THE

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Must candidly confess, that I have reaped great advantages from the many valuable Communications with which your Journals have been adorned; and have therefore always thought it a duty incumbent upon me, whenever an opportunity presented, of giving a fair trial to the most important remedies, which have been recommended by your various Correspondents for the cure of divers complaints, and to make my observations upon the mode of operating in as clear and satisfactory manner as my abilities will permit. As such great panegyrics have been bestowed upon the use of Nitre in Gun-shot Wounds, by your ingenious and well informed Correspondent, Dr. Cuming; I was determined to try its powers whenever an opportunity presented. A short time had elapsed, when, on account of a severe action which was fought off the French coast, the wounded were landed at this hospital; there were a few men, who were wounded by musket balls in the upper extremities, and other parts of their bodies, in which the nitre was of evident service. But in the subsequent case, its application far surpassed my most sanguine expectations; I have therefore selected one of the most important cases, which is accompanied by a drawing, which I hope will serve to give some idea of this extensive wound, and, at the same time, demonstrate that no case could be better adapted for the experiment.

Edward Tott, a seaman, of His Majesty's ship La Fleche, was received into this hospital July 19, 1805, with a very extensive wound, which was inflicted by a cannon shot discharged from the enemy's batteries off Cape Blanc-nez. Two days had elapsed before he was presented for

mission. Upon removing the bandage and dressings, a most formidable gun-shot wound presented itself; a great portion of the integuments which cover the posterior part of the thigh were carried away. The vastus externus muscle was nearly divested of its common integuments, and divided in a transverse direction; there was an opening which would readily admit two fingers to be introduced, and this opening led to the femur, which could be easily felt, covered by its periosteum. The adjacent muscles were also much injured, and the wound put on an extensive and sloughy appearance; besides the surface, which was exposed, the common integuments were undermined from the surrounding muscles to a considerable extent. The patient's pulse was full, hard, and quick, and the use of the lancet appeared to be necessary; but this was dispensed with, when we came to consider what an extensive wound we had to deal with, what an immense surface was exposed, and, moreover, the profuse suppuratiou that must necessarily come on after the sloughs had separated. A thought also struck us, that this last-mentioned process might also induce hæmorrhage, which, of course, would tend to debilitate the patient considerably and retard the cure. Fortunately for the patient, the wound was not inflicted in a vascular part, and our fears of hæmorrhage proved groundless. Scarcely had the nitre been employed four times before granulations were perceived shooting near to the wound's circumference. The nitre was applied in form of solution, viz. R. Pulv. nitre ℈ij. aqua mollis ℥iv. m. ft. solutio.

The whole surface of the wound was washed with this night and morning, and covered by Charpeé, the common integuments were supported with broad straps of adhesive plaster, and over all an emollient poultice was applied. Opiates and febrifuge medicines, as well as enemas, were had recourse to, and on the fifth day after this plan had been first pursued, the wound's aspect was totally changed, as not the least vestige of a slough could be perceived, and red healthy granulations were shooting up through its whole extent. In proportion as the parts returned to their wonted sensibility, so in proportion was the solution weakened, and its use was entirely laid aside on the sixth day after its first application. The irritation which the solution caused, more particularly towards the close of its use, was great for the time it lasted, but it subsided in a few minutes. The patient's constitution was now attended to, a generous

generous and full diet was prescribed, and the undermined integuments, which had been detached from the surrounding muscles, had completely adhered, and cicatrization had commenced from the wound's circumference. This last-mentioned process was much accelerated by the use of lunar caustic, which was applied as near as possible to the new skin, which served as a guide in its application. The great retraction which had taken place in consequence of the transverse division of the vastus filled up amazingly fast, and the aperture which led to the femur, followed its example rapidly. The wound, about the latter end of October, was the size of half a crown, and it remained stationary till the latter end of November, when it was judged expedient to discharge him from the hospital, for the change of air, as every professional man who is at all conversant with hospital practice, must have seen how magically this change acts; and, indeed, our opinion in this case is verified, as the man has written to me, to say that his wound is perfectly cured; and the only inconvenience he complains of, is a disagreeable uneasiness in the part whenever the weather is moist. The practice of this hospital has furnished me with a great number of cases of gun-shot wounds, in which nitre proved highly beneficial, but as these are so trifling to the one I have just mentioned, that I consider the relation of them would only tend to swell unnecessarily your Journal, whose leaves might be better employed in conveying information of much more importance. I beg leave to state, that previous to seeing Dr. Cuming's remark, on the great utility of nitre in gun-shot wounds, I had witnessed its great efficacy in cleansing ulcers, degenerating from a healthy into a sloughy state. The greatest power which nitre seems to possess is, its accelerating the separation of the sloughs, and by assisting Nature in her operations. But another property which Dr. Cuming has ascribed to it, I have never detected, viz. its correcting the fœtor, which emanates, in a great degree, from this species of wounds.

I am, &c.

Royal Naval Hospital, Deal, Jan. 14, 1806.

W. SHEARLY,
Member of the Royal College of Surgeons, London.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE enclosed is a singular case of costiveness, wherein the more powerful cathartics had little or no effect. The complaint became habitual, by the inattention and indolence of the patient postponing and retarding, for four or five days, and sometimes for a week together, the natural efforts of the rectum, &c. to evacuate the fæces. If, after a perusal, you should deem the case worthy a place in your useful Journal, you will greatly oblige me, by inserting it in the next number.

I am, &c.

Jan. 10, 1806. ROBERT EARNEST,

House Surgeon to the Sheffield General Infirmary.

THE subject of this case is a girl seventeen years of age, of a strong, robust, athletic constitution, who had been troubled with costiveness (brought on in the way above-mentioned) for six or seven months. She had very seldom more than one evacuation in eight or ten days. She had menstruated regularly. The symptoms attending this constipated state of the bowels, were as follows, viz. head-ach, flatulence in the stomach and bowels, accompanied with pain and nausea; the abdomen was much tumefied; the lower extremities were in a general way cold; loss of appetite; pulse 70. She only passed off small quantities of urine, but she perspired freely. She had been affected in this way nearly seven months, when the symptoms were aggravated by a sudden check to the catamenia, which was caused by being exposed to the wet and cold, for nearly a whole day. It was now that I first saw the patient, Oct. 16, 1805. I bled her from the arm, and ordered leeches to the feet, and afterwards a pediluvium. She was now put upon a variety of powerful purgative medicines, which were persisted in for five days, namely, from the 16th to the 21st of October, but without effect.

To enumerate all the different formulæ, which were prescribed during these five days, in their successive order, would be trespassing too far; and would also extend the case to an unnecessary length. I think it right notwithstanding, to mention, without putting them into their proper prescriptive form, the quantities of the different purgative

gative medicines, which the patient took in the space of time just specified, namely, Magnesia vitriolata unc. iv. Tinct. senna, unc j. Tinct. aloes, unc j. Tinct. jalap, dr. vj. Pulv. jalap, ℈ij. Extract. colocy. ℈ij. Calomel, ℈j. Aloes and gamboge of each four grains as a bolus. Cremor. tartar. unc ij. Ol. ricini, unc viij. Infusum sennæ tartarisatum, unc viij.*

During the exhibition of all these medicines, purgative glysters also, and the general warm bath were used; and the result arising from all these remedies, will appear almost incredible, when I say, that only two evacuations were produced, which were still of a costive nature. The nausea was increased, and consequently the appetite was more impaired by them; the urine was also increased in quantity, but the perspiration was diminished. Although the nausea was so constantly troublesome, yet the stomach never rejected any one of the medicines that were given.

Oct. 22. All drastic cathartics were now ordered to be omitted, and in place of which the patient took a tablespoonful of castor oil every two hours; and which she continued regularly to take until October 31. This medicine proved no more effectual than any of the other beforementioned, as the action of the bowels were still immoveable.

After taking four or five ounces of the ol. ricini, daily, for nine days together, the patient passed only one stool, and that happened on the ninth day from the beginning.

Nov. 1. As purging medicines were of no avail, they were left off altogether.

Nov. 3. The patient passed two natural stools, and from this time the bowels became regular, and are so at this present time. The nausea at the stomach gradually went off, and the appetite as gradually increased, and the girl is now in perfect good health.

REMARKS.

It appears in this case of obstinate costiveness, that powerful cathartics had little or no effect, and to account for their inefficacy is perhaps no very easy task, and requires a much greater share of physiological knowledge

* As it will appear very strange that these medicines were so unsuccessful in their usual mode of operating, some blame may be attached to them, doubting the goodness of their quality; but I affirm, that they were certainly genuine.

than I pretend to possess, to enable me to explain the principal cause of this long continued and obstinate complaint. However, I will here venture to offer a few conjectural remarks upon the case.

1. The catamenia having been checked by such powerful sedatives as wet and cold, I conceive had the effect at such a critical time, of bringing on spasms,* not only in the uterine vessels, but also in the stomach and bowels, &c. and that the same cause had a share in further constricting the bowels, and thereby aggravated the predisposition to such a complaint; whence also might arise pain, flatulence, fullness of the abdomen, coldness of the legs and feet, &c.

2. That the same efficient cause very probably diminished in some degree the irritability of the stomach and bowels, and other parts at the same time affected, which would in all likelihood tend in some measure also to act in opposition to the usual effects of such remedies.†

3. Costiveness prevailing for such a length of time, shews also a great defect of the peristaltic motion of the bowels.‡

4. Although cathartics in this case appeared to be the most rational indication of cure, yet they proved detrimental to the operations of nature; for they had not been left off more than three days, before the menstrual discharge appeared again; and now, as it were, the bowels spontaneously became soluble and regular.

5. It is well known that persons with strong and robust constitutions, and who are said to be of the rigid fibre, are much more slowly acted upon by medicine than those with weakly constitutions, who are said to be of the lax fibre. This patient being of the former stamina, may also be accountable in some respects for the non-effect of the medicines.

6. This patient at the origin of her complaints, may have been one of that class of people spoken of by Baron Van

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* Hoffman says, "That costiveness is generally owing to spasms in the intestines themselves, or as propagated by consent; but various causes conduce to this habit, as an inert bile, acidity prevailing greatly in the first passages, coldness of the feet, &c."

† "It is said that the effects of medicines are very often to be deduced from this irritability, as they depend on either increasing or diminishing it."

‡ "It is also said, that the peristaltic motion of the intestines is not constant, but takes place on proper occasions, or as these bowels are stimulated by their contents, &c."

Motherby's Medical Dictionary, see Irritabilitas & Intestina.

Van Swieten, in his Commentaries upon Boerhaave's Aphorisms, vol. v. p. 257.—"Some lean people of a tense fibre, have such strong chylificative viscera, that they draw off every thing that is soluble from the ingested aliments, and therefore leave the fæces accumulated, dry, and juiceless, in the large intestines; and as in such dry habits there is found a less quantity of that lubricating mucus lining the large intestines, especially towards the extremity of them, therefore the exclusion of dry fæces is rendered more difficult; hence such people are commonly costive, and frequently to a very great degree."

7. Perhaps, had antispasmodics and cathartics been conjoined, along with the use of the warm bath, their general remedial powers, might have proved more effectual and beneficial.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

ON perusing the last number of your Journal, I observed a communication from Mr. Simmons, in which he has made several observations on the division of the iris, some of which, appearing to me as rather singular, I have taken the liberty of addressing to you, a few remarks on the subject; and if you should esteem them worthy a place in your valuable miscellany, I shall consider myself much flattered by their insertion.

I am, &c.

London, Jan. 14, 1806. OLDFELD WHITTLE.

Mr. SIMMONS, (if we may be allowed to draw any inference from the bias of his practice, as well as from what he has written on this subject,) considers the couching needle, which was recommended to the profession by Mr. Hey, to be an instrument well adapted to the performance of this operation. Differing from Mr. S. in this respect, I shall beg leave to state my reasons for so doing, as well as to offer a few remarks which naturally arise out of that difference.

Mr. Simmons, says, "It is a maxim in surgery, to use as few instruments as possible, as well as to prefer those of the most simple structure." The propriety of this

maxim, I trust no one will dispute, nor indeed is it in much danger of falling into disregard; for common sense will in general point out to us the futility and vanity of superfluous and unnecessary means, though it cannot at all times help us to those means which are necessary. I fear it will appear too evident in this case, that, in endeavouring to avoid the *perplexity of variety*, and in endeavouring to operate *efficiently, with simplicity and unity*, Mr. Simmons has been induced to lay aside those instruments which are necessary. In this light it has certainly appeared to me.

With the view of dividing the contracted iris, so as to extend the range of vision, Mr. S. says, "I pushed the needle into the eye behind the iris, with the flat side towards it, and passing the point through the pupil, I carried it forward anteriorly to the circumference of the iris next the inner canthus, when, turning the edges of the instrument horizontally, the iris on that side was completely divided by the inner edge, and with a sound distinctly audible." I felt not a little surprized at this part of the detail of the operation; for I supposed no one would risk the miscarriage of operation, so very delicate as those which belong to the eye, (and as far as regards their success,) so very hazardous, without being minutely acquainted with the necessary and exact form of their instruments. This, however, I am sorry to say, appears to be the case in the present instance, for Mr. Hey's needle, as it is delineated and described by himself, has no cutting edge whatever, except its small convex point; and having no cutting edge, none could be turned inwards to divide the iris. We must then conclude, either that Mr. Simmons was a little mistaken with regard to the configuration of needle, which, by the bye, would appear a plausible conclusion, when we consider the sound which the division of the iris produced: I say, we must conclude, either that it was not Mr. Hey's instrument which was used, or that Mr. Hey's intrument, most accommodating, assumed the necessary form and pressure of the time. But as this matter appears perfectly inexplicable without the assistance of Mr. Simmons, I must necessarily pass it by, and proceed.

