nature of this Report, it cannot be considered as a proper medium for the communication of medical facts or observations; but since the subject of cold bathing, as a remedy in fever, has been alluded to in former Reports,* it may not be improper to add, that the practice has been resorted to during the last year, in every case, in which circumstances required or admitted it. Patients are scarcely ever received into the House before the fourth day of the fever, and therefore the chance of experiencing the full effects of the practice, viz. of arresting at once the progress of the disease, is not very great. But it has still appeared to be a valuable expedient, in alleviating some of the most distresing symptoms of fever; such as the pungent heat, thirst, delirium, and watchfulness, which, though the effects of the febrile state in the first instance, become secondarily the cause of its prolongation and danger, by the irritation which they produce. It has generally been found to be grateful to the sensations of the patient, and has been commonly followed by a refreshing sleep, and a cooling perspiration; and it has not, in one instance, been attended with any unpleasant consequences.

STATEMENT OF THE ACCOUNTS.

RECEIPTS.	£.	s.	d.
Balance from last year's account - - - - - -	278	15	11
Donation from the Sub-Committee, (appointed by the Committee of the Society for bettering the Condition of the Poor) for Prevention of contagious Fevers - - - - - - - - - - - - - -	300	0	0
Carried over - £.	578	15	11

* See "Extract from an account of cases of Typhus Fever in which the affusion of cold water has been applied in the London House of Recovery."

	£.	s.	d.
Brought over -	£.578	15	11
Donations from the 5th of May, 1804, to the 2d of May, 1805 - - - - - - - - - - - -	15	10	0
Annual Subscriptions, &c. and Dividends of £.3 per Cent. Consols, received within the same time -	603	6	0
	1197	11	11

DISBURSEMENTS.	£.	s.	d.
Rent, Taxes, and Insurance - - - - - - -	54	0	9
Housekeeping, Matrons', Inspectors', Nurses', and Servants' Wages, also Furniture, Repairs, and clothing for Patients - - - - - - - - -	241	14	4
Drugs - - - - - - - - - - - - -	19	14	10
Removing Patients from their Habitations, fumigating, whitewashing, and cleaning infected apartments - - - - - - - - - - - -	23	14	2
Gratuities and Salaries - - - - - - - - -	172	10	0
Printing, Advertising, Stationary, and Stamps -	38	0	5
Paid for Room to meet in, and £. 4. 4*s.* for the delivery of Dr. Stanger's Pamphlets to the Members of Parliament - - - - - - - - - - -	4	11	6
Invested in the Purchase of £. 3 per Cent. Consols. in the Names of the Trustees, and Broker's Commission - - - - - - - - - - - - -	291	5	0
Sundries - - - - - - - - - - - -	0	2	10
Balance in the Treasurer's hands - - - - - -	351	18	1
	1197	11	11

Short Account of Addenbrooke's Hospital, Cambridge.

In the year 1719, John Addenbrooke, M. D. formerly of Catharine Hall in this University, left about £.4000 to erect and maintain a small physical hospital. Land was accordingly purchased in 1728, and the building erected in 1740, but the money being insufficient for the support of it, an Act of Parliament was obtained in the year 1766, for making it a General Hospital, and in October of the same year it was first opened for patients. It has been supported by legacies, benefactions, and annual voluntary contributions, an annual statement of which, and the expences, are given to the public. It is situated at the south entrance of the town from London, and is a modern and commodious building of brick, standing in the midst of a garden, with a stream of water in the front of it. The kitchen,

kitchen, cellar, cold bath, hot bath, and other offices, are under ground; on the first floor are two wards, (one for men, the other for women) the apothecary's shop, and matron's room; on the second floor are two more wards, and a handsome committee room; on the attic story are bed rooms for the apothecary, matron, and servants, and a small ward for patients; each ward is capable of holding twelve patients and a nurse, and has every accommodation for comfort and conveniency, and the whole house exhibits a specimen of neatness and good order, scarcely to be equalled, certainly not excelled.

The matron and apothecary lodge and board in the house, having each a salary, with servants and nurses under their direction. The President is the present Lord Lieutenant of Ireland, and the Governors consist of the higher officers of the University, county and town of Cambridge, and such persons as annually subscribe two guineas and upwards.

The present Officers of the Charity are,

John Newling, Esq. Treasurer, elected 1771.

Physicians and Surgeons who attend *gratis.*

Sir Isaac Pennington, Knt. M.D. Regius Professor of Physic, elected 1773.

Busick Harwood, M.D. Professor of Anatomy, elected 1786.

Robert Stockdale, A.M.L.M. elected 1791.

Thomas Ingle, M.D. elected 1791.

Thomas Thackeray, Esq. consulting Surgeon, elected 1766.

Thomas Bond, Esq. elected 1776
Thomas Verney Okes, Esq. elected 1776 } Surgeons.
Frederic Thackery, Esq. elected 1796

Mr. Robert Gee, Secretary, with salary, elected 1775.

Mr. Joseph Gray, Apothecary, ditto, elected 1784.

Mrs. Charlotte Weybrew, Matron, ditto, elected 1802.

List of Patients for the last seven Years.

	In patients admitted.	Out Patients admitted.	Patients cured.
1798	336	402	446
1799	302	363	421
1800	308	395	446
1801	323	419	478
1802	309	412	467
1803	294	339	468
1804	303	349	434

The

The total number of the patients cured since the opening of the Hospital in the year 1766, has been 16087; of the remainder, some have been relieved, in-patients made out-patients, out-patients made in-patients, some discharged at their own request, or for irregularity, &c. &c.

ROYAL SUSSEX JENNERIAN INSTITUTION.

Lewes, Aug. 13, 1805.

AT a Meeting of Directors of this Society, held here this day, present,

The EARL OF CHICHESTER, President.

J. FULLER, Esq. M. P. — J. THOMAS, Esq.
T. PARTINGTON, Esq. — H. SHELLEY, Esq. M. P.
G. SHIFFNER, Esq.

the following report of the Medical Council was read:—

Annual Report of the Medical Council.

The list of patients inoculated for cow-pock, from July 1, 1804, to July 1, 1805, at Chichester, Arundel, Midhurst, Horsham, Brightelmston, Lewes, Seaford, Eastbourn, and Battle, by the members of this institution, amount to 946, of which number 509 persons were inoculated gratuitously. No lists were received from the other stations.

With the report of inoculations for cow-pock during last year, the Medical Council beg leave to represent to the Board of Directors, that nothing has occurred in the practice of any member of this society, (as far as they have been able to collect) which could shake their confidence in the efficacy of cow-pock, as a preventative of small-pox.

The Medical Council wish also to state, that the present list of inoculations for cow-pock in this county, during last year, is less than it otherwise would have been, for the following reasons:

1. The number of persons inoculated, previous to the institution of this society, left in many parts of the county few subjects for inoculation. For from particular enquiry, it appears that the practice of vaccine inoculation commenced in Sussex, as early as March 1799, (a few months after Dr. Jenner's first publication of his discovery,) and that upwards of ten thousand persons had been inoculated previous to July 1804, exclusive of inoculations among the military.

2. A number of individuals have been inoculated for cow-pock, by persons not medical.

It is to be feared that some of those so inoculated may not have had genuine cow-pock, and therefore may at a future time catch small-pox; by which they will not only suffer themselves, but bring discredit on vaccine inoculation.

3. Many are convinced of the efficacy of cow-pock inoculation, who from indolence and procrastination, defer having recourse to it till they hear of small-pox breaking out among their neighbours.

4. There are still not a few who from ignorance, doubt, or prejudice, refuse to inoculate their children with cow-pock. Some are even averse to inoculation altogether.

The Medical Council are of opinion that it would greatly promote the object of this society, if gentlemen would use their influence to have the parish poor inoculated quarterly by their respective parish surgeons.

For though the Medical Members of this institution are sincerely desirous to promote vaccine inoculation among all classes, and are ready to inoculate at the different stations the children of the poor gratuitously, yet they have not thought it expedient to extend their gratuitous inoculation to such paupers as are actually chargeable to their parishes.

The Medical Council cannot conclude this Report without noticing to the Board of Directors, the assistance they have received from the Royal Jennerian Society of London, by the ready supply of cow-pock matter, to any Medical Gentleman of this county who applied for it, which happened on several occasions.

(Signed) THO. BLAIR,
President of the Medical Council.

WM. BREWSTER, Secretary.

The Board of Directors having heard the above Report read, passed the following resolutions:

Resolved, It appears to this Board that the proposal of the Medical Council, respecting quarterly inoculation in the different parishes would be attended with the best effects. The Directors accordingly recommend this to the attention of all parish officers; and they most earnestly request the assistance and influence of the Clergy in promoting so desirable an object.

Resolved,

Resolved, That the thanks of this Board be given to the Medical Council, and the other medical members, for th active part they have taken in furthering the views, and promoting the advantages to be derived from this institution.

(Signed) CHICHESTER, President.

Subscriptions are received at the Lewes Bank, by Mr. Whitfield, Treasurer.

A donation of five guineas, or an annual subscription of one guinea, constitutes a governor.

ADDRESS OF THE ROYAL SOMERSET JENNERIAN SOCIETY, TO THE CITY OF BATH AND COUNTY OF SOMERSET.

THE Committee of this Society, deeply lamenting the extensive ravages lately occasioned and still continued by the prevalence of Small-Pox in this City, beg leave to call the public attention to some deplorable facts, and to the causes which continue to obstruct the general adoption of Vaccine Inoculation, which is demonstrated, by the experience of nearly the whole civilized regions of the world, to possess the power of annihilating this dreadful distemper.

This Committee have taken pains to investigate the actual number of deaths from small-pox in this City, from the 1st of May last to the present period; and although the numbers below are lamentably great, yet they are probably inferior to the actual amount, many burials having taken place in other grounds than those belonging to the respective parishes. In the course of their inquiries, the Committee have met with numerous instances of the vaccinated remaining secure amidst the strongest influence of small-pox contagion.

Died of small-pox, from May 1st, 1805, to July 22d, in the following parishes:

Walcot - - - - - - - - -	15
St. Peter and Paul - - - - -	8
St. James - - - - - - -	18
Lyncombe and Widcombe -	
St. Michael's - - - - - - -	3
Bathwick - - - - - - - -	16
In all	60*

* The fixed population of Bath is 34,000 persons.

In a sketch of a plan to exterminate the small-pox, published by Dr. Haygarth in 1793, it was proved by authentic facts (page 31) that "In London the births are to the deaths by small-pox at $6\frac{1}{4}$ to 1, in Manchester at $6\frac{1}{2}$ to 1, in Liverpool at $5\frac{1}{2}$ to 1, in Chester at 6 2-3d to 1. If from the number born we subtract all who have been inoculated, and all who die of other diseases before they are exposed to the casual contagion, the intelligent reader will be convinced that the casual small-pox proves fatal to a *full fifth part of the patients* who are attacked by this dreadful pestilence.