Mr. S. says, that, "owing to a distortion in the eye itself, next the outer canthus, a very narrow border only of the iris was left; this I endeavoured to catch upon the point of the instrument; but it was now so loose as to endanger wounding the transparent cornea, near the centre

of

of it, in making the attempt." All this may be very easily conceived; and the probability of success may be also conceived, if we are aware, (as is assuredly the case) that the difficulty which would attend us in our attempts to shave the down from a floating feather, would also be equally an attendant on the vain endeavours to cut a suspended angle of the iris, when floating in the aqueous humour, by any single blade whatever. The couching needle is certainly an instrument, the use of which is easily acquired by any person; but we must not, on that account, attempt to perform operations with it, to which it is in no respect whatever adapted; particularly when we have other instruments, which are much more appropriate, though certainly of more difficult management.

Mr. Simmons seems to be aware of the great tendency which exists in the iris to close, after an artificial opening has been made through it. In what manner, I ask, would this tendency be most certainly obviated? I should conceive by cutting away a small portion of the iris; not merely by making a simple incision through it.

This Mr. Simmons seems to have been aware of, for he pushed his endeavours to this intent as far as was prudent. Now, instead of making use of the needle, had the cornea been divided from its union with the sclerotica, to the extent of about a fourth or a sixth part of its circumference, with a cornea knife, or with a lancet, every difficulty would have been removed. A pair of small scissars might then have been introduced, and by a proper application of their powers, we seldom fail to produce a proper effect. In case of their failure, however, there is sufficient room to introduce any other instrument that the case might seem to require; but if we begin the operation with the needle, we must also finish it with the needle: for we are utterly debarred the use of all other instruments, unless we make a fresh opening, which is certainly not to be recommended.

I trust then it will appear evident, that the couching needle is an instrument very unfit for the performance of this operation, more particularly Mr. Hey's, from its want of edges.

These are the principal of the observations which have occurred to me relating to the mere division of the iris; but before I conclude, I must beg leave to add a few others, on the propriety or impropriety of previously depressing the lens.

In

In most cases where the pupil is much contracted, or where it is totally obliterated, we in general find a greater or less degree of opacity in the lens, or its capsule, which, (after the successful performance of the operation, as far as relates to the division of the iris) still holds out an insurmountable barrier to the entrance of the rays of light. When this is the case, to the couching needle we must have recourse; but if we find strong adhæsions formed between the iris which had been divided, and the capsule of the lens, to what instrument then, must we fly? These adhæsions will be almost an inevitable effect of the operation, if the lens be suffered at the same time to retain its situation; besides, there is hardly any manner of instrument which we can employ to divide the iris, which will not at the same time injure the lens. If the scissars are used, ne of the points will certainly wound it; if the needle, in ts use, be pushed into the eye behind the iris in such manner that its point may be brought through the pupil, some part of the circumference of the lens, at least, must be pierced. The obvious and almost certain consequence of this, must be opacity, even where it did not pre-exist; the probable consequence, adhæsion. But we will suppose for a moment, that a portion of the iris might be removed, without the least injury being done to the lens or its capsule. What do we gain by the success of the operation? Nothing more than an indistinct, or double vision; for that portion of the rays of light which will pass through the lens, becomes properly refracted, and arrives at the retina in a focus; while those which will pass into the eye, beyond the limit of the circumference of the lens, will undergo but little change in their direction. Indistinct vision must therefore necessarily ensue, and this can only be remedied by the depression of the lens, which we have supposed to have escaped all injury, and to have retained its transparency.

It must therefore, I conceive, appear evident to every person who has paid attention to this subject, that, when the operation in question becomes necessary; it will be most prudent, first to depress the lens, and after the eye has again acquired its natural state, to make a sufficient opening into the jnnction of the cornea and sclerotica, with a small flat knife, and if the opening be sufficiently large, we shall experience but little difficulty in completely taking out a segment of the iris with a small pair of scissars. In this manner we do not run a risk of tearing the iris from its origin, in any part, which must be the case

case when we trust to the needle. We have it in our power to remove a part of the iris; which is the best means of preventing its closure; and by this mode of operation, we may defy the power of an opaque lens or its adhæsions.

ROYAL JENNERIAN SOCIETY,

For the Extermination of the Small-pox.

At a Special Meeting of the Board of Directors, held at the Central House of the Society, No. 14, Salisbury-square, Fleet-street: The Report of the Medical Council, on the Subject of Vaccine Inoculation, having been laid before the Board,

Resolved,—That the same be immediately printed under the direction of the Medical Council, and that they be requested to subjoin their individual signatures to the Report for publication. (Extract from the Minutes.)

Charles Murray, Secretary.

REPORT.

The Medical Council of the Royal Jennerian Society, having been informed that various cases had occurred, which excited prejudices against vaccine inoculation, and tended to check the progress of that important discovery in this kingdom, appointed a Committee of twenty-five of their Members to inquire, not only into the nature and truth of such cases, but also into the evidence respecting instances of small-pox, alleged to have occurred twice in the same person.

In consequence of this reference, the Committee made diligent inquiry into the history of a number of cases, in which it was supposed that vaccination had failed to prevent the small-pox, and also of such cases of small-pox, as were stated to have happened subsequently to the natural or inoculated small-pox.

In the course of their examination the Committee learned, that opinions and assertions had been advanced and circulated, which charged the cow-pox with rendering patients liable to particular diseases, frightful in their appearance and hitherto unknown; and judging such opinions to be connected with the question as to the efficacy of the practice, they thought it incumbent upon them to examine

examine also into the validity of these injurious statements respecting vaccination.

After a very minute investigation of these subjects, the result of their inquiries has been submitted to the Medical Council; and from the Report of the Committee it appears:

1. That most of the cases, which have been brought forward as instances of the failure of vaccination to prevent the small-pox, and which have been the subjects of public attention and conversation, are either wholly unfounded or grossly misrepresented.

2. That some of the cases are now allowed, by the very persons who first related them, to have been erroneously stated.

3. That the statements of such of those cases as are published, have, for the most part, been carefully investigated, ably discussed, and fully refuted, by different writers on the subject.

4. That notwithstanding the most incontestible proofs of such misrepresentations, a few medical men have persisted in repeatedly bringing the same unfounded and refuted reports, and misrepresentations, before the public; thus perversely and disingenuously labouring to excite prejudices against vaccination.

5. That in some printed accounts adverse to vaccination, in which the writers had no authenticated facts to support the opinions they advanced, nor any reasonable arguments to maintain them, the subject has been treated with indecent and disgusting levity; as if the good or evil of society were fit objects for sarcasm and ridicule.

6. That when the practice of vaccination was first introduced and recommended by Dr. Jenner, many persons, who had never seen the effects of the vaccine fluid on the human system, who were almost wholly unacquainted with the history of vaccination, the characteristic marks of the genuine vesicle, and the cautions necessary to be observed in the management of it, and were therefore incompetent to decide whether patients were properly vaccinated or not, nevertheless ventured to inoculate for the cow-pox.

7. That many persons have been declared duly vaccinated, when the operation was performed in a very negligent and unskilful manner, and when the inoculator did not afterwards see the patients, and therefore could not ascertain whether infection had taken place or not; and that to this cause are certainly to be attributed many of the cases adduced in proof of the inefficacy of cow-pox.

8. That

8. That some cases have been brought before the Committee, on which they could form no decisive opinion, from the want of necessary information as to the regularity of the preceding vaccination, or the reality of the subsequent appearance of the small-pox.

9. That it is admitted by the Committee, that a few cases have been brought before them, of persons having the small-pox, who had apparently passed through the cow-pox in a regular way.

10. That cases, supported by evidence equally strong, have been also brought before them, of persons who, after having once regularly passed through the small-pox, either by inoculation or natural infection, have had that disease a second time.

11. That in many cases, in which the small-pox has occurred a second time, after inoculation or the natural disease, such recurrence has been particularly severe, and often fatal; whereas, when it has appeared to occur after vaccination, the disease has generally been so mild, as to lose some of its characteristic marks, and even sometimes to render its existence doubtful.

12. That it is a fact well ascertained, that, in some particular states of certain constitutions, whether vaccine or variolous matter be employed, a local disease only will be excited by inoculation, the constitution remaining unaffected; yet that matter taken from such local vaccine or variolous pustule is capable of producing a general and perfect disease.

13. That if a person, bearing the strongest and most indubitable marks of having had the small-pox, be repeatedly inoculated for that disease, a pustule may be produced, the matter of which will communicate the disease to those who have not been previously infected.

14. That, although it is difficult to determine precisely the number of exceptions to the practice, the Medical Council are fully convinced that the failure of vaccination, as a preventive of the small-pox, is a very rare occurrence.

15. That of the immense number who have been vaccinated in the Army and Navy, in different parts of the United Kingdom, and in every quarter of the globe, scarcely any instances of such failure have been reported to the Committee, but those which are said to have occurred in the metropolis, or its vicinity.

16. That the Medical Council are fully assured, that in very many places, in which the small-pox raged with great

great violence, the disease has been speedily and effectually arrested in its progress, and in some populous cities wholly exterminated, by the practice of vaccination.

17. That the practice of inoculation for the small-pox, on its first introduction into this country, was opposed and very much retarded, in consequence of misrepresentations and arguments drawn from assumed facts, and of miscarriages arising from the want of correct information, similar to those now brought forward against vaccination, so that nearly fifty years elapsed before small-pox inoculation was fully established.

18. That, by a reference to the Bills of Mortality, it will appear that, to the unfortunate neglect of vaccination, and to the prejudices raised against it, we may, in a great measure, attribute the loss of nearly two thousand lives by the small-pox, in this metropolis alone, within the present year.

19. That the few instances of failure, either in the inoculation of the cow-pox, or of the small-pox, ought not to be considered as objections to either practice, but merely as deviations from the ordinary course of nature.

20. That if a comparison be made between the preservative effects of vaccination, and those of inoculation for the small-pox, it would be necessary to take into account the greater number of persons who have been vaccinated within a given time; as it is probable that, within the last seven years, nearly as many persons have been inoculated for the cow-pox, as were ever inoculated for the small-pox, since the practice was introduced into this kingdom.

21. That, from all the facts which they have been able to collect, it appears to the Medical Council, that the cow-pox is generally mild and harmless in its effects; and that the few cases, which have been alleged against this opinion, may be fairly attributed to peculiarities of constitution.

22. That many well-known cutaneous diseases, and some scrophulous complaints, have been represented as the effects of vaccine inoculation, when in fact they originated from other causes, and in many instances occurred long after vaccination; and that such diseases are infinitely less frequent after vaccination, than after either the natural or inoculated small-pox.

Having stated these facts, and made these observations, the Medical Council cannot conclude their Report upon a subject

subject so highly important and interesting to all classes of the community, without making this solemn declaration:

That, in their opinion, founded on their own individual experience, and the information which they have been able to collect from that of others, mankind have already derived great and incalculable benefit from the discovery of vaccination; and that it is their full belief, that the sanguine expectations of advantage and security, which have been formed from the inoculation of the cow-pox, will be ultimately and completely fulfilled.

Signed,

Ed. Jenner, m. d. President	Everard Home
J. C. Lettsom, m. d. V. P.	Robert Hooper, m. d.
John Ring, V. P.	Joseph Hurlock
Joseph Adams, m. d.	John Jones
John Addington	Tho. Key
C. R. Aikin	Francis Knight
Wm. Babington, m. d.	E. Leese
M. Baillie, m. d.	L. Leese
W. Blair	William Lewis
Gil. Blane, m. d.	William Lister, m. d.
Isaac Buxton, m. d.	Alex. Marcet, m. d.
Wm. Chamberlaine	Joseph Hart Myers, m. d.
John Clarke, m. d.	James Parkinson
Astley Cooper	Tho. Paytherus
Wm. Daniel Cordell	John Pearson
Richard Croft, m. d.	George Rees, m. d.
Tho. Denman, m. d.	John Gibbes Ridout
John Dimsdale	J. Squire, m. d.
Henry Field	James Upton
Edward Ford	J. Christian Wachsell
Joseph Fox	Thomas Walshman, m. d.
Will. M. Fraser, m. d.	Robert Willan, m. d.
William Gaitskell	Allen Williams
William Hamilton, m. d.	James Wilson
John Hingeston	J. Yelloly, m. d.

John Walker, Secretary to the Council.

January 2, 1806.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE engraver, in copying from the drawing annexed to my communication on the Screw Tourniquet, inserted in No. 82 of your useful miscellany, has represented the small screw intended to stop the large perpendicular one, as flatted on *top* and divided, instead of a *nut* flatted on the *sides*, as delineated.

If I had intended a screw-driver should be used, I would hardly have termed it a "*simple*," "*unembarrassing*" method of stopping the instrument.

I observed this error the moment I cast my eyes on the plate; but as the general intent could be perfectly understood from it, I forbore troubling you on so trifling a circumstance, and should still have remained silent on the subject, but for Mr. Simmons noticing it in your last number.

That gentleman may think, from reading what I have just written, that the "*coincidence*" is now complete between the tourniquet he recommended in the 8th volume of Medical Facts and Observations, and mine in No. 82, of the Medical and Physical Journal. But so far from this being the case, I can inform Mr. Simmons that he did not comprehend the improvement (or alteration) I have proposed, either when he wrote the paper alluded to, in Medical Facts and Observations, or the still later one in No. 83, of the Medical and Physical Journal; and if he will "*favor me*," by perusing my last communication, and viewing minutely the plate, he will there find that I have devised a method of shortening the *large* screw *one-half*, and increasing its power in the same ratio.*

Had I known of Mr. Simmons having proposed the little screw in dispute, I should not have ascribed it to Mr. Byrom.

Further, with regard to the engraving, I by no means intend that the tourniquet should be made so thick and clumsy as there represented, nor need the *large* screw be near so long; Dr. Millet having obliged me by drawing it in that manner, that the nature of the proposed alteration might be more correctly understood.

Cork, I am, &c.
January 14, 1806. LODGE HALL.

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* With a screw ONE INCH in length, the tape can be shortened EIGHT INCHES.

Observations on the Origin, Symptoms, and Progress of the Plague, as it appears at Constantinople.

(*From Pouqueville's Travels in the Morea, lately published at Paris.*)

With respect to the Plague, its very name implies the most terrible of disasters. In Asia, Africa, and even in the midst of the fortunate Isles of Greece, it manifests itself by general disease and death. Yet its nature and principles are enveloped in the deepest obscurity; and it may be considered as an emanation of celestial vengeance. In modern Greece, however, it is not Apollo who punishes an innocent people for the faults committed against the King of Kings, but a prejudice equally deplorable from the fear which it excites, renders the body susceptible of contagion.

The evil spirit, or cacodaimon, has been seen to glide along their roofs: no one dares to doubt the assertion; he is a decrepit object, covered with funeral shreds, and has been heard to call by their names, those whom he wished to cut off from the number of the living. Nocturnal music and murmuring voices have been heard in the air in the darkest nights, and phantoms have been seen moving in solitary places near the cemeteries. Strange dogs have howled in a dismal manner, and their voices have been terrifically re-echoed along the deserted streets.—Thus observed to me an inhabitant of Naupli, You must take care not to answer, if you hear yourself called in the night; you will sometimes be attracted by symphonies: do not listen to them, but cover yourself over in the bed; for it is the decrepit demon, that is, the Plague, which knocks at your door.

These ridiculous fears, from their frequent repetition, shake even the best-informed minds; and even grave historians have taken pleasure in representing such signs as fore-runners of the plague; and in consequence of these prejudices no simple description of the disease is yet known amongst the Greeks. I shall therefore endeavour to trace it, without embarrassing the reader with technical terms, and shall add the result of my own observations on the subject.

The nature of the plague is as little known as that of other diseases. To attribute it to effluvia or contagion is saying nothing, and throwing an obscurity on a point of the question which is not essential. I shall argue more to the

purpose by saying, that the plague arises from the insalubrity of certain situations and the impurity of the air. This was the opinion of Hippocrates; for, according to that Father of Medicine, the proximate cause of every disease is the air, which in proportion to its rarified or condensed state, contains morbific principles that penetrate with it into the human body. In fact, in the countries of Africa, for example in Egypt, where the plague is endemic, it always appears with the hot and moist winds from the south; and when the north winds commence, its ravages cease. From a constant appearance of this phenomenon, as given by every observer, it is not improbable that the plague is a destructive emanation from the Samm or wind of the desert, which Bruce describes as killing by a stroke of lightning.

The plague, however, was not known in Egypt in the early ages, notwithstanding the prevalence of the desert winds. Its ravages are not mentioned by Herodotus; nor was it known while that province was a Roman colony; but as soon as it fell to the weak Emperor of the East, who let every thing go to destruction, as soon, in short, as Egypt was invaded by the furious Amrou, the Lieutenant of the Caliph Omar, this fine country became the residence of the plague.

We ought not indeed to believe the assertions of Thucydides, Lucretius, and Pliny, that the plague proceeds from Ethiopia. Bruce, who travelled through Abyssinia does not mention its existence at Axum. The caravans which proceed every year from the interior of Africa, had spread it in Upper Egypt, before it was known at Cairo; but the contrary now takes place, for it comes from Lower Egypt, where it seems to be concealed in the environs of Damietta, and is propagated by contact. From the time of Procopius, it has appeared in a similar manner, as is evident from his description of a pestilence which spread over all the known country. "It began, says he, in Egypt, amongst the inhabitants of Pelusium, and gradually extended itself to Alexandria, in the other provinces, and in those parts of Palestine which are nearest to Egypt." Prof. Desgenettes makes the same remark when stating that the epidemy, by which he means the plague, appeared at Damietta in the month of September, and afterwards in the Marine Hospital at Alexandria.

The opinion of travellers, who pretend that the plague is conveyed to Constantinople and Egypt, by ships, is absurd. We have too many facts not to overthrow the assertion, were they

they only in the numbers of our soldiery, who were destroyed by the plague in Egypt, at a time when all communication with Constantinople was cut off. But it may be said, that the fortunate territories of the East, the Grecian provinces subjected to the power of the Turks, are afflicted with this calamity from time to time; it, however, arises from the lakes of Albania and the Morea, together with the ruins of so many towns, which cause exhalations that favour its developement.

It is necessary to place amongst the fables and popular falsehoods, what is recounted of the signs that announce the plague. Thus epizooties, which are sometimes similar to the epidemy, and not essentially combined with it; the myriads of frogs and insects; the inundations; the hydrophobia, a disease well known in all the East; the spots of oil upon the walls, and the falling of meteors, all of which are asserted to be indications of the plague, are so many inventions proper for a novel, but which the impartial traveller ought only to mention in terms of ridicule.*

The most certain sign of the plague is the hot and moist constitution mentioned by Hippocrates. Constantinople and the whole of Gréece being under the influence of such an atmosphere, are always liable to the plague; and it may be said with Lucretius, that the germs of this disease cross the sea in the air, and descend on the people of Pandion. This is the period to shut oneself up, as such means are considered as an infallible preservative. The pestilence immediately attacks the people who walk abroad, and are ignorant of their danger; yet vegetation is never more beautiful than at such a period; the corn is attacked with a kind of smut, but the meadows are every where enamelled with flowers, which even grow amongst the cypress of the tombs.

The commencement of the plague may now be easily ascertained from the appearance of the first victims who have been struck with it. Its symptoms are as follow, cardialgia, bitterness of taste, head-ache, lassitude, horripilation which frequently occurs towards evening, are the common symptoms of all malignant or adynamic fevers, but shiverings, anorexia, sinking of the pulse, sleeplessness or rather sleep accompanied with frightful dreams, and a

* With respect to the hydrophobia, many creditable persons have assured me that mad dogs have been seen at Constantinople; but notwithstanding their veracity, I positively assert the contrary.

melancholic habit, seem to be more nearly allied to the pestilential or adeno-nervous fever, which is only the putrid fever in the highest degree.

An attack of the plague is never so sudden as to cause men to fall down in the streets, as if they were struck by lightening. The only people who perish in this manner are such as are without a home; and this class is very common in the East, where almost the whole year, and particularly at the time of the plague, the unfortunate men lie under or on the top of the warm ashes from the public baths. Their miserable mode of life renders them the earliest victims to the epidemy; and in all cases, those who have died rather suddenly, have previously exhibited some of the symptoms of a pestilential fever.

The first patients who are attacked by the plague, generally leave an uncertainty, as to the nature of the malignant fever which prevails; it is, however, known to have three stages, during which it assumes different characters; though sometimes, when it exerts its greatest ravages, it exhibits them all at once.

With some persons the approach of death is indicated by vomitings, cephalalgia, feeble pulse, and large black spots; they in general die soon after, when the limbs preserve their flexibility; and in a few hours the corpse exhales an insupportable smell. But the most unfortunate beings are the women in child-bed, who quickly receive the infection, and never escape its consequences. Those who are previously weakened by violent fevers, or acute diseases, likewise fall a prey to the first attacks of the plague.

Some patients are afflicted with delirium, raving madness, or a burning fever; their tongue is red, dry, and cracked; their eyes are sparkling, and sometimes filled with tears; and their looks are altogether singular. The bubo does not appear till the moment of death, when it often rises under one of the arm-pits or on the breast. Others are afflicted with a pestilential angina; and the fauces and larynx are inflamed by numerous ulcers which impede respiration, and, at first, make the patient appear to be attacked by the croup. A cadaverous stench issues from the mouth; the tongue is covered with a blackish sanies; and the tumefied lips give the unfortunate beings a horrid appearance. They complain of a parching thirst, feel as if a fire was burning within them, and generally die on the fifth day. The plague is mild when it follows the progress of putrid or adynamic fevers; the bubo, which,

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however, is not one of its essential characteristics, appears between the fourth and fifth day, and always in the groin, or on the thigh; it soon suppurates; the tongue and teeth which, till then, had been black, become white; the patient recovers his senses, and his hopes revive, particularly on finding that he is not abandoned by his relatives. If the bubo be long in arriving at suppuration, his convalescence is tedious and violent; and the patient for years afterwards feels pain on the return of the epidemic season.

Being terrible at its commencement, more from the consternation which it spreads than from the evils it occasions, the plague seems to be propagated by the alarm which every one feels; and thus, by adducing debility, renders himself susceptible of its attacks. On the least suspicion of the plague, the most courageous men become depressed, alarmed, and seriously ill; while many, from this predisposition alone, have been attacked by it; hence the fear of death precipitates them to the tomb.

On reaching its second stage, the plague covers the cities with funerals. The silence of the night is only interrupted by groans, and the plaintive cries of the dying, combined with the lamentation of whole families who are stricken by the contagion; very few escape without lingering for the remainder of their lives in a deplorable state. The streets are abandoned, the people avoid each other, and they dare not ask any questions, lest they should hear of the loss of a parent or friend. At this period of affliction the Turk who resides in Constantinople begins to believe in the existence of the plague, as nearly a thousand corpses are conveyed in a single day through the gate of Adrianople. These mortuary processions give the rallying signs to the Mussulmen, who meet in the plains of Okmeidan, to invoke the Divinity to stay his wrath; they do not complain of their losses, for *God hath willed them;* they merely intreat a cessation of the calamity, and pray to be made whole.

In this general mourning the Mussulman, blinded by fate, sees in the plague which devours him, nothing but one of the irrevocable decrees of heaven; although he does not blame the Greek for being alarmed, or the Frank for being shut up, he believes himself to have sinned by wanting confidence; and that, if Providence has so decreed it, his prayers will be heard; for he is convinced that his days are numbered, and his fate decreed from all eternity; and in this he is not stupid or apathetic, but religious. His children and wives perish before him, his heart bleeds,

he sheds the most afflicting tears, and bows his head to Providence, who has overwhelmed him; he remains in his house, gives his orders coldly, and performs the duties of his religion in his usual dress. But death still continues his ravages, and the Turk at length remains at home like an ancient tree in the midst of a forest, devastated by the winds. He raises his hands towards Heaven, in which he sees his country, and observes, that this world is a place of passage. In short, he dies in his turn, but without having undergone pusillanimous agony and fear, a hundred times worse than death itself. This second period is the crisis of the pestilential disease; children, women, and weak men mostly fall victims to it; but fortunately it is of short duration. On arriving at its third stage there is a remission of its principal characters of malignity; it no longer follows the ataxic progress, as in the second period; nor does it screen itself under the mask of other diseases, but appears openly, and assumes a decisive form; the patient no longer has ulcers, spot, or sore throat; but the bubo is the prevalent symptom. In this stage a greater number of patients escape; while infants and youth are almost the only victims; in short, it disappears, as the temperature changes, or when the cold is first felt in Europe.

The plague commits such extensive ravages only at distant intervals. It is believed that it returns with increased force at Constantinople once in nine years; but it never appears there, when the communication with Egypt is interrupted by war; nor is it so absolutely contagious as the Franks, who inhabit the Levant, would make us believe; for if so, how few of our eastern army would have returned to their country?

On reflecting on the pestilential fever, I dare not hope for the discovery of a specific, as it is often difficult to distinguish this Protean malady; so many fruitless attempts have been made, and such a number of remedies proposed for the plague that it is even ridiculous to speak of them. Seduced by the idea that it was occasioned by a particular and homogenous virus, M. Vaili lately made an attempt, as bold as it was interesting. He thought he had discovered, about two years ago, that persons who had been vaccinated, were not attacked by the pestilential disease which then prevailed at Constantinople; he therefore concluded, that the vaccine virus would neutralize, what he called, the pestilential virus, as Dr. Swediaur had proved that mercury, combined with the pus from a syphilitic tumour, destroyed its contagion. He therefore took

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some pus from the bubo of a person attacked by the plague, and mixed it with a certain quantity of vaccine virus, with which he had the courage to inoculate himself. No inconvenience resulted from the experiment; but what conclusions ought to be drawn from a single instance? Certainly we ought not to give credit to the insignificant reports which were afterwards circulated. Let us rather praise the wisdom of modern governments, who have placed barriers against the plague by the establishment of lazarettoes, and a performance of quarantine; while culture and civilization have destroyed its first principles. We may add that an European, who travels through, or resides in, the Turkish empire, should adopt means for his preservation, the first of which is courage; while the life of pleasure, mentioned by Boccacio, and a sort of demi-epicuranism are excellent preventatives. Wholesome food and moderate exercise should be adopted as much as possible: and these with a degree of confidence, not extended to fool-hardiness, will save him from danger. As to the physician, his duty is evident from the engagement which he has made to assist the unfortunate; he need not to go and sit on their pillows; but he should appear, like the minister of peace in days of mourning; like the desired angel in the midst of horror-stricken families, to whom he should give hopes, that would enable them to muster strength to resist the disease; and if his hour be fixed, as he must die at last, he will meet with an end appropriate to his zeal, and expire in the midst of good works.