The proportional mortality of the casual small-pox is probably not less in Bath and all other large towns. It falls almost entirely upon poor children; for all the higher and middle classes are inoculated.

The Committee are convinced that it cannot be necessary for them to enlarge on the nature and extent of this devastation, or to point out its melancholy tendency to the sense and humanity of the public.

The mortality from small-pox in this city since the 1st of May last, is full three-fourths of the average of that in London and its environs from the same disease; where, for the last two years, it has been reduced more than three-fourths of the average of the past 50 years, by the practice of vaccine inoculation; particularly since the foundation of the Royal Jennerian Society, as will be seen by the following extract from the Quarterly Report of that Society:

"June 5, 1805.—We have the satisfaction to observe, that the deaths by small-pox within the bills of mortality appear still to be considerably reduced. In five months, ending with May 1804, the deaths were 359; and in the same period, 1805, they are only 147—making a diminution of 212 deaths. This is certainly a subject of congratulation; but it is yet a matter of serious regret, that so many valuable lives are still lost, when the means of total prevention are in our power. We are incited to bring this subject under the consideration of the Quarterly Court, in consequence of authentic information received, that in several of the most populous cities in Europe the small-pox appears to be annihilated, by vaccine inoculation having been adopted with a zeal and energy far superior to what has yet been manifested in this country, where the discovery originated."

With these incontestible facts within their knowledge, contrasted with the distressing devastation just described,

and

and with their information of similar destruction going on in various other places from the same cause, this Committee consider it as the bounden duty of the friends of mankind to support, diffuse, and encourage the practice of vaccine inoculation; and they perceive with regret, that at a period when the vigorous co-operation of the philanthropic and well-informed is called on for this purpose, endeavours are made to diminish the public confidence in, and to depreciate the reputation of, this most valuable and best preventive of the evils enumerated.

In respect to the imputed failures of vaccine inoculation to prevent small-pox, this Committee conceive that they cannot generally reply to them better than by adducing an extract from the Quarterly Report of the Royal Jennerian Society, June 5, 1805; also from the Resolutions of the Vaccine-Pock Institution:—

"We are fully persuaded that greater importance has been attached to the cases of supposed failures than they deserved, as, on investigation, most of those cases have been ascertained to arise from some irregularity in practice, or some other assignable cause."

Resolutions of the Vaccine-Pock Institution.

"1st. That it appears from the numerous reports that have been transmitted or attested by the members of the medical establishment of this Institution from abroad, from our own country, and from their own experience, that the proportion of failures in the cow-pox inoculation to give security against the small-pox which have been published, does not amount to more than 50 out of 250,000 vaccinated persons.

"2d. That it does not appear on examination of the published reports of these failures, and upon the investigation of many of them by the medical establishment of this Institution, that *ten* have been substantiated by admissible evidence."

It appears also from a Report lately published by the Cow-Pock Institution in Dublin, "that not a case has occurred to excite the smallest doubt as to the permanent efficacy of cow-pock in protecting the system against small-pox, in Dublin, or its neighbourhood."—The reports from Paris, Vienna, Berlin, Geneva, America, and the East and West Indies, in all which countries and cities vaccine Inoculation has been extensively diffused, whilst they exhibit the pleasing picture of the diminution of small-pox in some situations, and its absolute extinction in others, no where even mention exceptions to its efficacy.

The Committee hope and believe, that these general facts would be adequate to the conviction of every intelligent and impartial mind; but they are induced to pay more particular attention to two cases in Bath, which have been lately promulgated, and have been erroneously asserted to be instances of the failure of vaccine Inoculation.

One of these cases was published in the Bath Herald, and the Bath Journal of the 21st and 24th of June last; and contained an assertion that Elizabeth Grace, of Grove-street, then dead of small-pox, had been vaccinated some years ago by Mr. Barnes, surgeon, of Pewsey. This Committee became desirous of the elucidation of the fact, and Dr. Parry, one of its members, addressed Mr. Barnes for information on the subject, from whom he received the following reply:

"Dear Sir, *Pewsey, July 2, 1805.*

"In reply to your favour respecting a paragraph inserted in the Bath Journal of the 24th of June, stating that I had about four years since inoculated with cow-pox Mrs. Elizabeth Grace and her brother, I beg to say that it had no foundation in truth. Dr. Parry has favoured me with a letter on the same subject; and I have made enquiries of the parents of this young woman, who are residents in this parish: they say the operator on this occasion was a journeyman shoe-maker, by name Charles Pearce, who I know vaccinated many people in this place and neighbourhood about that time. This man is since dead, and I cannot learn from whence he procured the matter.

"I have written to the printer of the Bath Journal, requesting to know on what authority he inserted the paragraph.

"You are at liberty, Sir, to make what use you please of this letter, and I remain your obedient servant,

Dr. Parry, Bath. J. Barnes."

Another case, that of Peter Coday, in Lansdown-road, has been asserted, in a pamphlet lately published for the express purpose of attempting the discredit of vaccine inoculation, to have been an instance of its failure. Information of this supposed failure having been given to the Committee, the child in question was examined, together with its mother, on July 15th ult. by Doctors Parry, Haygarth, and Crauford, and by Mr. Tudor and Mr.

Mr. Creaser, Members of the Committee. These gentlemen, from the existing appearances, and the history of the case as detailed by the mother, together with the account furnished by H. White, Esq. and Mr. Roe, apothecary, *(who was positively asserted by the mother to have been the only medical gentleman who saw the child during the eruption)* unanimously declare their entire disbelief that Peter Coday's disease was small-pox.

Such this Committee firmly believe to be the general description of facts supposed to be adverse to vaccine inoculation; and whilst they lament their influence amongst the ignorant and inferior classes, they cannot too strongly express their reprehension of the publication of such occurrences, on grounds frivolous, imperfect and even false. To judge correctly of such instances, and of the comparative value of vaccine inoculation, requires information, judgement, and extensive opportunities of observation. The practitioners of Medicine and Surgery, both in this and other countries, most distinguished in these respects, have been and still continue to be, the most ardent favorers of the practice.

This Committee do no pretend to affirm, that in the present state of our knowledge instances of exception to the general security produced by vaccination do not occur. Such are well authenticated to have succeeded to small-pox inoculation in various instances which have fallen under the observation of the Members of this Committee. But such cases, were they even in a larger proportion than the present supposed failures bear to the aggregate of vaccine inoculations, would, on the most obviou calculation, place the cow-pox in the highest light of relative estimation, and fully entitle it to rank as the most fortunate of discoveries for the preservation of the human race.

This Committee do further beg leave to call the public attention to the mischiefs attendant on small-pox inoculation, a practice certainly *not morally justifiable* under the present circumstances, as it is a constant source of the diffusion of the natural disease so extensively fatal. It is a fact, proved by the most authentic documents, that partial small-pox inoculation has increased the whole mortality from small-pox for a long series of years succeeding to its introduction; and that its preservation and propagation are now no more to be vindicated than that of any other mischievous contagion. Vaccine Inoculation has already begun to diminish this mortality; and if adequately supported by the influence and arguments of the better-

better-informed and liberal directed, to the conviction of the ignorant and prejudiced, its general adoption must ultimately abolish this dreadful pestilence.

To Dr. BRADLEY.

SIR,

THE following are the further particulars of the case of small-pox mentioned in the postscript of my former letter.

When the patient first arrived at the hospital, she had the small-pox full upon her. On being desired to show the cicatrix of vaccination, a scar was visible enough to be discovered across the ward. However, on a nearer view, it was easy to perceive that it wanted the true vaccine character. The cavity sloped from the edges, which were puckered; the bottom is every where smooth. On feeling it, a much greater induration was perceived than could be produced by the vaccine pustule, and which is evidently occasioned by the consolidation of substance in the parts below from the great injury they have sustained.

The following questions and answers will at once satisfy you that the new practice ought not to suffer by this event.

By whom were you inoculated?

By Mr. ———, at Wooburn, about six years ago, when the rest of the poor were inoculated gratis.

Did that gentleman see you afterwards?

No.

Was the appearance of your arm like that of the rest?

No. Their's healed without any trouble, but mine was so bad as to be for some time in a sling, and a large core came out; after which it healed, but very slowly.

From this account it is evident, that instead of the true effects from vaccination, violent inflammation and slough took place. In such a state of parts no benefit could have been expected from vaccination, which ought always to be repeated if the progress of the disease, or series of appearances, materially differ from their established laws. For though I am aware many people have been pronounced safe both after variolation and vaccination, in whom the symptoms have been unusually slight, yet to me it appears that this confidence has been founded on fallacious grounds. Some inoculators say they have exposed such

patients to the severest tests of the casual and artificial disease, and they have resisted both. But this only proves that they were not susceptible *at that time*, which might have been fairly inferred from the peculiar appearance of the inoculated part. It does not however follow, that at a future period they may be in a similar state. I would therefore, in all such cases, advise a subsequent insertion at a more distant period, and when the patient appears in perfect health.

Another remark I would add is, that though we cannot but admire the laudable zeal of gratuitous inoculators, whether of the profession or others, yet in so serious an undertaking as to pronounce a person safe from a loathsome and dangerous disease the greatest attention is certainly necessary. I mean not to accuse the practitioner in the case I have just related. It cannot be doubted that it was the woman's fault her arm was not properly examined; for, besides that she was probably instructed for that purpose, the unusual appearance was of itself a sufficient reason for applying to a professional gentleman, and none could be so proper as the vaccinator. But we have met with too many other instances, where it has been thought sufficient to vaccinate and leave the rest to chance. Though the greater part of these have done well, yet this is not a sufficient excuse for such inattention. Whoever undertakes to vaccinate, should first be made master of all the few varieties in the appearances of the arm. Drawings and paintings are insufficient for this purpose, not only because the eye is so easily deceived by probable similarities, but because, uniform as the pustule is, there are a few varieties which have not yet been described. To such as wish for practical instructions, I shall be ready at any time to exhibit all the varieties which are daily occurring at the Hospital. These should be learned in all their stages, and the vaccinator should not fail to see his patient at least four times during the progress of the business; this even in the customary form of the disease: wherever anomalous symptoms occur, the examination should be proportionally more frequent. Though vaccination, compared with variolation, is so slight that it can scarcely be called a disease, yet this very circumstance renders the greater attention necessary, inasmuch as every peculiarity, excepting in the figure of the pustule, is less striking. The figure is certainly more uniform than in small-pox, but it is liable to some variety; it is also quicker in its progress, and more transient in some of its characteristic

tic appearances; I would therefore not only advise every vaccinator to keep a register of his cases, but to distinguish particularly what he receives as the report of his patient or others, from what he sees himself. When we consider the magnitude of the object, no friend to the discovery can think much of these minute attentions; and when we consider the industry of its opponents, no one will say they are unnecessary. I remain, &c.

Berner's Street, Sept. 6, 1805. JOSEPH ADAMS.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN your last Journal, Dr. Adams requests you will "permit an old friend to say a few words in his own defence, when attacked on all sides, and in all manner of ways." He says, "it is not many months since he was severely taken to task, for being candid to Mr. Goldson." It will appear, however, from a reference to your Journal for February last, that the strictures on the conduct of Doctor Adams were occasioned, not by his candour to Mr. Goldson, but by his want of candour to Dr. Mac Donald, and the other friends of vaccination.

Dr. Mac Donald is now in the West Indies, in the service of Great Britain. Had he been in England, it would have been the height of presumption in any man to attempt a defence of his cause. No man is more able to defend himself; or, if his conduct is fairly represented, stands less in need of defence.

Thinking that in his excess of candour to Mr. Goldson, Dr. Adams was deficient in candour to Dr. Mac Donald, I certainly stated my sentiments on the subject; but in a mild way. If it appeared otherwise to Dr. Adams, it must have been from his extreme sensibility on the subject. It is rather surprising, that the severity with which he thought he was treated, did not provoke an answer; but, perhaps, patience and resignation were more advisable, till the first aggression was in some measure forgotten.

Dr. Adams tells us, that when he was so severely taken to task, he "bore it with becoming patience; not thinking it a crime to be civil." To me, however, Dr. Adams appeared to be too civil by half to Mr. Goldson, and very

uncivil to Dr. Mac Donald. *Bonis nocet qui parcit malis;* or, to express the same sentiment in other words, *Judex damnatur cum nocens absolvitur.*

But Dr. Adams informs us, he has now been accused by a writer in one of the medical periodical publications, of being uncivil to Mr. Goldson; or, what, he says, is still worse, of mistaking his meaning. Dr. Adams is rather singular in his opinion, that it is a greater crime to mistake a meaning, than to be uncivil.

The two cases of the venereal disease, mistaken for the small-pox, which are brought forward by Dr. Adams, ought to inculcate much caution, before attempts are made to determine the nature of eruptions by inoculation.

Dr. Adams says, happily the instances of small-pox after vaccination, or inoculation, are rare. It is, therefore, a little remarkable, that just afterwards, speaking of the occurrence of the small-pox a second time, he tells us, such instances are now become so numerous, and *well authenticated,* that he was surprised to find, in your former Number, the case of Miss Price, which he had before related, brought as a fresh communication.

The fact is, that the Rev. Mr. Jenner had previously promised to inform me of any cases of the small-pox occurring a second time; and when this case occurred, he communicated it to me for publication, as well as to Dr. Adams. "The little addition at the close, in which Mr. Travers's firebrands are introduced," came from the pen of Mr. Jenner; but I saw no reason to omit it, merely because the same expression had been introduced once before.

Bis repetita placet, decies repetita placebit.

No error, into which Dr. Adams has fallen in his present letter can surprise those who have read his former publications on this subject, particularly his little tract, which the Editors of the Medical and Chirurgical Review consider as an *ad captandum.* He there affirms, that *no objections have been made against vaccination but in England?* He affirms that the practice is spread thro' *Africa;* but he has not informed us on what authority this assertion rests.

He represents England as the only nation that speaks evil of this blessing; while other countries are availing themselves of it, and laughing at her folly. This is a proof, that Dr. Adams's information is not very correct. He undertakes to answer for the goodness of Mr. Goldson's intention; but it is always sufficient for any man, to answer for the goodness of his own.

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He also admits Mr. Travers's good intention, and the purity of the motives by which he was actuated, when he pronounced his eloquent Philippic against variolous inoculation at the Crown and Anchor. In that Philippic, if he did not convert some people, he spoke daggers to their souls. He tells us, Boerhaave enjoins every Physician to read Sydenham's Treatise on the small-pox, thirteen times over; and observes, that by so doing, we find "inoculation was not necessary to spread the *disease universally* through London, under *certain constitutions of the atmosphere.*"

He says, Mr. Travers could not be aware, "that the small-pox is so *constantly epidemic* in London, that no person who has not had the disease thinks himself safe in passing a night in the metropolis." Here, however, is a clear distinction between the statement of Sydenham and that of Dr. Adams; and it is not necessary to read the two authors *thirteen times*, in order to discover it. In Sydenham's time, there were particular years in which the small-pox was epidemic; and it was supposed, that a certain constitution of the atmosphere was necessary to produce that universal scourge. Now, a resolution of the Governors of the Pest House at Pancras, or even the active exertions of a single individual, are at any time sufficient to produce it.

Hoc fonte derivata labes,
In patriam populumque fluxit.

Dr. Adams endeavours to win Mr. Travers over to his cause, by appealing to that love of liberty which reigns in his breast. He boasts of having been *acquainted* with Mr. Travers thirty years. It is, however, evident that he does not *know* him yet; otherwise he would know, that his love of liberty is tempered with a love of justice; and that he never takes the liberty of doing to others, what he would not have them do to him. He is even so unfashionable as to think, that instead of reading Sydenham thirteen times, every physician ought to read Sydenham twelve times, and his bible once. He may there learn that salutary lesson, *Thou shalt do no murder.*

Dr. Adams is of opinion, that Mr. Travers is excuseable for not knowing how prevalent the small-pox is in London, because he is not a medical man, and because, forsooth, he has not read Sydenham. He has, however, read the great volume of Nature, which Sydenham read before him, and which is widely opened in this metropolis every day. He there sees the baneful effects of avarice, ambi-

tion, and a love of fame. He there sees a practice tolerated, which, it is agreed on all hands, ever has been injurious to the public; and which, since the discovery of vaccination, ever will.

Dr. Adams says, he knows Mr. Travers well enough to be *satisfied of his love of liberty*, and *of the genuine sentiments of affection with which his heart is stored*. He therefore supposes, that if he saw a child whose parents would not consent to vaccination, he would rather inoculate him for the small-pox, than suffer him to be exposed to the horrors of the natural disease.

Happily for Mr. Travers, he is not a medical man, and therefore not reduced to such a dilemma, as to be obliged to determine this point. It must, however, be recollected, that every one who recommends inoculation of the small-pox, even under such circumstances, countenances the practice, and diffuses the natural infection. Dr. Adams, indeed, tells us, that London is never free from the small-pox; and it is never likely to be free, if prejudice, obstinacy, and self-interest are suffered to continue variolous inoculation without restraint.

Even Dr. Adams, however, admits, that since the invaluable discovery of Dr. Jenner is made, there can be no objection to certain legal restraints on the inoculation of the small-pox. But he attributes the late prevalence of the disease too much to the *constitution of the air*, and too little to the *constitution of the Small-pox Hospital*.

I know not any apology that has been offered for continuing variolous inoculation in London, which may not be offered for continuing it in Bath; yet the apology for continuing the practice there has been treated by Dr. Parry with the contempt it deserves. In the Bath Journal for August 19, speaking of those who still persisted in it, he says, "Let these persons go to their pillows with this reflection, and sleep on them with what comfort they may; and let them, by publicly boasting of the success of their own efforts to spread this scourge of mankind, in spite of all the efforts of the friends of humanity to expel it for ever from the face of the earth, afford a further proof, if any were still wanting, that insolence usually accompanies vice."

With respect to the Small-pox Hospital, if variolous inoculation is to be permitted at all, let it be confined to the walls of that habitation; and if there be any advocate for the practice, let him boast of the success of his efforts there also. *Illâ se jactet in aulâ.*

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As to vaccination, it is a practice which requires not a retired and solitary situation, but one that is central and populous, in order to accommodate the public. But the most expeditious, and the most effectual method of promoting the practice, and thereby hastening the extermination of the small-pox, is to visit and convert the poor, and to vaccinate from house to house. Much experience has proved, that there are numbers of people so indifferent to the welfare of their children, as not to take the trouble of going any distance on that account, who, nevertheless, will consent to have them inoculated at their own homes.

I lately received a letter from a physician in the country, in which he says, "The pest-house of St. Pancras *must* be put under some restrictions, or vaccination may go again to its native meadows. Even at this distance from the metropolis, I am doomed to see the horrid effects of promiscuous inoculation. Two young persons brought the small-pox hither from London; one of them escaped with life, but the other, a fine young fellow, servant to the Archbishop of Canterbury, is just deposited in our churchyard.

"The disease is also beginning to spread in the neighbouring villages; which keeps my lancet fully employed. London must be considered as the focus of antivaccinism. The mischief arising from a single individual sent out of the Small-pox Hospital, and let loose on society, exceeds all calculation. What was the lance of an Ajax, compared to that of a Wachsel?"

One of the first measures pursued in India, after the introduction of the cow-pock, was to prohibit variolous inoculation. The same policy appears requisite here; unless our population is too great. Indeed, it is peculiarly necessary in this overgrown metropolis, on account of the greater difficulty of discovering and avoiding the infected subjects. Besides, there are multitudes of the inhabitants of London, who are less under the influence of their neighbours, than in country towns and villages. If, therefore, such persons are resolved to continue obstinate; if they are deaf to the call of humanity, and will not listen to the voice of reason, let them retire to hospitals and lazarettoes, when the pest is in their families, and let bounds be assigned to them, which they shall not pass. This is what the safety of the people requires, and what the public have a right to demand.

Dr. Adams mentions other measures, and seems to lay hold of every twig, and every straw, in order to support

the inoculation of the small-pox; and, consequently, the hospital destined for that purpose. He says, early vaccination is the only security for an inhabitant of London. But even vaccination, if attempted at the moment of birth, is not an absolute security. The operation may fail the first time, and perhaps the second time; and, to use the pathetic language of Dr. Adams, the "lovely little infant," the "innocent infant," may be "coolly condemned to all the horrors of that dreadful disease, the small-pox.

If we cannot have an absolute security, let us at least have a comparative security; let us have such a security as we can obtain. It is fresh in the memory of every one, that while vaccination increased, the small-pox decreased. Were the inoculation of the small-pox interdicted, or subject to proper legal restraints, time and reflection would assist the friends of vaccination in reconciling the public mind to the practice; and, like Fabius, we should conquer by delay.

Dr. Adams subjoins some remarks on the eruptions that have lately been common. I believe they have, in former times, been equally common, but not equally submitted to the inspection of medical men. He justly observes, that at another time, the venereal cases which he describes, would scarcely have found their way to the Small-pox Hospital. There is another eruptive disease, on which I long ago published some observations. The subject was introduced by Mr. Badger; who spoke of an infectious disease of the scalp, which was considered as a non-descript. Dr. Willan afterwards remarked to me, that he saw no reason for calling those eruptions by any other than their usual names, tinea, or favus; and in this opinion I readily acquiesce.