To Dr. BRADLEY.

Dear Sir,

In the 13th volume of the Medical and Physical Journal, page 401, is inserted a paper, entitled "Observations on Chorea Sancti Viti, with a new Theory of the Disease; by John Redman Coxe, M. D. of Philadelphia." The *new theory*, propounded in that paper, is, that chorea is *merely* a symptomatic affection of a disease, namely, hydrocephalus internus, which, though long known, has not, in Dr. Coxe's opinion, been thoroughly understood till of late years. Whether Dr. Coxe's theory be new or old, whether it be true or false, I should not have taken the time thus professedly to examine, had he not referred to a publication

tion of mine on the internal dropsy of the brain, and censured not only some of my reasoning, but also part of my practice, in a manner at once abrupt, rough, and magisterial. "It appears to me," says Dr. Coxe, "that Dr. Patterson has greatly erred in supposing chorea the primary disease; of which each must judge for himself." And adverting to the treatment of the interesting case, that of a young lady, for which he is indebted to my treatise, he further remarks, "The operation of the emetics probably hastened her dissolution, by determining too forcibly the circulation of the brain, (as Dr. Coxe expresses it), and hence exciting an acute state of hydrocephalus."

Before Dr. Coxe pronounced, that I "greatly erred in supposing chorea the primary disease," surely it behoved him to refute the reasoning whereon my conclusion is founded; yet he has not made the smallest atttempt at an undertaking, the performance of which is so necessary to vindicate his dogmatism. I shall, therefore, in justice to myself, and for the sake of truth and science, here transcribe my reasoning, and call upon Dr. Coxe for refutal, or for concession.

"With respect to the manner in which convulsive affections occasion a watery effusion in the brain, it may be observed, that persons liable to those affections exhibit a considerable degree of excitability, and that the principle of irritability is quickly accumulated and quickly diminished in their constitutions. Hence are derived the periodical or repeated paroxysms of those disorders, which, the innate nervous stimulus on the one hand, and the prompt renovation of the irritable principle on the other, will naturally constitute.

"This habit is remarkably prevalent in childhood and youth; periods which compose the spring-time of life. And as in the vernal season, the vegetation of plants, which also depends on the mutual effects of stimulus and irritability, is in the greatest vigour; so in young persons, the same principles have their highest power, and are the agents of growth which conduct the species to its state of maturity. The principle of irritability is not confined to the fibre, or simple solid; but is also possessed by the fluids of the body, particularly by the blood. The heart, which contains so much of the fibre, and is the fountain of the fluid, must be the centre of the principle, and the influence of this organ on the contents of the cranium is well known.

"As in those ages, in which this constitution prevails, convulsions

convulsions likewise prevail, the increased action which they produce will augment the impetus of the circulation, especially in the vessels of the head; which we see is actually the case, since a considerable determination to that part is observed in those disorders. This determination increases the action of the blood-vessels, and inflammation is the consequence. This consequence is forwarded by the plethora, particularly of the head, which exists in the early and advancing stages of life; and the whole train of symptoms, constituting *febricula hydrocephalica*, (the name which I appropriate to the disease), is then brought into view.

"But how are we to explain the occurrence of effusion, where the accumulation of the irritable principle is not so vigorous, and yet the action of stimuli is assiduous? In these cases I would conjecture, that the nervous stimulus, acting, as I suppose, on a mass of irritability less moveable than in convulsive habits, excites a passion, which, if violent, suddenly destroys irritability, or the vital principle, and death ensues; or which, if moderate, engages only a part of the irritability, and the natural state of temper is regained for a time. To illustrate this reasoning by an example: In an account of the death of the celebrated Mirabeau, we are told, 'Un tempèrament ardent et trop exercè a abregé les jours de cet homme célébre dont les talens faisoient l'esperance des amis et de la constitution.' Upon the report of poison having been administered, the body being opened, 'On a trouvé un épanchemeut dans un des lobes du poumon, et un amas de pus dans le pericarde de cœur; il y avoit aussi un petit épanchement dans *le cerveau*, tous les autres viscères étoient en bon état.' Does not this instance shew, that an irritable temper, almost constantly exercised, may be a cause of effusion in different cavities, and of a watery effusion in the brain; which conditions, in all probability, were preceded by more or less inflammation in the diaphanous membranes of those parts? And must we not admit an irritability of temper in those persons peculiarly subject to hydrocephalus internus?

"But, howevsr seasonable we may suppose the theory, we should not suffer it to engross our thoughts so much as to divert us from attending to any opportunity that may appear likely to advance the practice; especially in a disease delusive in its nature, alarming in its course, and too, too often fatal in its termination."* With

* Letters concerning the internal dropsy of the brain, p. 82—8 Edit. 1794.

With regard to the emetics, whose operation, Dr. Coxe says, probably hastened the death of the patient, a sense of candour, had it been felt, would have induced him to absolve the medical attendant from any blame on that score; for he might have observed, that those remedies were had recourse to by domestic advice, in the absence of the physician, who was at too great a distance to prescribe with that expedition which the existing circumstances were supposed to require. But even had the physician ordered, or sanctioned, those emetics, conceiving the case to be hydrocephalic, he would have had the authority of eminent professional men to support the practice. If the stomach appeared loaded, the experienced Dr. Fothergill gave a quarter or half a grain of tartar emetic, and afterwards appeased the vomiting with saline, absorbent medicines, occasionally adding a few drops of thebaic tincture. Dr. Warren, of Taunton, thinks that the *frequent use* of gentle emetics would probably afford relief; as emetics, he remarks, are known to be highly salutary in promoting absorption from cavities. In his opinion, they would certainly be safer than mercury, their operative action being soon over. Dr. Quin, of Dublin, says, "the *first step* to be taken is to empty the stomach," for which he assigns his reasons, but advises the mildest emetics, such as infusion of camomile, and cautions against the employment of antimonials. Dr. Aery, of Whitehaven, and Dr. Campbell, of Hereford, began the treatment with emetics; and Mr. Jameson, of London, gave an emetic, in the case of a girl, nine years old, the second day after serious symptoms of hydrocephalus internus appeared. To these may be added, Mr. Shaw, of Dudley in Worcester, Mr. Davis, of the Tower, &c. &c.*

In this case of my patient, therefore, had it been a case of hydrocephalus internus, and had I prescribed emetics, either in the early or advanced stage of the disease, I should have had sufficient precedents for the measure. But, in the irritable and reduced state of her stomach, I considered those Herculean emptiers, emetics, unwarrantable expedients; and had I viewed the disease in the light of idiopathic hydrocephalus internus, Dr. Coxe might have perceived, (page 35 of my tract) that my sentiments are

* London Med. Observ. and Inquir. Vol. iv. Art. iii Simmons's Med. Journal, Vol. ix. Quin's Treatise on the Dropsy of the Brain, p. 63, 64. Edinburgh Med. Comment. Vol. viii. p. 383, Id. Vol. ix. p. 240. London Med. and Physic. Journal, Vol. iii. p. 517. Id. vol. viii. p. 93.

are against emetics in diseases of a febrile cast, having a peculiar determination of blood to the head, such as genuine internal dropsy of the brain. No person, however, without distorting facts and perverting reason, could construe the case of my patient into a case of acute hydrocephalus: for, until the last short period of the illness, when the metamorphosis was brought round, the phenomena were of a very different character from those belonging to the hydrocephalus internus; and the watery effusion, which finally occurred in the ventricles of the brain, was similar to that which happens at the close of other distempers; for instance, in typhoid fever, in mania, and, what is more to our point, in epilepsy, a species of termination which shall be particularly noticed in the sequel.

The influence of convulsive affections in causing accumulations of the fluids in the brain is not a new point in pathology; it has occupied the attention of physicians during some years past. A child was indisposed about two months with frequent head-ach, which was supposed to proceed from worms, but anthelmintic medicines afforded no relief, and he died in a convulsive fit. On opening the head, the vessels of the brain were observed to be uncommonly turgid, and in the ventricles was found more than double the ordinary quantity of serum. "In this case," says the late Dr. Percival, of Manchester, "I apprehend the turgescence of the vessels was the *effect*, and *not the cause*, of the convulsions; for the reflux of the blood from the head to the heart being obstructed during the fit, in which I believe the patient expired, the vascular distension must have been permanent. The redness and even the blackness of the face, which takes place in convulsions, affords sufficient proof of sanguinous accumulations."* Hence it appears, that the same speculative opinion, which Dr. Coxe styles a *new theory*, with respect to convulsive motions in hydrocephalus, was conceived at least thirteen years before Dr. Coxe wrote, and had obtained so much credit as to induce the learned Dr. Percival to counteract its extension.

If, as Dr. Coxe supposes, chorea be not an idiopathic disease, but arises *solely* as a symptom of the *chronic* hydrocephalus," the characteristic phenomena of the latter should always precede, or accompany, the appearance of the former. Whereas, upon a careful examination, we shall

* Medical Tracts, Vol. 1. page 125, published in 1791.

shall find, that the symptoms of chorea exist without any token of hydrocephalus, as strikingly exemplified in the case of my patient, already alluded to, in whom its essential features prevailed long before it wrought the change which terminated in the fatal effusion into the ventricles of the brain. Had the cases of chorea, which came under the cognizance of Sydenham, been accompanied with hydrocephalic symptoms, so careful an observer certainly would have mentioned such striking occurrences, and would not have found, as he did, those cases liable to periodical returns, which rarely, or never, happen in any species of hydrocephalus.* Dr. Coxe, indeed, seems to be aware of the difficulty that would arise to him in this point, and puts the question, "If hydrocephalus is the cause of chorea, it may be asked, as the former is not an unfrequent disease, why the latter does not more often occur?" He confesses, that he is unable to resolve the question, because he includes himself among those who know too little of the nervous system to reason accurately upon it; but tries the point with another query, "Why the apoplexy, epilepsy, palsy, &c. are not always produced?" To this I answer, surely they always would be produced, if they were symptoms of hydrocephalus; and so would chorea, if it possessed the affinity of a symptom.

In the second case of chorea, stated in my Tract, p. 77, not a symptom of hydrocephalus can be traced; of the same description is Dr. Coxe's second case; and many more cases are on record, wherein the former disease has been totally independant of the latter. Instead of being solely a symptom of chronic hydrocephalus, chorea sometimes proceeds from obstructed menses, sometimes from exposure to rigorous weather, but generally from irritation in the first passages. So strong a tendency have particular irritations of the stomach to excite convulsive agitations, that eating certain sweet things has been observed to cause them; swallowing poisonous substances has produced the same effect; and a spasmodic affection of the organs of deglutition

* Dr. Coxe is chargable with an oversight in respect to Sydenham's theory of chorea, when he says that Sydenham "scarcely adverts to any thing but its curious gesticulations." Whereas that celebrated physician ascribes the production of chorea to a humour thrown on the nerves, which, by its irritation, occasions such preternatural motions, and accordingly his curative expedients are devised from these two indications: 1, To lessen the humors by bleeding and purging; and 2, To strengthen the nervous system. See *Schedula Monitoria* and *Processus Integri*.

deglutition has been attended with choreatic gesticulations. *

Mr. Alexander, of Montrose, relates three interesting cases of chorea, which were successfully treated by means of zinc, castor, blistering, cold bath, and sedative injections. From the first of those cases it appears, that chorea will sometimes excite paroxysms of muscular exertion as inordinate as are excited by phrenitis, mania, or intoxication, and will thus exhaust the sensorial power so as to produce syncope, followed by strabismus, a symptom of cerebral affection, yet hydrocephalus shall not be the consequence. The strabismus can be with reason ascribed only to the efforts of the brain to recruit its impaired energy; but cannot, on good grounds, be imputed to hydrocephalic oppression. Every circumstance of the case points to diminished tone of the alimentary canal, in a system prone to the operation of morbid irritability, as the occasional cause of the convulsive motions; and consequently it is an impressive example of the tendency which chorea has to produce such changes in the functions of the encephalon, as may ultimately terminate in an aqueous effusion into its cavities. But surely, no theory, even the *newest*, can make us believe, whilst we are in our senses, that every repetition of the strabismus was occasioned by the effusion of a fluid into some cavity of the brain, and that each cessation of the ocular distortion was the effect of the absorption of that fluid.

The second case furnishes an auxiliary to the same side of the question, especially in relation to the cause which generally produces chorea, namely, a morbid condition of the alimentary canal, in a constitution of considerable mobility. The third case supports the second. And they all conspire to shew, that the treatment most likely to succeed, in the cure of chorea, is that which is founded on the tonic and antispasmodic system of prescription. They all likewise tend to evince, that chorea is not a symptomatic ailment, at least not naturally symptomatic of hydrocephalus. On the contrary, it may be termed an idiopathic disease as well as hysteria, whose seat is in the alimentary canal, and which exhibits phenomena more or less

* Edinburgh Medical Commentaries, vol. xii. p. 325. Duncan's Annals of Medicine, 1798, p. 369; Id. 1799, p. 374. London Medical Observations and Inquiries, vol. vi. art. 12.

less convulsive, in proportion to the constitutional excitability of the subject.*

A curious example of convulsive affection, resembling paroxysms of hysteria and chorea combined, is detailed in the New York Repository, Hex. II. vol. i. p. 1—11, and is there ascribed to the bite of a spider, which, like the bite imputed to the tarantula, produced convulsive motions, that were counteracted most effectually by music. This case (the subject a girl fifteen years of age) strengthens the affinity, above suggested, between hysteria and chorea, in regard to the seat of those causes whence they generally originate. Dr. Whytt shews, that a delicate state of the first passages, or a depraved sensibility of their nerves, not only disposes people to many complaints in those parts, but that the whole nervous system is thereby rendered more moveable, and liable to be affected by the slightest exciting causes. Hence tremors, palpitations, convulsive motions, &c. may often be owing more to the infirm state of the first passages, than to any fault in the brain, or in the heart.† And that state of these passages will not be less in the present luxurious and dissipated age, than it was about the middle of the last century.