One case of this species of eruption, which began in the face, and spread over the neck and chest, occurred in a child in Midford Place, Tottenham Court Road, and was pronounced to be the small-pox by Mr. Walker, of St. James's Street; and Mr. Birch, with whom he called on the child the next day, confirmed that opinion. The case was therefore reported to me, as a case of the small-pox after the cow-pox. Having inquired into the particulars, I was surprised to hear the opinion given. Two or three small eruptions first appeared about the temples, and by the next day the eye-lids were so much swollen, that the child was blind. The mother then applied a blister to the nape of the neck, which soon reduced the swelling of the

eye-lids, and occasioned a considerable eruption round the part where it was applied. It likewise reached, without interruption, almost to the navel; but there was not the least trace of it below the navel; nor on any of the extremities.

It is worthy of notice, that the two antivaccinists, who, in the present instance, spread an alarm, notwithstanding they assured the child's mother, that the case was the small-pox, and terrified all the mothers in the neighbourhood, whose children had been vaccinated, did not, as usual, convene their medical friends, nor take matter. Hence it appears, that whatever alarm they wished to excite, they did not wish the affair should undergo any farther investigation.

Having seen the case, I was surprised at the opinion given; and the next day requested Dr. Willan and Dr. Adams to see it with me, to prevent misrepresentation. Dr. Willan declared it to be that species of eruption called *favus*. It is extremely common; and is generally occasioned by cold. In the present instance it was very well accounted for by a Lodger; who informed me, that the child's mother had placed him on the threshold, in a very cold and windy day; and left him there the whole time, while she scoured the passage.

The day after Dr. Willan and Dr. Adams had visited him with me, his mother, again carried the child to Mr. Walker; who positively assured her that the case was the small-pox; and gave her physic for him, on that account. Soon afterwards, however, a fresh eruption of a similar kind took place, on a fresh exposure to cold, and the mother carried him to Mr. Wachsel; who told her the small-pox never continued coming out for a month. This remark, and his unquestionable judgement in such cases, at length convinced her of the error into which she had been led.

Dr. Adams has added one case to those already on record, of the small-pox mitigated by vaccination; and four in one family, of local pustules; three of which were attended with fever. This alone, if we had no other evidence of the kind, is sufficient to refute the vulgar error, that those who have had the small-pox, although they may again have pustules, from contact of matter, can never have any constitutional indisposition from this cause.

[To be continued.]

CRITICAL ANALYSIS

OF THE

RECENT PUBLICATIONS

ON THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Description and Treatment of Cutaneous Diseases. Order iii. Rashes. Part 1, *containing the Varieties of Rubeola and Scarlatina. By* ROBERT WILLAN, M. D. F. A. S. London, 1805.

AT length the third part of this valuable work has made its appearance; and though we cannot but regret, in common with our readers, that it has been so long retarded, yet those who know the difficulties of executing such an undertaking with justice, will not accuse the author of delay. The present number being confined to two complaints which are sometimes confounded, the reader will expect the discriminations to be particularly accurate; and in this he will not be disappointed.

The description of Rubeola or Measles, though perhaps more minute from the necessity the author felt of peculiar accuracy, cannot be materially different from our best writers on the subject. However, there are a few facts which are better established than heretofore. The first of these is the period after receiving the infection, when the symptoms commence; and secondly, the period after such commencement, before the eruption shows itself. These, with the varieties to which they are liable, are accurately traced. The period after exposure to the contagion, before the fever commences, or, to use Mr. Hunter's words, the period of the disposition to the disease before its visible action commences, is usually from the sixth to the tenth day. The period of eruption after fever is from the third to the sixth day. Those who are less susceptible may continue for a long time communicating with the sick; but the contagion does not act upon them unless the body be brought into a feverish state by some accidental cause, as, by taking cold, by watching, fatigue, or mental suffering. "I do not recollect," adds the author, "any person wholly unsusceptible of the disease after repeated exposure, as happens in small-pox in a very considerable proportion." But if all are susceptible of the disease, it follows, that all must feel ultimately the effect of the contagion if exposed to it, even though the body should not be brought into a feverish state by any other cause. May we not therefore be allowed to doubt whether the deranged actions in the constitution from these other causes, may not have produced this protraction of the disease? That such a cause will protract the appearance of the

the rash, the author shows by a case, the periods of which he had an opportunity of marking with particular accuracy. He afterwards reduces it to a general law: That, "when a person who carries about him the contagion of the measles, gets a catarrh, or becomes feverish from the causes mentioned above, the contagion begins to operate about the fourth day of such a fever, and then excites fresh paroxysms, which after four days terminate in the eruption. Hence the febrile stage in this instance appears to have the extent of eight days."

Now it is well known that the common period of the acute state of catarrh is about four days. From that time, if the patient is not well, he is at least convalescent, and complains more of the effect of his *cold* than of the disease itself. Is it not therefore probable that the action of measles has been suspended by this new action, that is, the catarrh, after the impression has been received from the contagion; and that when this action from the supervening catarrh has been completed, that of measles commences, and goes through its usual progress? We are led to offer these suggestions to our ingenious author from the following very valuable history.

"I inoculated about the same time three children with the fluid contained in these vesicles, but no effect was produced by the inoculation. A similar trial at the Inoculation Hospital proved more successful. Richard Brookes, aged eighteen, was inoculated by Mr. Wachsell, with fluid from the miliary vesicles in mealses, and with vaccine virus, January 6, 1800. On the 10th there was some redness and elevation of the cuticle at both the inoculated places. 15th. The redness round the part where the lymph of the measles was inserted had disappeared, while the vaccine pock was vivid. 18th. The vaccine disease was over. 22d. He had severe cough, sneezing, and watery eyes, with cold shiverings and fainting. 28th. The measles appeared; his eyes were inflamed, and the lids swollen. 29th. The efflorescence was diffused all over the surface of the body; frequent cough; violent fever. Feb. 1, Efflorescence disappeared; cough and fever much abated. From that time he recovered gradually, and was dismissed in health on the 12th of February."

We have copied this passage not only as an instance of successful inoculation for measles, but also as an illustration of our opinion concerning the causes of the protraction of the disease after the contagion has been received. Here we find the subject susceptible of the two contagions at the same time; and as long as the diseased actions were local, both went on at the same time. But as soon as the constitutional action from vaccination commenced, the local action of measles ceased. When the vaccine process was completed the rubeolous recommenced, and in four days afterwards the cough, sneezing, and other symptoms previous to the eruption came on. In six days more the eruption appeared, and in four more disappeared; making in the whole twenty-six days, a fair allowance for the two diseases. We would not be supposed in this examination

examination to question Dr. Willan's accuracy or his abilities, we have fairly stated the question as it appears to us, and leave the decision to our readers.

After a very accurate description of the disease in its most usual progress, the author enumerates some of the anomalous appearances remarked by himself and other writers. We shall transcribe his own, not only on account of their importance, but because they lead to the solution of a difficulty which no one has ventured to touch upon with so much boldness before.

"Some other appearances which occasionally succeed the measles likewise demand attention. These are, 1st. Small hard tumours, like boils, being in the beginning very much inflamed, and sometimes of a livid colour, afterwards suppurating with great pain, and a sanious discharge. They appear mostly on the back, loins, or lower extremities, and are not readily healed. In children there is an analogous eruption of inflamed pustules (Phlyzacia DEF. X. 1.) on different parts of the body, but particularly on the feet, legs, thighs, and scrotum.

"2dly. An eruption round the chest, about the mouth, temples, &c. of watery vesicles, in clusters, with an inflamed base, producing much heat, pain, and tingling of the skin.

"3dly. In infants aphthous ulcerations of the tongue and fauces.

"4thly. Soft pustules containing a viscid, straw-coloured fluid, (Achores & Favi, DEF. X. 3.) on the head, face, breast, and thighs, succeeded by ulcerations at the corner of the mouth with tumour of the upper lip, sore eyes and ulcerations of the tarsi, discharges from behind the ears, enlargement and tedious suppuration of the submaxillary, occipital, axillary, and inguinal glands, sometimes with pain and swelling of the joints.

"5thly. In some cases where no eruption of pustules, nor superficial ulcerations have preceded, the lymphatic glands of the neck and other parts become considerably enlarged; this appearance is succeeded by a swelling and tension of the abdomen, with hectic fever and emaciation.

"I never saw the rubeola terminate by gangrenous ulcers of the throat, cheeks, gums, &c. or by caries of the jaw-bones, as stated in several respectable authors. Those dreadful symptoms more especially belong to another disease of the present order."

We shall pursue this important enquiry without interruption.

"It may be proper," says our author afterwards, "to notice the 'Putrid Measles,' observed by the late Sir William Watson among the children at the Foundling Hospital, in 1763 and 1768; see Med. Observ. vol. 4. In this disease there was a cough and watery inflamed eyes, but 'the eruption appeared, over nearly the whole body, on the second day;' the fauces were of a deep red colour; the pulse was very quick, but low; the patients complained of extreme weakness, and could not bear bleeding; their oppressed and difficult breathing was attended with great restlessness and anxiety, but with scarce any expectoration throughout; some died under

under laborious respiration, more from a dysenteric purging; several were so debilitated that they refused to take almost any nourishment, and sunk quite emaciated, one so late as six weeks after the attack; some cases terminated in mortification of the rectum, pudenda, cheeks, gums, &c. others with caries of the jaw-bones.' These circumstances do not belong to the rubeola, or measles generically considered; they are, indeed, ranked otherwise in Sir W. Watson's own statement respecting the disease, which he refers to the morbilli maligni, or epidemii, described by Morton. Now it must be observed, Dr. Morton expressly maintains that the measles and scarlatina are the same disease, with no more variation in their form than there is between the distinct and confluent smallpox; he has therefore conjoined their principal symptoms (cap. iii.) and wishes to banish the distinction, and the very name of scarlatina from medical language. In this wish Dr. Morton has not succeeded; hence those readers who attend, not to the names of things, but to the things themselves as described, will find that the morbilli maligni, morbilli epidemii, morbilli spurii, and febris morbillosa, pestilentialis, in his writings, have no relation to the measles, but constitute the disease, to which other writers have given the titles of angina maligna, ang. epidemica, ang. pestilentialis, ang. ignea, scarlatina anginosa, scarlatina maligna, &c. &c.

" Sir William Watson probably first adopted Dr. Morton's opinion, and nomenclature, about the year 1768; see Med. Obs. IV. p. 133. In 1763, his technical terms seem to have been different; he says, Med. Observ. p. 136, 'The first person seized with the epidemic measles was on April 21,' but in the weekly Report of the sick to the Hospital Committee, and in the apothecary's book, this case is denominated 'eruptive fever.' The two other cases, said, Med. Obs. p. 137, to have occurred between April 21 and May 4, are not entered in the written books under the denomination of 'measles;' one is termed 'eruptive fever,' the other 'scarlet fever.' From these sources one hundred and eighty children were soon affected with the disease in question, every case of which is termed 'eruptive fever,' no mention being made of measles in the report-book till the latter end of November, when ten cases are entered under the name of 'morbillous fever.' This, however, had no connexion with the preceding 'eruptive fevers,' which, according to the printed account, (p. 137) wholly ceased on June 9.*

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" * Sir W. Watson's statement has led several persons to suspect, that, from the virulent symptoms of a disease alway reputed inflammatory, there must be something amiss in the state of the air, the diet, or general management of the children at the Foundling Hospital. For this suspicion there is no ground. The regulations remain nearly the same as first framed by the Governors, yet their active and intelligent physician, Dr. Stanger, informs me that the measles, during the last twelve years, have never appeared in any other form than as described by Sydenham; and though frequently

In 1766 many of the Foundling children, particularly those placed at Westerham Hospital in Kent, are said to have been affected with 'eruptive fevers and sore throats,' a title not afterwards employed. The measles appeared among the children of the Foundling Hospital at the beginning of March 1770, and continued some time. In May, the scarlatina and measles seem to have occured together, and to be distinguished according to Dr. Morton's nomenclature, as follows,—'Measles,' 'measles and sore throat' or 'measles and ulcerated sore throat,' and measles with 'putrid fever.' The denomination 'scarlet fever and sore throat,' first occurs in the weekly report, Sept. 1, 1787. About the same time, in the prescription book appropriated to the measles, a separate entry is made of scarlatina, this generic title being at length applied, when the disease, after a dreadful ravage during two successive years, had fully impressed the inhabitants of London with a knowledge of its distinctive character, and peculiar virulence."

We shall make no apology for this long quotation on an enquiry leading to so important a discrimination. Dr. Willan's arguments seem almost conclusive, and it is impossible not to admire his industry in following the question so closely. But we cannot help also expressing our surprize when he tells us, that measles have not been fatal at the Foundling beyond the usual proportion; when by the register, it appears, that at two periods taken collectively, about one in thirteen died. Surely, such a mortality as this is beyond the common ratio in this disease. The question is carried much further than our limits will permit us to pursue it, but not further than every diligent enquirer will wish to accompany our author. This part of the work concludes with some short but pointed remarks on the low state of Saracenic or Arabian medicine, even when in its highest reputation.

The next genus in the order of exanthemata or rashes, according to Dr. Willan's arrangement, is Scarlatina. This *genus* is divided into three *varieties*. Scarlatina simplex, anginosa, and maligna, (comprehending that form of the disease in which the efflorescence is confined to the throat.) After a minute description of the most common appearances of scarlatina simplex, our author very accurately points out the peculiar diagnostic marks by which it

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frequently occurring there, that they have not been fatal beyond the usual proportion. Thus, in the year 1798, twenty-five boys, and forty-four girls, had the measles, six of the latter died. In autumn 1800, twenty-nine boys, thirty-seven girls were affected, and four boys died of the disease, or its consequences. In 1794, twenty-eight had the measles, and all recovered. In 1802, one died out of eight children affected. Particular cases may occur wherein symptoms of putrescence appear during the latter stages; (p. 237). Of such cases I have only noticed five, in a practice of twenty-four years; many practitioners who have been established fifty years, have not seen them in a greater proportion; I never yet conversed with any one who had noted putrid measles occurring epidemically."

it may be distinguished from measles. As this is connected with an enquiry in which we have hitherto followed our author with so much caution, we shall do him the justice to transcribe the passage.

" Although the measles and scarlatina are now known to arise from different modes of contagion, yet so many authors have considered them as varieties of the same disease, that it may be allowable in this place to recapitulate their diagnostic characters.

" 1st. The efflorescence in scarlatina generally appears on the second day of fever; in the measles it is seldom visible till the fourth.

" 2dly. It is much more full and spreading in the former disease than the latter, and consists of innumerable points and specks under the cuticle, intermixed with minute papulæ, in some cases forming continuous, irregular patches, in others coalescing into an uniform flush over a considerable extent of surface. In the measles the rash is composed of circular dots partly distinct, partly set in small clusters or patches, and a little elevated, so as to give the sensation of roughness when a finger is passed over them. These patches are seldom confluent, but form a number of crescents, or segments of circles, with large intervening portions of cuticle, which retain their usual appearance. The colour of the rash is also different in the two diseases, being a vivid red in the scarlatina, like that of a boiled lobster's shell; but in the measles a dark red, with nearly the hue of a rasberry.

" 3dly. During their febrile stage, the measles are distinguished by an obstinate harsh cough, forcing up, in repeated paroxysms, a tough, acrimonious phlegm,—by an inflammation of the eyes and eye-lids, with great sensibility to light,—by an increased discharge from the lachrymal gland, sneezing, &c. The scarlatina is frequently attended with a cough, also with redness of the eyes from an extension of the rash to the tunica albuginea, circumstances which render the distinction between this complaint and measles particularly difficult, if other symptoms be not clear and decisive. On minute observation, however, it will be generally, perhaps always, found, that the cough in scarlatina is short and irritating, without expectoration; that the redness of the eye is not attended with intolerance of light, that the ciliary glands are not affected; and that, although the eyes appear shining and watery, they never overflow.

" 4th. Most writers on the subject, in distinguishing scarlatina from measles, and other eruptive complaints, observe that there is a peculiar sensation of anxiety, depression, and faintness, in all cases of it which are attended with fever.

" 5th. When the rash appears on the third or fourth day, being scattered, and of a dark shade of colour, as frequently happens in the two latter varieties of scarlatina, the disease may be distinguished from measles by the appearances in the throat, by the rigi-

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dity of the muscles of the neck, and other peculiar symptoms hereafter to be described."

We have next very accurate descriptions of the two other species of scarlatina, viz. anginosa and maligna. In both these we meet with the caution and minuteness which might be expected from Dr. Willan. Next follow some enquiries, whether the disease can attack a person more than once during life. Amidst the contradictory evidence, the author seems disposed to the negative side of the question, but unwilling to decide. This introduces an historical detail of the different periods at which the disease has been described in different countries throughout the world. The author conceives it was originally introduced among us from the Levant or Mediterranean. It is highly probable that the country first peopled, the most populous and most abounding with the children of poverty, may have been the first among whom a contagious disease was discovered in such full force, and so generally extended as to attract the attention of physicians. The uniformity and fatality of its symptoms would force upon them a conviction that something more was to be described than was met with in Galen and Hippocrates, and that a mode of treatment was to be pursued different from any authorized by these celebrated oracles. With submission however to the great diligence and ingenuity of our author, we cannot help doubting whether the disease described by Aretæus Aetius, and even by Tournefort, can fairly be called scarlatina. No mention is made of a scarlet eruption, and it does not seem unreasonable to impute all the symptoms to the malignant fever with sore throat, generated in the abodes of poverty, especially when we consider how much this disease is increased in proportion to its inciting causes.

In tracing the disease from a later period, Dr. Willan stands on very firm ground. Its milder form he shows satisfactorily to have been described by Ingrassia in Italy, in the beginning of the sixteenth century, and its malignant form by Wierus in Lower Germany, in the years 1654 and 1655. From this period we meet with equal learning and diligence in tracing the disease to our own times. The superficial reader will perhaps fancy this long detail tedious; but the true pathologist, who knows how necessary the greatest accuracy is in ascertaining the true character of every disease, will be aware that nothing which relates to it can be indifferent. He will follow with pleasure his learned instructor in the variety of forms and synonyms under which he detects a disease, sometimes traced back to Hippocrates, and at others considered as a new phenomenon. From this mass of evidence he will with delight perceive the uniformity of nature, even in her deviations from the healthy actions of life, and find new proofs, if any are wanted, of the necessity of uniting in practice a sound judgment, and a bold, if well founded decision, to the most laborious research.

We offer the following extract not only from the interest it has excited in our own mind, but because it contains a kind of summary

mary of the arguments that Dr. Fothergill's ulcerous sore throat, as it was at one time called, was only another form of the mild innocuous scarlet fever, which Sydenham describes almost without proposing a method of treatment.

" The 'sore throat attended with ulcers,' which was prevalent in London during the years 1747—8, and of which an accurate account was given by Dr. Fothergill, appears to have been an epidemic scarlatina, like the anginose fever, and ulcerated sore throat described by Huxham. Although many of Dr. Fothergill's cases were certainly of the malignant kind, and he thought proper to insist generally on the putrid tendency of the disease with a view to combat the mode of treatment then employed, yet it is evident from his treatise, that he frequently saw the disease in its mildest form. The rash, of which he has given a full description, coincides exactly with that in the scarlatina. It appeared on the second day of the disease, and began to decline on the fifth. He further observes, that there were 'in general symptoms of recovery on the third, fourth, or fifth day, and that, "some grew easier from the first day of the attack." With respect to the affection of the throat, he says, "The disease terminates in a superficial ulceration of some of the parts about the fauces, with little appearance of sloughs if the disease is very mild; and with large and deep ones, of a white, cineritious, livid, or black colour, if it is more violent." In another place he says, "Where the disorder is mild, a superficial ulcer appears in one or more of these parts, which may easily escape the notice of a person unacquainted with it, as it can scarcely be distinguished from the sound part, but by the inequality of surface." He adds, that under a proper mode of treatment, "it seldom happens, but that the febrile symptoms disappear, the sloughs come off, and the ulcers are disposed to heal in a few days, unless it be where mismanagement at first, malignity of the infection, or an unfavourable constitution, have one or all contributed to increase the disease, and to render its consequences more lasting and mischievous.'

" The disease described by Dr. F. was attended with hæmorrhage from the nose, mouth, and ears, also from the uterus; such discharges of blood take place in every variety of scarlatina, and in the two latter species are often fatal. He has noticed a circumstance peculiarly attributed to the scarlatina anginosa by most writers on that subject; 'Another symptom which requires our attention in the cure of the disease is an excessive faintness, of which they generally complain soon after they are taken ill, and continue to do so, if they are sensible, till the distemper begins to abate.'

" The doctor has elucidated his observations by two instances (p. 52, 56) in which slight cases of scarlatina anginosa, seem to have proved fatal from an imprudent use of bleeding and purgatives. One of the cases so treated, he says, 'was apprehended to be a common scarlet fever.'