Dr. Macbride, under the denomination of *Hieranosos*, or *Morbus Sacer*, gives the case of a lad, about seventeen years of age, who at that time had been afflicted with the disorder above twelve years. His body was so distorted, and his legs and arms so twisted round the body, that no words can give an adequate idea of the oddity of his figure; the agitation of the muscles was perpetual; but in general he complained not either of pain or of sickness; and he retained his senses perfectly, insomuch that he used to assist his mother, who kept a little school, in teaching children to read.‡ This appears to be a case of strongly marked idiopathic chorea, without the least morbid affection of the brain.

All the cases of chorea, wherein zinc was tried, in the Bristol Infirmary, from 1784 to 1788, inclusive, were nine, five boys and four girls, seven of whom were cured; at the same time, three cases are subjoined, to show that zinc is not an infallible remedy in this disease. The first case is that of a boy, seventeen years old, who, several years

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* Duncan's Annals of Medicine, 1801, p. 303.

† Whytt's Works, p. 537, 550.

‡ Methodical Introduction, p. 558—9.

years before, had received an injury on the head which required the use of the trepan; but who, until three months anterior to the statement of the case, had been very well, and was then attacked with chorea. Zinc, with a decoction of cinchona, during some time, promised a complete recovery; but, after continuing them a month, the disease gradually returned without any known cause, and rose to an extraordinary height. At length, by the administration of opium and camphor, together with a strong preparation of cinchona, the patient was cured. Though, in this case, the convulsive agitations seem to have some distant relation to an externally injured brain, yet it is manifest, from the absence of hydrocephalic symptoms, and from the nature of the remedies, that the state of the brain was totally different from that which exists in hydrocephalus internus, and that those agitations sprung from a morbid action of the nervous influence at large, rather than from a topical congestion in the head. For, if there had been such congestion, strong indications of it would have appeared in so violent a case, and the powerful stimulants, employed in the treatment, would not have had the curative effects.

The other two cases are those of girls, both seven years old. The one was perfectly cured of chorea by zinc, in the space of a few weeks; but, not long afterward, she fell into a hydrocephalus, which proved mortal. This case furnishes a very apposite instance to shew the power which choreatic convulsions have to induce hydrocephalic affection. There is every reason to believe that the original complaint was idiopathic chorea, which was suspended by a tonic mineral remedy; but, having sown the seeds of hydrocephalic action, which, in such subjects, it is very capable of doing, they soon ripened into a destructive maturity. The other girl, growing worse under the use of zinc, was put under a course of cold bathing and cinchona, by which, at the time the paper was written, she was nearly restored to perfect health. *

Five

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* Memoirs of the London Medical Society, vol. III. p. 563. Analogous to the first of the above three cases of chorea, a very curious instance is related by Dr. Hall, of East Retford. A woman received a severe blow on the head, which was succeeded by chorea, and yet no symptoms of hydrocephalus appeared throughout a tedious and tormenting spell of the malady. Besides, during the whole course of the disease, stimulants were the principal remedies, and argentum nitratum was reckoned the curative one.

Five instructive cases of chorea, accompanied with judicious remarks, are collected by Mr. M'Mullin, and published in No. I. of the Edinburgh Medical and Surgical Journal. In those cases, it is evident, that the involuntary motions, debility, and other symptoms of the disease, were produced by local irritation in the bowels, which was afterwards communicated to the rest of the system through the medium of the nerves. The disease seldom occurs, except in subjects under the age of puberty, and who are of a delicate constitution. In such habits, irritation may be produced, as Dr. Whytt observed, by very slight causes, such as a depraved state of the intestinal secretions, an accumulation of fæces, worms, dentition, &c. From the appearance of the stools, which were black and fœtid, in Mr. M'Mullin's cases, he thinks it highly probable that the liver was engaged; an idea which derives support from the effects occasioned by the remedies administered. He also thinks, that there was an accumulation of fæces, caused by the use of food too coarse for their weak digestive organs to assimilate, united with a want of that exercise which is necessary for promoting healthy concoctions. Symptoms of the third cause of the disease, specified by Mr. M'Mullin, namely, irritation from worms in the intestinal canal, did not appear in any of the five cases which he transcribes.

Respecting the fourth cause of chorea, cited by Mr. M'Mullin, viz. irritation from teething, he says, that it was first observed by Dr. Monro. "A young lady was affected with chorea of one side. On examining her mouth, it appeared that she was cutting one of the molares of the same side. Dr. Monro directed a crucial incision to be made through the gum, and the disease ceased in a few days. Some months afterwards, she was again seized with chorea, but the other side was affected; and, on examination, it was again found that she was cutting one of the molares of the affected side. A deep crucial incision again removed the disease.* This observation is confirmed by Dr. Gregory. He was called to a boy very ill of chorea, and, on examining his mouth, he found that the second set of teeth was pushing up by the side of the first, which had

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one. Although, in these two instances, chorea succeeded an external injury inflicted on the head, it will appear, in the sequel, that, in a great majority of such injuries, convulsive affections do not arise.

* Dr. Monro, sen. Lectures on Anatomy and Surgery.

had not fallen out at the usual time. By removing a considerable number of the first set, the disease was removed in a very short time, altho', formerly, the spasms had been so violent as to throw him down in the street. Next year he had another attack, which was removed by taking out the rest of the first set of teeth. He was again attacked, however, at the age of fifteen; and as no cause of irritation could be discovered in the mouth, he was treated with extract of cinchona and sulphat of iron, and was cured.

"Another boy, who was twice attacked with chorea, was cured both times by scarifying his gums. Although Dr. Gregory does not attempt to explain why the second set of teeth should thus produce chorea, while the first produces epilepsy, he considers the fact as established, and as forming a very valuable addition to the history, pathology, and treatment of the disease. These important facts directly support the opinion which I have advanced," says Mr. M'Mullin, "that the symptoms of chorea depend on local irritation, and not on debility; and that they are to be removed by removing the causes of irritation, by scarifying the gums, by expelling the worms, or by the use of brisk purgatives." *

The powerful influence of a cause, even indirectly irritating the *primæ viæ*, and thus producing convulsive affections, is strongly exemplified by the history of the poor children, (related by Sir George Baker) who, by breathing vitiated air, were thrown into excessive tormina of the alimentary canal, which were attended with convulsions and delirium. To the same cause, rather than to improper food, may be ascribed the prevalence of chorea in the Orphan Hospital at Milan, as mentioned by Mr. M'Mullin. The principal cause of the *trismus nascentium*, has also been traced to the operation of vitiated air upon the lungs. †

Three extraordinary cases of chronic convulsions, which happened in one family, in the county of Rutland, are related in the Edinburgh Medical Commentaries, vol. ix. p. 317. These cases seem to have been a compound of epilepsy and chorea, as the paroxysms came on periodically and suddenly, beginning with hideous shrieks, suc-

* Edinburgh Medical and Surgical Journal, No. i. p. 32.

† London Medical Transactions, vol. iii. p. 113. Transact. R. I. A. vol. iii. p. 89, 108.

ceeded by jumping, writhing, &c.; but not the smallest symptom of hydrocephalic affection appeared. They first occurred after hooping-cough; and, as the accession of the fits was attended with screaming, it is probable that the painful sensations, whereby they were excited, originated in the lungs, which were affected principally in their father's house, where might have existed some latent effluvia productive of the pulmonic pain.

An herpetic eruption has been known to be attended with racking pain in the stomach, and with general convulsions. In rheumatic fever, epileptic fits have occurred from the stimulus of bile, accumulated in the first passages, and the removal of the bile put a stop to the convulsions.* When the stomach, the centre of sympathy and association, is morbidly affected, no wonder that the nervous system should be engaged, and the moving powers brought into irregular action.

In genuine hydrocephalus internus, convulsive affections do not occur until the disease be far advanced, and the choreatic species of those affections is the rarest at any stage of it. Notwithstanding what Mr. Petit says, I cannot accede to his opinion; for Dr. Whytt, whose authority is of the greatest weight in this question, never saw any convulsions happen till towards the end of the malady. This observation is confirmed by the testimony of numerous practitioners; and, in several cases, not any convulsions have occurred from beginning to end. From a review of thirty two cases of genuine hydrocephalus internus, I find, that, in fifteen of them, no convulsions took place; and that in any of the other seventeen cases, spasms or convulsive motions did not occur, until the hydrocephalus had subsisted several days, nay, in some, not until it had continued several weeks. To these thirty-two cases I can add ten or twelve, running similar courses, which have come within the sphere of my own practice. Besides, from a review of a few cases of spurious hydrocephalus, wherein the head was considerably enlarged, it appears that, in some of these, the convulsions did not attack at the beginning, and that, in others, even in those ascribed to external injuries, no convulsions happened.†

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* Ferriar's Medical Histor. and Reflect. vol. I. p. 18.—Id. vol. II. p. 7, 8.

† Whytt's Works. p. 787.—Edinb. Medic. Comment. vol. VIII. p. 332.—Id.

In a great majority of cases, where wounds have been inflicted on the head by external violence, convulsive affections have not appeared. In forty-three cases, published by Mr. Pott, ten only had convulsions, or spasms; but, in general, not until many days after the accidents. In sixty-two cases, recorded by Mr. O'Halloran, seven only had convulsions, and but two of these had the fits immediately after receiving the injuries; adding these two sums together, the total number will be 105, of which not a sixth part was invaded by convulsions, or spasms. Hence we may fairly conclude, that, where a predisposition in the nervous system is absent, very morbid states of the brain shall exist, without producing convulsive motions.*

What Dr. Coxe styles a *new theory* is nothing more than that pathological doctrine, known since the days of Hippocrates, and termed *Conversion of Diseases.* The conversions of the different genera of fever into each other are common; hæmoptoe is often converted into hysteria, and hysteria into epilepsy, mania, &c.; phthisis pulmonalis is sometimes converted into arthritis, and arthritis into hepatic obstruction, dropsy, lethargy, &c. Hydrocephalus internus has been transmuted into palsy, and palsy into hydrocephalus. Of the latter conversion, Dr. Ferriar furnishes an apposite instance, in which the palsy was evidently connected with the increase of scrophulous swellings on the upper parts of the affected limb. "*Eight months* after the appearance of the paralytic symptoms, the patient complained of severe head-ach, vision became indistinct, and at length was entirely lost. Epileptic fits *then* came on, and he died comatose. When the head

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Id. vol. IX. p. 240.—Id. vol. x. 299, 312, 356.—Medical Tracts, vol. I. p. 125, 131.—Edinb. Medic. Comment. vol. XI. p. 298.—Medic. and Physic. Journal, vol. II. p. 131.—Id. vol. III. p. 61, 517.—Id. vol. IV. p. 219.—Id. vol. V. 341.—Id. vol. VIII. p. 98.—Id. vol. x. p. 71, 150.—Id. vol. XII. p. 5.—Simmon's Medical Journal. vol. VII. p. 113.—Medic. Observ. and Inquiries, vol. VI.—Art. VI. VII. VIII.—London Medical Transactions, vol. II. p. 358.—Memoirs Medical Society, London. vol. I. p. 165, 169.—Id. vol. II. p. 44.—O'Halloran's Treatise on Disorders from external Injuries of the Head, p. 75.—It is particularly worthy of remark, that this ingenious and able practitioner has anticipated Dr. Gall in the *basis* of his new doctrine of the brain, and the faculties of man. Compare O'Halloran's Treatise, chap. VII. with Dr. Arneman's "Concise Account," Med. and Physic. Journ. vol. XIV. p. 327, 329.

* Potts's Chirurgical Works, vol. I. O'Halloran's Treatise, ch. IV. to XX. p. 86 to 334.

was opened, the ventricles of the brain were found full of water, and several tumours, which, in the prevailing medical language, might be called scrophulous, were observed in different parts of the brain."*

The late Dr. Percival saw a pulmonary consumption converted into a hydrocephalus, by the violent *succussions* of coughing. The patient, a female, nine years old, laboured under the symptoms of phthisis pulmonalis during four months, at the end of which she became affected with unusual pains in the head, that increased rapidly to such a degree, as to excite frequent screamings. "The cough, that had before been extremely violent, and attended with stitches in the breast, now abated; and in a few days ceased almost entirely The pupils of the eyes became dilated; a strabismus ensued; and, in about a week, death put a period to her agonies."†

The case of my patient, mutilated and misconstrued by Dr. Coxe, is a clear case of the conversion of chorea into hydrocephalus, the explanation of which I have already given. It comes under the second subdivision, third head of conversions, thus laid down by Dr. Ferriar. "If the original be a chronic disorder, such a state of the habit (favourable to the production of another disease) may take place during its continuance, and the accessory disease may be simply superadded, or it may vary the form, or affect the duration of the former."‡ Dr. Coxe's first case, which inspired him with the rudiments of the *new theory*, was a case of a similar conversion. The disease subsisted near three months before the Doctor saw the patient, at which time he had little suspicion of water in the brain, as the patient complained of very slight pain in the head at any period after he saw him; neither was the patient affected with strabismus, dilated pupil, nor with any of those changes in the pulse, peculiar to hydrocephalus. And, as the Doctor owns that he "was in a great measure in the *dark*, as to the cause of his illness," I hope he will take in good part my furnishing him with some *light* on the subject. Very much in the dark, indeed, must he have been, and labouring under great perplexity, when we find him expressing his ideas in the following confused and contradictory terms: "The *water* must have been accumulated a *con-*

* Ferriar's Medical Histories and Reflections, vol. II. p. 10, 11.
† Medical Facts, vol. I. p. 131.
‡ Medical Histories and Reflections, vol. II. p. 31.

a *considerable time,* as evinced by the quantity, and the very enlarged state of the foramen ovale. Its *sudden effusion* must have produced apoplexy; but the *slow progress* of the effusion permitted the brain to accommodate itself to the pressure."—" The *water in the brain* was not, I believe, the immediate cause of death. Some *sudden effusion* or congestion was the source of the fatal issue, by producing apoplexy."