"He remarks, in concluding, 'Thus much, however, seems to be true in fact, that in some cases, the disease appears to be of so mild a nature, and so benign, as to require but little assistance from art. Persons even recover from it under the disadvantages of unskilful and injurious management; whilst in others the progress of the symptoms is so rapid, and the tendency to corruption so strong, that nothing seems able to oppose it. Just as it happens in the small-pox; the benign and distinct sort bears ill treatment without injury; in the malignant flux kind, the utmost art and experience are too often insufficient to conduct the distemper to a happy issue. Whether this diversity in the sore throat we are speaking of, is owing to a difference of constitutions, or of seasons, to the different quality or quantity of the contagion, or the manner of receiving it; or whether there are in reality distinct species, may perhaps hereafter be more certainly determined.' *

"That the disease described by Dr. Fothergill was an epidemic scarlatina is further proved by a letter from Dr. Cotton to Dr. Mead, 'On a particular kind of scarlet fever, prevalent at St. Alban's in the year 1748,' published about the same time as Dr. Fothergill's treatise. The disease had undoubtedly spread from London to all the adjacent towns; and Dr. Cotton's narrative affords an opportunity of comparing its appearances in the country, with its form in a crouded metropolis."

A number of writers follow in order, from the descriptions of most of whom it is shown that the three varieties of the disease are from the same source. The most remarkable among these is Dr. Clarke of Newcastle. His description of the worst cases of scarlatina is so exactly similar to Sir William Watson's putrid measles, that it is impossible to doubt they are the same, and his enumeration of the different forms under which it appeared, confirms the three divisions made by our author. Dr. Clarke's table serves as a further proof; and the large opportunities Dr. Binns enjoyed of tracing

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" * The influence of accidental circumstances on medical practitioners and medical authors was strikingly exemplified in Dr. Fothergill and Dr. Cotton. A popular alarm, first owing to the sudden death of Mr. H. Pelham's two sons, on the same day, by a malignant sore throat, (Gent. Mag. vol. xxvii. Nov. 1739.) and afterwards kept up through reports of the appearance of this supposed pestilential distemper in other parts of the kingdom, occasioned Dr. F's account of it to be read with the utmost avidity. The title and tenor of his publication so far coincided with current opinion, that he soon attained the highest professional eminence. Dr. Cotton's treatise on the same subject had perhaps equal merit with regard to stile and precision; but as he gave an old appellation to a disease certainly not new, his work attracted little attention, and produced him no emolument. The Doctor was, however, consoled by the visitation of his muse, and by the comforts of his rural 'Fire-side.' He declined an invitation to practice in London, considering 'the metropolis as a dangerous and stormy ocean;'—If we can trust the muse, his 'search after happiness,' among calmer scenes, was not ineffectual.

tracing the progress of the disease in the extensive seminary of Ackworth, place the question beyond all doubt.

Having settled this most important point, the author "proceeds to make some observations on the method of treament in the different forms of scarlatina." However pleased we might be with the result of the former enquiry, and with the general uniformity of description discoverable in various writers, making only a moderate allowance for the difference of climates and season, it is impossible to read the present section without some melancholy suggestions on the uncertainty attending our practice in acute diseases. One most important fact seems to meet with general confirmation, that bleeding has been gradually disused, or employed with greater caution. If the subject were less serious, we might smile at the confidence with which other remedies are extolled or condemned by their different advocates and impugners.

Emetics, particularly in the early stage of the disease, seem to meet no opposition. Blisters are a doubtful and uncertain remedy in the opinion of many respectable writers. Our author however does not scruple to recommend them, when the throat is so much swelled as to occasion painful deglutition. He proposes also such a temperature of the chamber as is most agreeable to the patient's feelings, and such as is the common temperature of the season when the disease assumes its mildest form. Very gentle purgatives, administered with caution, are not without respectable advocates; but it is difficult to collect our author's opinion of them, as well as of bark and wine. Probably, he has not found either of them necessary. We shall consider his remarks on acid drinks hereafter. On the subject of gargles, we meet with nothing very new.

In the last division of the disease, *scarlatina maligna*, our author seems to join in the general objection against blisters. No one can dispute the great disposition to gangrene in the worst form of this disease. Bleeding and purging he considers also as constantly hurtful. On this occasion, a just tribute is paid to the late Dr. Fothergill, as "among the first to discourage this destructive practice,"*—in England we presume our author means, for after tracing the practice of blood-letting through Spain and Italy, he adds, "It is extraordinary that after so dreadful a mortality, no phy-

* The following note attends this passage.—"Dr. Huxham persevered in blood-letting till the year 1750, though he says, 'It will be constantly found that the pulse as well as the strength sink vastly after the second or third bleeding, and truly very surprisingly after the first.' Dr. Grant was also an advocate for bleeding in angina maligna in 1770," &c.

We should have been glad if our author could have settled a doubt which was often started by the last race of practitioners, viz. whether or no Dr. Leatherland had any share in reforming the practice in this disease. The only printed document that occurs to us on the subject is contained in Chandler's "Treatise on the Disease commonly called a Cold," a pamphlet of which, probably, few have heard more than the title.

sician should have thought of instituting a different mode of practice. None of them, however, would recede from the plan or maxims they had adopted; so that the honour of arresting the progress of this disease, and of effecting its cure, was claimed by a bold empiric, who attracted general attention by advertising a specific remedy, which was merely a cretaceous earth, or bole, said to be the Samian earth recommended by Galen for ulcers of the mouth. We cannot now impute Charamonte's success, which was certainly very great, to an inert powder, but must refer it to collateral circumstances. A principal one seems to have been, that when the Neapolitans and Sicilians were induced to confide in a specific, they no longer submitted to the usual purging and bleedings, which, in opposition to the whole faculty of Naples, Charamonte decidedly reprobated as the causes of the preceding mortality. The event was by no means in favour of medical science at that period; for, soon after the trammels of regular practice were shaken off, we find that the disease became less frequent, and less fatal, though its name impressed terror through many succeeding generations."

By a note, it appears that Charamonte wrote in 1637. Dr. Fothergill's first edition is dated about 1748. We have, as our author observes, no reason to doubt that Huxham continued bleeding till the year 1750. His Dissertation on the Ulcerous Sore Throat is dated 1757. In this he shows how much trouble he had to convince his neighbouring practitioners, "though in general as careful, capable, and judicious as in most parts of England," that the disease was altogether putrid or malignant. Perhaps, had he produced authorities in addition to argument and demonstration, he might have been more successful. When will the professors of a liberal science, and an art altogether practical, direct their whole views to the improvement of that art, or to the encouragement of all the means by which it can be improved? To empirics we owe the bold use of mercury. To empirics, it now appears, we owe the improved method of treating scarlatina maligna. To a female, the introduction of inoculation; and to empirics the improvement of the practice. It is to be admitted that the ignorant boldness of empiricism requires some controul, but it is also entitled to fair enquiry; and it becomes the business of the enlightened practitioner to profit by the errors as well as success of his more hardy antagonist. But it were well if this jealousy were directed only against empiricism; unfortunately we have too many proofs that eminence and usefulness, if they lead to the temple of Fame, conduct us by so steep, so rugged a path, that few arrive there but to leave their ashes. Who is ignorant of the jealousies which Hervey encountered? Who can misunderstand the little querulous hints of Sydenham? Which of us has not witnessed the ignorant petulance which every where attended Hunter? And who can see, with indifference, the constant puny attempts to blast the laurels, or to intwist thorns in the wreath of Jenner.

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We know it will be urged, that men conscious of their own rectitude and usefulness should view with contempt the malice of their inferiors. This is certainly true. But superior abilities are too often attended with a peculiar delicacy of feeling, which is much increased by the perpetual well-meant adulation which by degrees becomes habitual to them. We must therefore consider these inconveniencies as inseparable from the nature of man, and only rejoice that as civilization improves, a sense of decency restrains most of us from the expression of passions which are held in universal abhorrence, and which recoil with tenfold severity on those who indulge them. But to return to our subject.

The next remedy suggested by Dr. Willan, on the authority of the best practitioners and his own experience, is emetics. Of these he speaks in very favourable terms. The subject of gargles is fairly and amply discussed. Tepid bathing and cold affusions are next considered. Again, our author shows the same caution in recommending the exhibition of bark and wine, but with his usual candour produces all the evidence on each side. For some time past, acids have been considered as the principal remedy in this disease. The number of authorities quoted in their favour exceeds those which have recommended any other remedy excepting bark, against the admission of which, at some periods, many objections occur. In scarlatina anginosa, *acids* seem the only remedy after emetics, on which our author relies during the early stage of the disease; and for this same disease Dr. Withering recommends *alkalies*. We do not find any objection made to *acids* in scarlatina maligna; the bark and other remedies are said to be necessary in other stages and circumstances of the disease: and here again we have a quotation from an author, who describes "universal efflorescence, extremities swelled, fœtid ulcers, particularly about the parts of generation, throat swelled, inflamed, often ulcerated, and respiration almost prevented, scorching fever, raging delirium, situation horribly alarming; yet, continues this fortunate practitioner, in all these variations of the disease, the *volatile alkali* was my specific, which I administered to between two and three hundred patients successively and successfully!" *Who shall decide*, &c. However, as Dr. Withering recommends alkalis on account of their diuretic quality, and as acids have this property in common with them, why should we not insist on a greater attention to the *urinary* secretion? Huxham remarks, that the "urine was often in small quantities;" and in another place, that "if the animal salts are not duly and constantly carried off by urine, they are highly destructive." It is true, he expresses many objections to the use of alakaline salts in this disease, yet this might be owing to the imperfect knowledge of chemistry in those days. But perhaps we shall be told that it is more the business of reviewers to attend to the suggestions of others than to offer their own.

The rest of this number is occupied in considerations concerning a preservative from the contagion of scarlatina for persons within

its influence, and still more concerning the means of preventing the spreading the disease whenever it is found to exist. On this last point we find our author, as usual, very full of useful information. A valuable history is given of the progress of scarlatina in the school at Ackworth, of the inutility of all preservative means from fumigations, or any thing less than a most careful separation. It is highly probable that the economy of this school, like whatever is managed by this class of the English public, is peculiarly exact as to cleanliness and good order. If this is the case, though such a caution may prove the means of keeping out infection, and a complete preservative against typhus fever, it will also render the inhabitants of the seminary more susceptible of effects from a most slightly tainted atmosphere, inasmuch as they are accustomed only to breathe a purer. That such consequences follow from such causes all analogy teaches us. The impropriety of sending children from school, who are already infected, is warmly insisted on, and Dr. Blackburn's valuable remarks on that subject are properly enforced. Several quotations as well as observations of our author show the progress of infection in certain instances, and the manner in which it might and ought to have been prevented. Lastly, a few of the clauses concerning quarantine, are quoted, to show that the proposed restrictions are less oppressive than laws which have long since been sanctioned and sumbitted to without murmur.

Such is this performance which it is unnecessary we should recommend to our readers. It must find its way into every library, should be carefully perused by every practitioner, and must become a standard authority in ascertaining the true character of the diseases it undertakes to describe. We wait with anxiety but not with impatience for the succeeding numbers, well aware how arduous the undertaking is, and how anxious the author must be to do justice to the reputation he has already acquired. Aware likewise of the readiness with which true merit meets reproof, we take the freedom to hope, that on future occasions we shall see more of the author and less of his authorities. Nothing can be more unsatisfactory than to read accounts of never failing remedies, implying indiscriminate censure on every other practice. Pleased as we may feel with the candour in which our author recapitulates what has been done by his predecessors, we should gladly have admitted more decision from one who has enjoyed so many advantages, and improved them so well.