In the case of Dr. Coxe's patient, one powerful cause of the conversion of diseases appears to have had full sway, namely, *Medical Treatment.* The unfortunate subject came into the Doctor's hands after undergoing the sufferings of a severe disease, and of vigorous Galenical discipline, nearly three months. In that reduced condition, the Doctor, being most unluckily in the " *dark,*" one time bled and purged the patient; another time gave him bark, port-wine, and laudanum; and another, inflamed him with phosphorus. Although every possible effect that this exhausting process could produce was at length obtained; and though the poor victim had lost about an hundred ounces of blood; yet, as the Doctor considered him " labouring under a *depressed* state of the system," an attempt was made to exonerate him by lessening the still oppressive burthen of blood, but, alas! not more than two or three tea-spoonfuls could be extracted from his veins. And, consequently, weighed down with the dire load of an *oppressed system,* that very day the hapless patient sunk into the arms of death ?"

" Quot Themison ægros autumno occiderit uno !"

On the practical mischief which would ensue from embracing the *new theory* of Dr. Coxe, I need not particularly enlarge, as it will not be difficult for any of your readers to perceive it by impartially weighing the preceding facts and observations. But, in respect to medical science, there is a mischief to which that theory ministers, viz. the propensity to generalize without sufficient data, which requires some distinct animadversion. This propensity, under the pretence of *simplifying,* may be accused of doing harm not only to medical science in particular, but also to science in general. The immortal Verulam, to whom genuine philosophy is highly indebted, maintains this opinion: " Solent autem homines naturam," says that truly great man, " tanquam ex prælta turri, et a longe despicere, et circa *generalia* nimium occupari, quando si descendere placuirit, et ad *particularia* accedere, resque ipsas at-

tentius et diligentius inspicere, magis *vera* et utilis fierit comprehensia. Ideoque," continues he, dubitandum non est quin si *Medici,* missis paulisper istis *generalibus,* naturæ obviam ire vellent; compotes ejus fierent, de quo ait poeta,

> " Et quoniam variant morbi, variabimus artes;
> Mille mali species, mille salutis erunt."

This doctrine is enforced, in a very sensible manner, by Mr. M'Mullin, at the beginning of the paper already quoted, where he says, " Few circumstances have contributed more to retard the progress of the healing art than premature generalization. Our opinions are often derived from the consideration of insulated facts, which have accidentally made a strong impression on our minds. The partial views thus obtained, from our impatience to arrive at general principles, we immediately assume as the basis of a system which we believe to be incontrovertible; because with unconscious partiality, we exaggerate the importance of every argument which seems to support it, and neglect or distrust every fact with which it is incompatible."

Thus, when men infer general theorems and universal propositions from a few experiments or observations, it is logically termed a *false induction*; to which sort of sophism, Dr. Coxe, on this occasion, appears to be too much addicted; and in drawing a parallel between chorea and hydrocephalus, he is no less prone to resort to fallacious argument. There we find him trying every sophism, which his art of logic can furnish, such as the *petitio principii*, the *non causa pro causa,* and the *fallacia accidentis.* Nor is he more observant of the canons of pathology, than he is of the laws of reasoning. According to his pathology, chorea is merely a symptom of hydrocephalus, and yet, in his parallel, he reckons that *single symptom* similar to the *whole disease.*

The self-complacency, which Dr. Coxe discovers in conferring on his arbitrary proposition the title of " A New Theory," brings to my recollection an instance of a similar nature with respect to the structure of language. A gentleman of some talents, but little acquainted with the progress of letters, composed an English grammar which he conceived to be *perfectly new,* and as such, he shewed it to a friend, who was more conversant with books than he was, but who, unluckily for his hopes, convinced him that he had been anticipated by Louth. Such a friend and confidant would have been an acquisition to Dr. Coxe. If no such person were attainable, he might have found a useful monitor in a very

a very old writer, of unquestionable authority, (provided he ever peeps into old works), who has pronounced, "The thing that hath been, it is that which shall be; and that which is done, is that which shall be done: and there is *no new thing* under the sun." This being the decision of a wise and good man, whose authority we must reverence and should not oppose, it is applied, as an *argumentum ad verecundiam*, or an address to the *modesty* of Dr. Coxe, by

Yours, &c.

Londonderry, Dec. 16, 1805. Wm. PATTERSON.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IT is now twelve months since I sent you a Report of the Progress and Success of Vaccination in this town, particularly at the Dispensary; and I now proceed to give you another report, with that satisfaction which the mind experiences in the investigation and gradual attainment of truth.

In my former report I endeavoured to shew, that the vaccine disease was a security against the small-pox at the distance of three and four years from the period of inoculation of the former, to that of a second inoculation with the latter.

That the vaccine disease was a security against the small-pox, although the pustule had been prevented by too much inflammation from assuming the usual regular appearances.

That the eruption peculiar to infants did not prevent vaccination being a security against the small-pox, although present when vaccination took place.

And lastly, That after the *system* had been *vaccinated*, a second inoculation with the vaccine matter will not produce a pustule similar in its stages, or its appearance, to that produced by the first inoculation; and that a second inoculation with vaccine matter was a preferable test of security to inoculation with small-pox matter. Time has amply confirmed these several positions, not only in my own experience and observations, but in that of others; perhaps I may except my second and third position as confined to

my own observations, the first and fourth have been very ably confirmed and enlarged upon by Dr. Pearson's great experience and abilities.

In addition to what I have stated in my second and third positions, as to the security afforded by vaccination against small-pox, not being lessened by too much inflammation destroying the order of the pustule, or by the presence of *strophulous* during the vaccination, I can also now, with some confidence, advance my opinion, though contrary to some late prevailing opinions, that some other eruptions, *herpes* for instance, do not prevent, nor lessen this security. I have been cautious in advancing this opinion, though founded on my experience and frequent observation, because Dr. Jenner has entertained a different opinion. I have, on the contrary, been accused by a Mr. Clement, in No. 75 of your Journal, of not producing in my former report, those "sterling instructions as well as observations," on this particular point, that Dr. Jenner had given. I apprehend that those instructions are only *sterling*, which are the result of much and accurate observation, or that those observations only are of value that are derived from experience. Of my observations, therefore, my experience warrants me in concluding that the presence of *herpes* neither prevents nor lessens the security usually obtained by vaccination against the small-pox; so far from my former report being deficient in "sterling instruction, I conceive it was the reverse, by not holding out an opinion contrary to my observation.

Among the patients vaccinated at the Dispensary here, we have now an ample field of observation, and I would not on this point have depended entirely even on my own observations, so far as to have advanced the opinion I have done, if the experience of Mr. Anderson, Surgeon to the Dispensary, and of Mr. Wilkie, the resident Surgeon and Apothecary, had not as much as possible tended to confirm it; amongst others, Mr. Wilkie took me to a child that had been vaccinated, which had herpetic eruptions in large spots in several parts of its body, and in particular at the sides of its mouth, and on one arm very near the pustule of vaccination; and notwithstanding the progress and appearance of the pustule, were no way affected, and the usual security was obtained. It is remarkable that all herpetic eruptions inflame with the progress of inflammation in the vaccine pustule, and scab with it also; in my last report, I mentioned a case given to me by Mr. Fife, surgeon, in

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which the herpetic eruption and the vaccine pustule kept pace exactly in the period of inflammation, in the time of both continuing to discharge prior to scabbing, and in that of scabbing and healing. This child, on a second inoculation, was found to have been before sufficiently vaccinated. Mr. Anderson, Surgeon to the Dispensary, in answer to my inquiry of him on this subject, says, "I have inoculated some children with vaccine matter at the period when the skin was *covered* with an herpetic eruption, but I do not recollect that there was any difference in the formation of the vaccine pustule on the arm; it appeared to proceed much in the same state as if there had been no eruption on the skin." That these children were securely vaccinated will appear in the sequel of this report. On this part of my subject I have only to add, that it has been long remarked that vaccination shewed itself in the system very evidently by affecting, for a short time, the surface or discharge of any sore, or wound, on any part of the body; and having observed, that *herpes* scabbed and healed with the vaccine pustule, I was about to propose vaccination for the cure of a very obstinate case of herpes on the face and breast of a young woman, a patient of mine, when great increased action took place in the septan, in consequence of an abscess in one of the extremities, and removed the herpetic affection entirely.

The progress of vaccination in this town and neighbourhood has been beyond expectation during the last twelve months, "vires acquirit eundo," and the success of it equal to the most sanguine expectation. In the three first years, 1801, 2, 3, nine hundred and twenty-one were vaccinated at the Dispensary; in 1804, six hundred and thirty-seven; and in 1805, to December 2, one thousand seven hundred and eight, being more than the four former years altogether.

In 1801, 2, 3 - -	921
1804 - - - -	637
1805 - - - -	1708
Total	3266 to Dec. 2, 1805.

I feel not a little elevated in being able to say, that not one of these 3266 have taken the small-pox, although it has been raging in every part of this town and neighbourhood for fifteen months past, the vaccinated children having stood amidst the general wreck untouched and uninjured. In a village near this town, Swalwell, I am informed

formed by Mr. Anderson, surgeon, that about thirty children have died of small-pox, and a lady resident in it has taken pains to make the most accurate inquiries, and has found that every vaccinated child in the village has escaped, though surrounded (it being but a small village) with the contagion of small-pox. Thus, by the judicious and unremitting exertions of Mr. Anderson and Mr. Wilkie, of the Dispensary, have many valuable lives been saved during this great epidemic; they could only have had the stimulus of the public good at heart, for the office has been far from pleasant; in it they have had much to encounter and to surmount; even the labour itself has not been inconsiderable, when they have sometimes inoculated more than 100 in one day; the success of inoculation here has therefore been gratifying in the extreme. The public confidence in it, as a security against the small-pox, was somewhat shaken by the cases that had been published in the south, and the reports that had been circulated even here; and I began to think of contradicting them in a public manner in the early part of this year; for though hitherto I had always, in all my concerns, never thought it necessary to contradict reports in a formal manner, on the maxim *that truth must ultimately prevail,* yet I now think error should be attacked as it rises, not only that it may not, like the organized system of France, overpower the cause of truth, but also as life is too short to wait for the slow prevalence of truth when resting only on its own buoyant powers. To return from this digression, I was about to contradict the reports unfavourable to cow-pox, when I found the *popular opinion* of it increasing daily in its favour, by the increasing numbers brought for inoculation to the Dispensary, which I considered more forcible in its favour than any thing I could say; even in winter last, and also this summer, they have not ceased, as formerly, to bring their children for inoculation during the very cold and very warm weather, which circumstance did not only shew the increased confidence of the public in the cow-pox, but also that they were glad to fly from the danger of the small-pox, and were convinced that warm weather did not make the children more affected during vaccination. So many children coming from the very contagion of small-pox to be vaccinated, has given opportunities of noticing many extraordinary circumstances as to the time when vaccination gives the resistance to the small-pox contagion, and also as to the striking security it affords; there have been repeated instances of two children in the same family inoculated

lated with cow-pox on the same day, and the one sickening with small-pox a few days after, before the security was afforded by vaccination, and the other going through the cow-pox and constantly remaining with the other under small-pox, even in the same bed, without being in the least affected; while the one in whom small-pox appeared before the system was affected with cow-pox, had its sufferings diminished as soon as the mild influence of the cow-pox prevailed. But as my observations so exactly agree with those of Dr. Pearson, lately given to the public,* I therefore think it superfluous to repeat them here; indeed, so definitive and so able are the reports of Dr. Pearson, that I will henceforth consider them as superceding the necessity of any further report from me, unless I find that either any of my observations do not agree with those of Dr. Pearson, or that any of mine have not been noticed by him. Dr. Jenner's well-merited fame I can neither detract from, nor add to; but I must be allowed to say, that we are greatly in debt to Dr. Pearson (and let me not omit Mr. Ring) for establishing the laws of the cow-pox; and without whose exertions I almost fear that in this country it would have suffered, *at least*, a temporary suspension of its fame.

On reviewing the success of vaccination in this town and neighbouring villages, it appears to have been greater than that reported to you of cow-pox inoculation in Shields, by Dr. Winterbottom. I have stated to you the success of it in the Dispensary,† and I have not heard of any one instance

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* Extract from the Minutes of the Original Vaccine-Pock Institution, Medical and Chirurgical Review for November last, (Article Miscellaneous) p. lxxv.