An Epitome of Infantile Diseases, with their Causes, Symptoms, and Method of Cure; translated from the Latin of Dr. Heberden, by I. Smyth, M. B. *of Matlock, Uttoxeter.*

This work consists, as its title imports, of a summary view of Infantile diseases. It is an avowed translation from the Latin pamphlet lately published on the same subject by Dr. Heberden, and the translator's object is to diffuse the benefits, which he himself derived

derived from the original publication, through a wider circle, and to furnish parents in particular with the fund of practical knowledge which it contains. These, it will be allowed, are motives strong enough to justify the author's undertaking, and the work itself it is presumed will be found a useful compendium of the kind, and worthy of the notice and attention of such persons as may be entrusted with the health of infants. Though the work scarcely extends, through eighty pages, there are no fewer than sixty-three chapters, each chapter containing a succinct account of the cause, symptoms, and approved treatment of one particular disease. Three new chapters, viz. the forty-fifth, forty-sixth, and sixty-third, on the nettle-rash, the state of the pulse, and the fistula lachrymalis, are added, and also several notes, chiefly containing results of the translator's practice, together with a copious extract from the works of Dr. Jenner, relating to the cow-pox. Upon the whole, however, this epitome is better calculated for the use and reference of professional students than of common readers, and it may surely be reasonably questioned whether parents in general, or any who have not made the profession their study, are qualified to undertake the management of diseases so superficially noticed as they necessarily are, within these narrow limits; indeed it is evident, had the original work been designed for popular use, it would have been conducted on a very different plan.

As far as the translation goes, there is no doubt but it is faithful; the language is correct and intelligible; extremely literal; and in professional treatises, what would we have more? But when Dr. S. speaks for himself, as he does in his dedication and preface, he cannot be said to have wielded the pen, as it is not to be questioned he wields the pestle, like an experienced general. In the dedication, while he is urging his motives with proper and due solemnity to the President and Fellows of the Royal College, he bursts forth into this sublime and unaccountable phraseology: "*When philanthropy instigates and duty commands, nothing less than torpid apathy can resist the inspiration.*" This is very fine when separated from the context, but it is absolutely lost in the blaze of the concluding sentence: *This stimulating and coercive impulse forcibly urged the propriety of the present undertaking.*" This passage, we may venture to assert, approaches as near as possible to the perfection of the "Bathos or Profund."

In the preface Dr. S. mentions the occurrence of circumstances, which prevented his giving this publication a full share of his attention, and therefore apologizes for trifling inaccuracies: but to this it might be replied, that subjects of this nature, involving the health and happiness of so many interesting claimants upon our sympathy and compassion, ought to receive full consideration, before they are given to the public, or not to be published at all, and that even trifling inaccuracies may justly be deemed inexcusable when the consequences might be both dangerous and fatal; but in truth on a careful perusal, no such inaccuracies appear in

the present work; and this avowal must therefore be attributed not to any undue neglect on the part of the author, but rather to his excessive diffidence, and his care to avoid not only the reality, but even the appearance of error.

A Letter occasioned by the many Failures of Cow-pox. From JOHN BIRCH, Esq. *Surgeon to His Royal Highness the Prince of Wales, &c. addressed to* W. R. ROGERS, *Author of the Examination of the Evidence before the House of Commons, &c.*

Mr. BIRCH commences with recommending to Mr. Rogers to reprint his pamphlet. Is Mr. Birch so little of an author as to doubt a brother's readiness to get up a new edition whenever the first is sold off? He cannot surely wish his friend and pupil merely to reprint the title with a view of bringing his (Mr. Birch's) name into the page. However, if the two are tacked together, we recommend to the Royal College of Surgeons to circulate them as much as possible. A few extracts will explain our meaning. In the first page,

"Inoculation (says Mr. B.) has hitherto been considered as distinctly the province of the *surgeons;* the success of it, and the alleviation of *its* distressing symptoms (aye, Mr. B. and of *our* distressing symptoms, the College should add) depend on SURGICAL assistance. *It is a melancholy consideration* therefore to think, that this branch of practice should be taken from those who alone ought to exercise it, and transferred to persons, some of whom are totally ignorant of our profession."

Mr. B. further remarks, "It would have been more regular and more to the interests of society, as the experiment was *surgical*, to have consulted the *College of Surgeons*, and to have collected their approbation before a parliamentary reward was adjudged."

"But (continues our author) the object of the projectors of vaccination, was, I fear, not so much the desire of doing general good as that of securing to themselves and to midwives, if the experiment should succeed, the absolute command of the nurseries to the entire exclusion of *surgeons.*"

Proh pudor! oh shame and equal folly, thus to simplify a profitable branch of practice, and commit the charge of inoculating a whole nursery to women! and all out of spite to the surgeons. We shall offer only one extract more to convince our readers, that we are not afraid of calumny, even when it comes from Mr. Birch.

"A monthly Medical Journal, which has spread the mischief of vaccination widely, and *which till the last month has been shut against every statement which could affect its credit*, now acknowledges failure upon failure, attested by one practitioner after another."

It is probable Mr. Birch's letter, though we believe it is circulated gratis, may be less read than our account of it. We are therefore glad to give his charges against us this publicity, as our readers can judge on what foundation they are supported. If indeed

deed, Mr. Birch writes for the nurseries, which he is so anxious to reclaim, he may probably succeed; as those foolish old women do, who alarm children into good behaviour by stories of hog-goblins. Indeed from the general tenor of the letter, and particularly from the boldness of the last quotation, we should have considered the whole rather directed to nurses than to the gentleman whose address it bears.

Answers to all the Objections hitherto made against Cow-Pox; by JOSEPH ADAMS, M. D. *Physician to the Small-Pox and Inoculation Hospitals, and Author of "Observations on Morbid Poisons, &c.* London, published for the Benefit of the Small-Pox Hospital.

THIS little Tract being intended for the public at large as well as the profession, the author has carefully avoided all technical terms. After an exordium, in which he expresses his surprise, that the objections to vaccinate should be so frequent in England, though unknown in every other part of the world; he comprehends these objections under three general heads.

1st, That the cow-pox is no security against the small-pox.

2dly, That it is only a security for a time; and,

3dly, That it introduces other humours into the constitution.

The first is considered as so completely answered by every concurring fact, as to be now given up by all reasonable people.

That it is only a security for a time is admitted to be urged by a very well intentioned author. But even this Gentleman, it is added, is now "led to believe that vaccination in the hand may be a security for life, though in the arm only for a time." However, the Doctor admits that small-pox may occur after vaccination, without any impeachment of the practice, in one of the three following ways.

1st, By imperfect vaccination.

2dly, By the constitution being under the influence of some other disease at the time of vaccination; and,

Lastly, By the person being liable to the small-pox twice.

The first can only be detected by the most accurate examination of the pustule during its whole progress by a person well acquainted with the appearances to be expected.

For the second, the author refers to those papers published by Dr. Jenner and himself in our Journal.

That the same person may have small-pox twice, he proves by well authenticated cases, resting on unexceptional authority, and recorded before vaccination was introduced. These he shows were sufficient to convince him, when he published his Morbid Poisons in the year 1795, not only that small-pox might occur a second time, but also that a certain period would be necessary before the susceptibility to the disease should return.

Respecting the last charge of the inoculation of humours from the cow, Dr. Adams remarks, that it would be absurd to suppose no

no children had breakings out after vaccination, though it will be found, that by it, many more have been cured of their eruptions. But cutaneous diseases following cow-pox have been always temporary, and ceased without any remedies; whereas, those which have followed small-pox have been much more serious, and often fatal. This he imputes to the greater violence of the disease in small-pox, and not to any effects from inoculation. To prove this, he shows, that the most dreadful consequences have occurred from the natural small-pox. But, adds our author, whence can these humours proceed, which are imputed to vaccination? Is it from the cow, or the person from whom the matter is taken? If from the latter, we are not likely to fare better under small-pox inoculation? If from the cow, let us, at least, recollect who are the subjects in whom the cow-pox was first discovered, and who receive it, though with less violence, sometimes, two or three times in their life. These are the plump English dairy-maids! celebrated through the world for their rosy cheeks, their sleek arms, and stout constitutions. This, he adds, may be enough to do away all the nonsense which has been promulgated about the danger of inoculating humours from an animal, whose milk makes the principal part of our children's food; whose flesh is the source of old English courage, and whose breath is not only fragrant, but salubrious.

Such are the arguments contained in this pamphlet, which we have endeavoured to compress as much as possible. Those who wish to see them more at large must consult the Tract itself, which concludes with a general advice on the score of our duty to others; that we should no longer continue to inoculate a disease, which may spread by effluvia, when we may not only secure our children without danger to others, but with no hazard and little inconvenience to themselves.

An Appendix is added, giving several well authenticated instances of small-pox after inoculation for that disease.

Report of Diseases in the public and private Practice of one of the Physicians of the Finsbury Dispensary, from the 20th of August to the 20th of September.

Apoplexia	1	Cynanche	9
Dyspepsia	11	Morbi infantiles	22
Hypochondriasis	9	Morbi cutanei	8
Anasarca	5	Diarrhœa et Cholera	13
Hydrothorax	3	Menorrhagia	5
Dyspnœa ebriosa	1	Amenorrhœa et Chlorosis	12
Phthisis pulmonalis	10	Epilepsia	1
Catarrhus	15	Asthenia	16

A few

A few days since the Reporter was called to a patient that had been seized with an attack of apoplexy. Unfortunately, before his arrival, the patient had been bled. The disease was occasioned by an extraordinary degree of bodily exertion, which was followed almost immediately by an excessive and unseasonable exercise of the mind. From the cause that produced it, independently of the symptoms that it exhibited, the state of the person afflicted was evidently that of extreme debility and exhaustion.

There are few instances, one should imagine, in which a person, whose understanding has not been debauched by superannuated prejudice, or practice been enslaved by the trammels of a professional and hereditary routine, would think of removing debility by abstracting blood, or of restoring an enfeebled and exhausted frame, by evacuating any part of that fluid which conduces most essentially and immediately to its vigour and support.

The fatal result of apoplexy, perhaps, too frequently arises from the manner in which it is treated.* Sometimes, even after a paroxysm has subsided, bleeding is had recourse to, from a vague and empirical notion of its indiscriminate utility in this disease.

Let it not, however, be misunderstood as the Reporter's opinion, that there are not many cases of this disease which do, but merely that there are many which do *not* require and admit the remedy of venæsaction; a remedy, the immediate application of which is *often* essential to the salvation of the patient.