† In the Medical and Chirurgical Review for March last, (Article Miscellaneous, p. cvi.) it is mentioned that a boy named Stevens, residing at No. 23, Millbank Street, Westminster, had had the small-pox after being vaccinated at the Dispensary here; *no such name* appears on the books of the Dispensary here as secure against the small-pox; only those names were then inserted that had gone through the disease in a satisfactory manner, by being seen by the surgeon after inoculation; the names of all those children that were inoculated and did not return for approbation on inspection were omitted; whether Stevens was of that number cannot now be ascertained, and therefore as a check in future, the name of every child inoculated at the Dispensary *will be recorded;* and the number not ascertained to be secure, or, in other words, not known to have gone regularly through the disease, will be given under a separate head.*

* *The Editors are much obliged to Mr. Wood for suggesting this regulation, which they hope will be adopted in all public institutions.*

instance of failure in private practice; and I dare say, the number inoculated by private practitioners in this town must have been *at least* equal to the number inoculated at the Dispensary. I was informed by one gentleman, a surgeon in this town, that he had had a case of small-pox after cow-pox at the interval of three weeks only; but it is evident, if the proper constitutional affection had taken place, the security would have lasted three weeks; the only doubt I ever heard, was that of Mr. Goldson's, of the security not lasting for three years or upwards; besides, no case of this kind can have any weight in the public opinion, unless it had been seen by many witnesses.

It appears very desirable to ascertain whether there is any cause for the greater success of inoculation for the cow-pox as a security against the small-pox in this town, than in many other places; I have never been able to guess at any other cause than one, viz. the invariable practice here of inoculating in *both* arms. I certainly observe, in many reports, that inoculation has only taken place in *one* arm; most assuredly, the constitutional affection affords the only security against small-pox, and without doubt the chance of the constitutional affection is greater from *two* inoculations than from *one;* in my own mind, I have always considered some test of the constitutional affection, as the first object in vaccine inoculation; and where such is not certain, I consider the inoculation in *both* arms as next to a certainty, until the attainment of this object. I dare say many have been deceived in supposing the constitutional affection to have taken place, when it has not, for in this way only can I suppose the vaccine inoculation ever to have failed as a security against small-pox. I lately knew an instance of a child taking small-pox shortly after inoculation with small-pox matter; because the inoculation was *local* only, no eruption took place from it.

In order to ascertain the success of vaccination here as a security against small-pox, we have not merely been satisfied with *not hearing* of any miscarriages, but the most active enquiries have always been made to find out any instance of failure; we have both negative and positive evidence, therefore, on this important point.

That *one* death has not taken place from vaccine inoculation in the Dispensary is not a matter of wonder, but that *not one* death should have *occurred* during the period of inoculation in the number of 3266 children is rather a matter of surprise to me, as there are certainly many chances of children

children dying during that period from dentition and other diseases, in a much less given number. I have not heard of any death but one shortly *subsequent* to cow-pox inoculation, and that proceeded from a distinct disease three weeks after inoculation. I have also observed with much pleasure, that scrofula does not arise after cow-pox, as it certainly did after small-pox. I have never yet seen on the extensive charity of the Dispensary, and on the equally extensive one of the Infirmary here, any case of scrofula after cow-pox; in my experience, it is less frequent amongst children than formerly.

I will now bring this long report to a conclusion. Perhaps the papers in your Journal, *under the head of vaccination*, do not draw that attention now they did at first; but they remain half contented and half ignorant, who *give up* a matter of the first consequence to mankind in the *middle* of the subject; and they only think right, who do not allow their zeal to abate while any part of it continues open for interesting inquiry.

I am, &c.

Newcastle upon Tyne,
Dec. 12, 1805.

J. WOOD, M. D.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

HAVING lately met with a small tract, from the pen of Mr. Fogo, of Newcastle, on the opinions of ancient and modern physicians, including observations on those of Dr. Cullen on Amenorrhœa; of Dr. Saunders on Diseases of the Liver; of Dr. Beddoes on Scrophula; and of mine on Negro Cachexy; I beg leave, through the medium of your Journal, to offer a few remarks on those criticisms which more immediately concern me. But previous to my doing so, I would admonish Mr. Fogo, whenever he in future assumes the office of a critic, to adopt the language of civility and polished life, in preference to offensive reproach, which neither amends the person reproved, nor does any honor to the censor.

In the tract above alluded to, this gentleman has endeavoured to convince us that Amenorrhœa, Chlorosis, Dyspepsia, Scrophula, and Cachexia Africana, instead of being different diseases, are in reality one and the same, and

and no other than chronic inflammation of the liver. This is jumbling disorders together in a very strange manner, and giving us to understand, that the numerical list of them, to which the human frame has been supposed to be liable, is smaller than we have been accustomed to look on it. To prove his position, Mr. Fogo has given a general table of the symptoms which attend on these diseases, for the purpose of comparison; but from which, as has very properly been observed by the Editors of the Medical and Chirurgical Review, (See No. LXI. p. 19.) any other person would irresistibly be led to draw the opposite conclusion, viz. that the diseases in question were altogether dissimilar.

Some men are however desirous of attracting the attention of the public, by advancing opinions which bear the face of singularity and originality, and I should conceive that Mr. Fogo was actuated by this view; for surely he cannot have the vanity to suppose that he possessed a sounder judgment than any of the ancient and modern physicians, and that he has seen through errors which they could not. We are told by him, that chronic hepatitis is as common and frequent as the tooth-ach, is as readily detected, and sometimes as easily cured. We are likewise informed, that a person can seldom walk the streets, or mix in a large company, without observing several faces, pale, green, livid, or yellow, whose owners are labouring under this very disease. Can the reader refrain from laughter? No doubt, he will regard this wonderful discovery in a proper light; and I am sure I may safely predict, that he will not think it deserving of a parliamentary remuneration.

To the jaundiced eye, every object is *said* to appear yellow; and drawing the inference, I should suspect that Mr. Fogo laboured under a diseased liver himself; that his gall does not pass off in the usual way, but is suffused in his system; or that it overflows, and so, to get rid of it, he dips in it his pen, and attacks with bitterness all those writers, who entertain sentiments which are different from his own. He is greatly dissatisfied with Dr. Cullen for looking on Chlorosis as a primary disease, and tells us that it is a mere imaginary one. In speaking of Dr. Beddoes, he sarcastically asks, whether a great writer may not be compared to a great talker? and condemns him for considering Scrophula as affecting the mesenteric glands, in any other view than as another variety of diseased liver; and with respect to myself, not a little harsh and rude

censure

censure is bestowed on me, because I have treated Cachexia Africana in my Modern Practice of Physic, as a disorder perfectly distinct from Chronic Hepatitis.

Dr. Trotter reported a case (I think) Gastrodynia, in a late number of your Journal, and he is attacked by Mr. Fogo for misnaming the disease; and is told, that it was really one of chronic inflammation of the liver: another practitioner communicates a case of Phthisis through the same channel, and he likewise is corrected, and informed, that his patient laboured truly under chronic hepatitis. Why this carping at the opinion of others? and how is it that Mr. Fogo, seated at his writing desk, should pretend to have a more accurate knowledge of diseases than those very gentlemen under whose care they immediately fall? He has never, I presume, been in a tropical climate, and therefore cannot have seen a single case of negro cachexy, and still he pretends to know its real nature much better than I do, who during an extensive practice of many years in the West-Indies, had almost daily opportunities of being consulted respecting it. On this very subject, indeed, the Editors of the London Medical Review have paid me a compliment; for they observe, (see Vol. VIII. p. 104.) that I have given one of the most satisfactory descriptions of the negro cachexy, called in our colonies dirt-eating, with which they are acquainted. My sentiments of the disease in question, moreover, accord in most points with those of Dr. Chisolme, (see Vol. II. p. 171, of your Journal) and they do not differ, I believe, from those expressed by Dr. Hunt, in his Treatise on the Diseases of Jamaica. Was it necessary, I could bring forward many other valuable authorities to support my opinions, and confute those of Mr. Fogo.

In his tract he asserts, that I am staggered at finding women, men, and boys, alike subject to Cachexia Africana, and that I allow it may be Chlorosis in the females, but know not what it is owing to in men and boys. The quotation is very incorrect. My words are as follow: That in many respects the negro cachexy bears a great similarity to chlorosis, but they differ in the circumstance, that the latter affects only females, and principally about the age at which menstruation ought to take place, whereas the former affects males as well as females, and is often to be met with in children.—Surely two diseases may have a similarity in some of their symptoms, and yet be distinct. In this light do I view Chlorosis and Cachexia Africana, and

and with respect to Chronic Hepatitis, the difference is very wide indeed.

Mr. Fogo expresses great astonishment that a professional M. D. should see the liver schirrhous, and never suspect that it possibly might have some share in producing the symptoms; nor never examine the state of the liver before death, when there were all the symptoms of obstructed bile, costiveness, clay-coloured stools, &c. knowing, or ought to have known, that diseases of the liver are very frequent in hot climates; and which oversight, he sarcastically adds, must give the reader an unfavourable opinion of the author of the Modern Practice of Physic.

My answer to these illiberal criticisms is, that I look on the morbid appearances which are to be observed in the liver on dissection, not as the primary or original disease, but as the consequence of its long duration. At first a morbid acidity prevails in the stomach, the appetite at length fails, digestion is impaired, a vitiated action takes place throughout the alimentary tube, unhealthy chyle is assimilated, the mesenteric glands are indurated, and the liver also becomes *at last* of an increased size and scirrhous hardness.—This last symptom I however assert, does not exist at the commencement of the negro cachexy. No hardness is to be felt in that viscus at first, it is not apparently enlarged, nor have I ever found, even in a single instance, the patient to complain of a pain in the liver extending up into the shoulder, one of the characteristic symptoms of both acute and chronic hepatitis.

During an extensive practice of nine years in the West-Indies, I certainly met with some cases of chronic inflammation of the liver, but I by no means found the disease occurring so frequently as the tooth-ach, as asserted by Mr. Fogo, neither did I so generally encounter such pale, green, livid, or yellow faces, as he speaks of.—Surely the people of Newcastle, which place is the seat of this gentleman's practice, must have truly deplorable countenances, if his remarks are well founded. I have further to observe, that in no case of true chronic hepatitis did I ever notice a propensity in the patient to eat chalk, and far less dirt, or has any other physician, I may safely venture to allege.

Because I have adopted the doctrines of Dr. Cullen with respect to chlorosis, Mr. Fogo is pleased to say that I seem to have sucked the same nurse who reared the professor's

annotator.

annotator. This is indeed substituting low wit for argument. It is of little consequence who my nurse was; but I trust I imbibed in my early infancy liberal principles, and that my intercourse with mankind, and particularly with those of my own profession, although I may sometimes differ from them in opinion, has been perfectly consistent therewith. With respect to the rudiments of my medical knowledge, I beg leave to inform Mr. Fogo, that they were attained under the immediate instruction of that celebrated teacher, whose doctrines he derides, because, probably, he never had the opportunity of being taught by him. If he has enjoyed that advantage, but little benefit has accrued to him, for he has strangely jumbled diseases together in his tract.

Neither as a practical physician, nor as the author of the Modern Practice of Physic, am I under the least apprehension of suffering in repute by the disapprobation of a man who has established no fame by any literary production of his own, and who is only known by carping at the doctrines of others, holding a higher rank in the profession than himself. The publication above alluded to has stood the test of criticism, and has received the universal applause of all those, whose proper province it is to report the different works that issue from the press, of which the reader may be satisfied by looking over the short extracts inserted below.*

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* "This is a judicious compilation of facts from the best writers, which may be perused with great advantage by students, because the different subjects are treated with brevity and perspicuity. The author has chiefly followed Dr. Cullen in his classification of diseases and in his text, but he is by no means a servile copyist, for he has abridged with judgment, has added modern opinions and discoveries, has frequently introduced the result of his own experience, and his performance thus becomes a useful compendium of the present state of medical practice."

Monthly Review for June, 1802, p. 183.

"The style of Dr. Thomas is clear and unaffected, and the arrangement of his work sensible and convenient. Books of this kind, when properly executed, containing the opinions of the best writers on the several diseases, abridged and placed together before the reader, may serve for occasional reference to refresh the memory, and save the trouble of turning over numerous volumes; they may be useful also to students, or to persons whose avocations do not permit them to consult more elaborate treatises."

British Critic, vol. xx. p. 397.

"We have read this work with great satisfaction, and think it a concise, but judicious abstract of the Practice of Medicine. The author's description of diseases is clear and characteristic, his remedies appropriate and well chosen. His description of the yellow fever is peculiarly accurate."

Critical Review for August, 1804.

It has also been highly approved of by many physicians of the first eminence, as being a concise, but accurate compendium of the present state of medical practice, well calculated to guide the young practitioner, and even occasionally to remind those of long standing on points which may have escaped their recollection.

No doubt there are some physicians among your numerous readers and correspondents, who, from a residence in the West Indies, may be well acquainted with the nature of the Cachexia Africana, and therefore I beg leave to request the favor of their sentiments on this disease, through the medium of the Medical Journal; if my own are erroneous, I am open to conviction.

I am, &c.

Guildford, Surry,
Dec. 28, 1805.

ROBERT THOMAS, M. D.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Was pleased at seeing some remarks of Dr. Kentish, on the use of ol. terebinth. in burns, in the 81st Number of your valuable Journal. I do not think that his mode of treating these miserable cases is sufficiently known or properly appreciated; and I must say, that I think every medical man, who wishes to assist his patients in the best and most effectual manner, ought to possess Dr. K's book. Fire is the most powerful stimulus with which we are acquainted. I suppose that most of your readers have read Brown as well as Darwin, and of course will immediately see, that when a powerful stimulus has been applied for a sufficient length of time to produce its proper

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"A treatise nearly universal in its object, has been particularly desirable, and Dr. Thomas having had opportunities of actually observing the diseases and practice of different countries, but especially those of hot climates, and being conversant with the writings of our best modern authors and teachers, may be considered as well qualified to undertake so important a task.