The former cases are, for the most part, characterized by a high degree of excitement, arising from the operation of violent stimuli, physical or mental, before their second effect of indirect debility has had time to take place;

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* An example from Dr. Whytt might have been introduced in the text, as illustrating the danger attendant upon blood-letting, in every case of real or imaginary apoplexy.

"A delicate or nervous girl having chilled herself at the return of a critical period, was next morning, at four o'clock, seized with stupor, and difficulty of speaking or moving. She was soon after blooded and blistered. At eight o'clock she could neither speak nor swallow, had a hiccup, and was pale and cold, though her pulse and breathing were natural. About half after ten she began to breathe hard, and with a snorting noise. Besides taking medicines, she was now blooded again, and a third time in the afternoon, and died at ten o'clock, eighteen hours after her first seizure." This is a fair instance of mere nervous debility, and deficient excitement, being converted, by means employed for its removal, into a case of genuine and fatal apoplexy.

place; such as what originates from any agony or extacy, more especially from an impetus of anger, which, in a constitution predisposed, is more apt than any other to precipitate an attack of apoplexy.

A person, therefore, inclined to this disease should be particularly assiduous in studying the science of self-government; and those who are connected with him, ought to be anxiously afraid of giving rise to any unnecessary cause of fretfulness or irritation.†

The mode of dress is not sufficiently attended to by persons liable to the complaint of which we have been treating. All tight ligatures, more especially any about the neck, should be carefully avoided. Dress, in the prevention of disease in general, or in relief of morbid habits already established, has not, perhaps, been sufficiently attended to. Remarks, with regard to this subject, may now appear less important and appropriate, as the straight and distorting habiliments of the male, and more especially of the female sex, have apparently been laid aside. But, in the latter, "the old plan of severe constriction, much oftener than is expected, lurks below the free Grecian flow of the external habit." And it ought likewise to be remarked, that the recent passion for almost semi-nakedness, in this age of exquisite polish and refinement, is much more inconsistent with health, and scarcely less so with delicacy and decorum, than that nearly entire exposure which, according to the report of history, characterized the original and indigenous barbarians of our island.

J. REID.

Grenville Street, Brunswick Square, Sept. 24, 1805.

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† A pampered and podagric Nabob, in one of the modern comedies, upon some provoking opposition, exclaims, "the Doctors order I should never be contradicted!" Ludicrous as this peevish exclamation may appear in the play, such advice might be seriously and judiciously given to the friends or attendants of a gouty, or what is nearly akin, an apoplectic patient.

MEDICAL AND PHYSICAL INTELLIGENCE.

[FOREIGN AND DOMESTIC.]

The Collegium Medicum et Sanitatis, at Berlin, by order of His Majesty the King of Prussia, proposes a prize of two hundred ducats for the best answer, and a prize of one hundred ducats for the next best answer to the following questions. The College invites all professional men, who had an opportunity of treating the yellow fever, to communicate their observations, and to give their opinions on the following points:

1. It being proved by experience, that the yellow fever is propagated by contagious matter, is it beyond doubt, that this matter adheres to lifeless substances, so far as to infect by touch, any sound and healthy person, and so to carry to a distance, the yellow fever?

2. Taking the possibility of such an infection for granted, by what experiments, facts, or observations, can this opinion be made probable, or brought to a certainty?

3. Is it probable, or proved, that the contagious matter of the yellow fever, is a produce of this disease, or contained particularly in one or more animal secretions? and in which of them?

4. Are the chemical properties of this matter already so known, as to enable us to administer chemical antidotes, by which the contagious matter may be destroyed or decomposed? Or are there any preventives, and in what manner are these to be exhibited?

5. How long does the contagious matter keep the power to infect, and how long are the substances, impregnated with this matter, able to spread the infection?

6. Is there any difference among lifeless substances, to assume easier and sooner the contagion, and to keep it longer? Are there any who do not receive the infection at all?

7. Has the disease of North America, the South of Spain, and Leghorn, been of the same nature? or has any material difference existed?

8. Is the yellow fever an endemical disease of the sea-shore, or is it to be feared, that it may have the same deleterious effect at a great distance from the sea, or on the Continent?

The Answers must be either in Latin, German, or French, directed to the Royal Collegium Medicum et Sanitatis, at Berlin, before January 1, 1807, without the name of the author, in the usual manner.

His

His Majesty the King of Prussia has given orders, that as the mineral fumigations of Guyton Morveau, are proved to be the safest preventive against the yellow fever, they shall be adopted in all Prussian harbours, and in all vessels under quarantine, or coming from suspected places.

A German gentleman, travelling through different places in Spain, at the time when the yellow fever made its ravages, observed, that of all kind of birds, the sparrows only had some notion of the dangerous influence of this disease, so far that they left the houses when the infection had taken place, and by no allurement were to be induced to return, while other birds fell victims to their ignorance. The inhabitants therefore considered the continuance of the sparrows in a dwelling house, as a certain proof of its being free from the contagion.

By a ten year's comparison of the Bills of Mortality of Vienna, the number of deaths upon an average, yearly amounted to 14600, and among these, 835 children fell victims to the natural small-pox every year. But since the introduction of the cow-pox, no more than 164 children died of the small-pox in the year 1801; in the year 1802, only sixty-one; in the year 1803, but thirty-seven; and in the year 1804, only two children, and of these, one belonged to foreign travelling parents.

The Societé de Medicine at Brusselles, has proposed a Prize for the year xiii. of the value of two hundred francs, for the following question:

Has the night any influence on sick persons?

Are there any diseases where this influence is more or less visible?

What is the physical cause of this influence?

Letters to be directed to Dr. Fournier, secretary to the society, either in French or Latin.

Preparation of the true Copal Varnish.—Take two parts of gum-copal, reduced to a fine powder, and washed repeatedly in water to free it from the woody fibres; introduce it into a flask, and pour over it four parts of pure oil of rosemary; digest the mixture in a gentle heat for three days, or longer, after which add as much highly rectified spirit of wine as is deemed necessary, and suffer it to remain undisturbed until the impurities subside; then decant the varnish.

M. Proust says, that the sulphate of copper and the nitrate, with a minimum of acid, verdigris, the native and artificial muriates, cendre blue, the carbonate, &c. all yield to potash both their acids and hydrites. Potash, tinged with hydrate of copper, throws down the hydrate on being mixed with water, and all the oxydo-

oxydo-alkaline solutions follow the same law. Slaked lime, shaken in a bottle with carbonate of copper and water, produces a fine cendre blue in about twelve hours; after which, as lime deprives potash of its carbonic acid entirely, and potash is one of the strongest attractors of acids known, it is impossible that it should not have the same power over an oxyde, and that oxyde possessed of the weakest attraction of any.

M. DOBEIMER proposes the following method to make white lead. Dissolve litharge in weak nitric acid, and precipitate this solution with prepared chalk. The precipitate washed and dried affords a ceruse of the whiteness of snow.

Dr. BUCHHOLZ has improved the preparation of the naphtha aceti, in the following manner. Upon sixteen ounces of well dried and powdered acetated lead, a mixture of six ounces of concentrated acid of brimstone, and nine ounces of spirit of wine, is to be poured, and by a mild fire the quantity of nine or ten ounces liquid to be drawn over. If this liquid be mixed afterwards with the third part of lime-water, nearly six ounces of æther aceti will be gained. When proper care has been taken, that the liquid which is drawn over, does not contain any acetated lead, the æther may be used without any further preparation. Should this not be the case, the æther must again be rectified.

The Lectures at the LONDON HOSPITAL will begin on Oct. 1.

Theory and Practice of Physic, by Dr. COOKE.

Chemistry, by Dr. HAMILTON and Dr. YELLOLY.

Theory and Practice of Midwifery, by Dr. DENNISON.

Anatomy, Physiology, and the Operations of Surgery, by Mr. HEADINGTON and Mr. FRAMPTON.

Anatomical Demonstrations and Dissections, by Mr. ARMIGER.

Surgery, by Mr. HEADINGTON.

Clinical Observations on Cases under Treatment, by Sir WM. BLIZARD and Mr. THOMAS BLIZARD.

Application to be made to Mr. Price, Apothecary, at the Hospital.

Mr. HOME's Lectures on the principal Operations in Surgery, given gratuitously to the pupils of St. George's Hospital, will commence on Thursday, the 24th of October next.

Mr. GUNNING, in the course of the season, will likewise give six lectures on Syphilitic Complaints.

Dr. HOOPER will commence a Course of Lectures on the Theory and Practice of Physic, Materia Medica, and Pharmaceutical Chemistry, on Wednesday, Oct. 16, at his Museum, Cork Street, Burlington Gardens. Particulars may be known by applying at his house, No. 13, Holles Street, Cavendish Square.

Mr.

Mr. MOOR, Surgeon-Dentist to Her Royal Highness the Duchess of York, will commence a Course of Lectures on the Structure and Diseases of the Teeth, on November 5, in which will be explained the complete Practice of the Dentist. Further particulars may be known at his house, No. 6, Palsgrave Place, Temple.

Dr. REID, of the Finsbury Dispensary, will commence his Course of Lectures on the Theory and Practice of Medicine, on Thursday, October 17, at eight o'clock in the evening, at No. 7, Cateaton Street, (late Paul's Head Tavern) at which place the subsequent lectures will be delivered, at twelve o'clock, every Tuesday, Thursday, and Saturday, until the middle of January.

Mr. THOMAS will commence his Course of Lectures on the Principles and Operations of Surgery, on Monday, Oct. 7, at his house in Leicester Place, where a prospectus may be had, or at the Anatomical Theatre, Windmill Street.

Mr. RING has sent to the press An Answer to Dr. Moseley, containing a Defence of Vaccination, which will be ready for publication in a few days.

Mr. THOMAS LUXMORE, Surgeon Extraordinary to His Royal Highness the Prince of Wales, Surgeon to the Honourable Artillery Company and to the Eastern Dispensary, will in a few days publish a Manual of Anatomy and Physiology, reduced as much as possible to a tabular form, for the purpose of facilitating to students the acquisition of these sciences.

On Wednesday, September 8, came on the election of Surgeon to the Finsbury Dispensary, occasioned by the resignation of Mr. Ricards. On casting up the ballot, there appeared for

Mr. John Taunton – – –	350
Mr. Samuel Smith – – –	143
207 Majority.	

On which Mr. Taunton was declared duly elected Surgeon to the above charity.

To CORRESPONDENTS.

Communications are received from Dr. Arneman, Dr. Cuming, Dr. Forbes, Dr. Gillespie, Dr. Hendy, Mr. Stevenson, Mr. T. Walworth, and Juvenis.

ERRATA.

P. 244, l. 28, *just as she was, in point of delivery*, dele *in point of delivery*.
P. 246, l. 10, for *principal* read *fanciful*.