"We think he has acquitted himself in a manner highly creditable to him, as a man of research and as a practical physician, and that his work deserves to stand high in the catalogue of this kind of compilation."

London Medical Review, Vol. viii. No. 37.

proper or natural effect, and is then suddenly withdrawn, indirect debility is the consequence. They must also be aware that the Brunonian method of preventing or curing indirect debility, is to begin with a stimulant next in power to that which produced the disease, or diseased tendency; and gradually to reduce the excitement, by stimulants less and less powerful, down to the degree of health. This appears to me to be the most simple view of the subject; but this *alone*, is not sufficient to indicate the proper mode of treatment in cases of burns and scalds; for it would lead to the employment of *external* remedies only. It is then farther necessary to consider the skin as an organ of sense, and as sympathising very powerfully with the head, stomach, &c. In cases of burns and scalds (where the injured surface is sufficiently large to affect the whole system) there is manifestly that state of reverse sympathy, so beautifully explained by Darwin; that is, in proportion as the excitement of the surface is plus, that of the heart and arteries is minus; and, unless the excitement is balanced, there will be great danger of death. It is, for this reason, necessary to employ powerful *internal* as well as external stimulants, and to begin with the former. I am sure that practitioners in general do not know how much they are indebted to Dr. Kentish for his happy and successful application and elucidation of these theories; and yet they must all have, at times, seen how extremely untractable burnt wounds are, when the vessels of the part (after having been for some time in a state of indirect debility), by their connection with the system at large, acquire a new and diseased action, producing a fungus difficult to keep within bounds, (especially where a bandage cannot be applied) and little or not at all disposed to cicatrize. A few weeks ago, I was requested to see a child about two years and a half old, who had above one quarter of his surface scalded by boiling water; that is to say, the whole of the right arm to the extremities of the fingers; across the shoulders half way down the scapulæ and to the roots of the hair; the whole of the right cheek and ear; some part of the throat, and almost the whole of the right breast; the axilla and part of the side. Scraped potatoe and linseed oil had been applied, which were not removed without difficulty. The cuticle was entirely off the upper arm and across the shoulders, and large blisters had risen on several other parts of the scalded skin. I immediately gave the child the fourth part of a mixture, containing tinct. opii gtt. XL. and spirit my-

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rist. ʒvj. (which was repeated at first every fourth and then every sixth hour). I then washed the whole surface with ol. terebinth; at first I used it cold, but perceiving that it occasioned uneasiness, and being at the same time aware that it would be much better warm; it was heated, by putting the phial in a bason of hot water, and it then seemed to occasion no uneasy sensation at all. The wounds were then covered with plasters of ung. rezin flav. softened with ol. terebinth. which also were warmed before they were applied, for these gave pain if applied cold. The first twenty-four hours, spirit and water were given to the child; then wine and wine whey were substituted, and the spirit myrist. was discontinued in the mixture. The dressings were not removed till the next day, when they were renewed exactly as it first; but on the third day almost the whole surface (where the cuticle was removed) was covered with a thick case of pus. Two or three places near the axilla, where it was impossible to prevent friction and to keep the dressings evenly applied, had not suppurated, and these were the last to heal. To these ung. terebinth. was applied, but to the general surface the cerat. lapid. calamin.* On the fourth day, when the dressings were removed, part of the thick case of pus came away in several places, exposing a surface beautifully red, covered with a semi-transparent white film, which proved to be new cuticle. There was a compleat desquamation of the cuticle from the whole of the scalded parts, where it was not at first removed, leaving a new but rather irritable cuticle beneath. Finding on this day a copious discharge, I ordered a brisk cathartic, which was occasionally repeated, and which probably accelerates the skinning process by occasioning absorption. In fine, the wounds healed with a rapidity truly astonishing; all except the parts which did not (from friction, &c. as beforementioned) suppurate so soon as the rest. The accident happened on the 14th of last month; my patient has been long since perfectly well, without any scar or inequality of skin remaining. This account will not be compleat without

* It is right to remark, that the cerat. lapid. calamin. is very apt soon to become rancid, when it is an irritating instead of a mild application. To prevent this, it should be frequently made, and not put into a rancid pot. Some of your readers may not know, that a rancid cerate pot may be made perfectly sweet by filling it with small sea coal, pouring upon that as much boiling water as it will then contain, and letting it stand a few days.

without the following remark; that during the first four or five days, a small degree of febrile action was kept up by the internal and external stimuli.

In the eighty-second Number of the Medical and Physical Journal, there are some remarks of Mr. Hall, on the screw tourniquet. I think Mr. Hall has not understood the old screw tourniquet, for he says of two of the rollers of the lower plate, that "they have always been totally unnecessary." I have a screw tourniquet, I suppose twenty years old; it has two rollers on each side at the bottom, and one on each side at the top. The two inner rollers at the bottom, are of use to prevent the friction of the tape against the under plate: a design, of which Mr. Hall does not seem to have been aware; for, in his engraving, the tape is made to pass immediately in contact with the under plate, where the friction must of course be considerable. His design may, however, be easily accomplished, by making two additional rollers at the bottom as well as at the top of the tourniquet. The principal use of this alteration, I conceive, will be in the power of more *instantaneously* relaxing the band after the principal vessels are secured; by which means the smaller vessels which may require a ligature, will be more easily detected by their greater disposition to bleed, from the sudden impetus of the blood.

As every little circumstance in a thing of this sort may be of consequence, I will just remark, that the buckle upon Mr. Hall's tourniquet is not the best for the purpose. The spindle of the buckle upon my old tourniquet, is made much nearer the side to which the band is fastened, and the tongues are of course longer, by which contrivance there is sufficient room for the *points of the fingers* to pass with the band through the buckle.

I am, &c.

Cheshunt, Dec. 31, 1805. E. HARROLD.

P. S. I am much obliged by the correct manner in which my drawing of the fracture machine has been executed in your last Number, which I have just received. I think an engraving of the one done in perspective, mentioned in pages 12 and 14, might give a better *general* idea of the thing, (though the different parts are not, and indeed in that way could not, be done by measurement) to persons who may not have an opportunity of seeing the machine itself, which is now at the London Hos-

pital. In cases of fracture of one thigh only, the other limb may be laid upon the bottom of the other fracture-box, without any splint except the outside thigh splint, (which will be necessary to keep the limb in its place, and to fix the strap from the other outside thigh splint) and passing a bandage a few times round the small of the leg and its support below the button 2, fig. 3. The wool compress for the bottom of the fracture-box should be fitted to it, when the joint A, fig. 3, is bent to a right angle; and excepting at the two extremities, the thread which fastens it to the box should not go *through* the compress, but take hold of the *under side only*. To make the compresses sufficiently soft, the wool should be at first pulled out with great care; and to save expence, after they have been used, the wool may be washed with soap and water perfectly clean, and when dry and combed will be as good as at first.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Was very much pleased to see in the Journal for this month, Mr. Whitlam's Case of Epilepsy cured by the Galvanic process, for which he has my best thanks. Having for above a year back paid a good deal of attention to that discovery, and having constructed a very powerful Galvanic trough, I have tried its effects in a great variety of cases, and in many with very satisfactory results. If you think the following cases worth your insertion they are at your service. I beg to make my acknowledgements to Mr. C. Wilkinson for his excellent work upon the subject, from which I have received great assistance, both in the construction and application of my machine. So powerful an agent as Galvanism in my opinion is, deserves more attention than has hitherto been paid to it, in its application to the healing art, and therefore I should be very happy if many more would contribute the results of their experience through the medium of your excellent Journal. At present we are as it were only feeling our way, for its proper application. I am fully convinced by experience of its utility in many cases, and am also convinced it may

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do injury in others; but what article of the Materia Medica, of the powerful class, will not do the same if abused?

In chronic rheumatisms in elderly people of an old standing, great relief has been experienced. Indolent tumors of various descriptions have been in some cases totally removed, and in many others much lessened by its application, which encourages a perseverance in its use. The two following cases of *Gutta Serena*, I hope, will however not be deemed uninteresting; as far as I know, none have been published. In cases of deafness I have had but little experience, though from analogy, I should suppose it would be useful in many cases. I tried it with one old gentleman, but as he found no benefit after trying it two or three times, he came no more; but I do not consider this a fair trial.

Case I.—Joseph Haley, ætat. 43, of Hunsworth, by trade a farmer, applied to me about two years ago, for a dimness of sight in both eyes; the left was the worst, the pupil of that eye was more dilated than the right, and the expansion of the retina at the bottom of the eye, had a dull whitish appearance; he could see a little with the right eye, but on shutting it he could scarce tell day from night; he complained of a dull pain in his head, and slight pains on moving his eyes; to use his own expression, *quite at the bottom of his eyes.* His health was tolerably good, his bowels however rather confined; the nasal discharge was unusually trifling, and he said had been so, as far as he could recollect, for several years. He imagined that his eyes had received some injury from spreading lime upon his grounds. I gave him a brisk purgative, and the following errhine snuff:

R. Hydrargyri vitriolati ʒß. pulv. hellebor. alb. ʒj. pulv glycyrhizæ ʒjß. M. cujus parv. (usquè gr. vj. vel viij.) in nares attrahantur quotidiè, vel bis in die si opus ferat.

I saw him again in about a week; he said he found his head much relieved, and his right eye a great deal better, the left not worse but nearly the same. I saw him no more till August last; his wife came over to me about the middle of the month, and informed me, that he had totally lost the sight of his right eye, and wished me to prescribe something for him. I told her that I rather wished to see him first; and as I had to galvanise some other patients the next morning, I directed him to come at a certain hour. On his arrival, led by his wife, he seemed very low

spirited. The pupil of the right eye very large and insensible to the light of a candle, but he could still with the left distinguish day-light. I placed him under the influence of the Galvanic fluid for about twenty minutes; and on his rising from the chair, he told me he thought he saw me move on the floor. I directed him to attend again the next day but one; he then informed me that he certainly saw more light, and he had a sensation of flashes of fire frequently before his eyes. He continued attending every other day for some time, and every time shewed evident improvement, the iris contracting more considerably every day. After the fifth time he was able to walk over here alone, though with some difficulty; the sixth time of his attendance, on his arrival I happened to be operating upon a gentleman who had had a violent attack of hemiplegia, who came to my house in a gig; the day being warm the horse was hung to an iron ring near my door, and Haley sat near it with the door open; I was agreeably surprised to hear him call out, Mr. B. your servant must attend to the horse, or the reins will be broke; he has got loose, and is treading them under his feet. I immediately went to the door, and found the man was in the right, to my no small satisfaction. He attended in all twelve times; the last time he said he could see as well as he ever did, but as he was come he would have another bout. I heard from him lately and he continues very well. I gave him no medicines whatever, wishing to give Galvanism a fair trial. I do not call in question that it may be occasionally assisted, but as from the first he seemed to receive so much benefit, I did not make use of any collateral aid.

Case II.—John Bradshaw, ætat. 45, of Wibsey Low Moore, husbandman, had the misfortune to lose his left eye by the small-pox, when a boy; he applied to me in June last, as his other eye was nearly quite dark. On examining his eye, I found the pupil very large and nearly insensible, the iris itself seemed to be diseased; whether it was the complaint understood by the old term *Mydriasis*, I did not know, but I was convinced there existed an almost total paralysis of the optic nerve, and therefore recommended Galvanism, which was used every other day for near five weeks, and the result was equally satisfactory with the other case; the iris also (whether from increased absorption or what cause else, I do not wish to enter into) assumed its proper appearance, and the patient sees now very

very well. I could give many more cases, but let these suffice for the present; my reason for giving the later in point of date first, was, because I think it the more striking.

I shall just observe, that to so delicate an organ it is most proper to begin very gently, and increase the power as the patient can bear it. My trough contains about 1280 square inches of metallic surface; at first I did not use above four or five pair of plates; and drew the shocks principally through the superior and inferior orbitary foramina, and next to the outer and inner canthus. After some time, Haley bore about twenty-five pair of plates without much inconvenience.

The quantity of muriatic acid Mr. Whitlam made use of seems larger than what is generally recommended. Mr. Wilkinson, I think, recommends one ounce to a pint. If I mistake not an ingenious lecturer at Sheffield uses only one-thirtieth. The result of my experience is, that with my machine one-twentieth* answers better than if it is either stronger or weaker.

Fulneck, near Leeds,
Dec. 29, 1805.

I am, &c.
J. WAIBLINGER.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

A Man was admitted into the Kent and Canterbury Hospital with a violent contusion upon his loins, occasioned by a fall from the roof of a coach during a state of ebriety; the consequent ecchymosis extended entirely over the lumbar region and nates; he complained of most acute pain in the lower part of the abdomen, and ejected from the stomach, frequently, large quantities of dark green fluid; the vomiting was increased by any fluids taken into the stomach; his pulse was quick and weak; the skin hot and dry, accompanied with great thirst; his countenance particularly expressive of fear and despair. Not having evacuated the bladder for some time previous to

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* I mean one ounce of muriatic acid to twenty ounces of water.

to the accident, nor since his admission, which was eight hours after the fall, a catheter was introduced, by which means a small quantity of healthy urine was discharged, but the last drops which escaped upon withdrawing the catheter were of a dark bloody hue. From this he appeared somewhat relieved, but all his sufferings very soon returned; twelve ounces of blood were taken from the arm, saline effervescing draughts, and fomentations to the loins and abdomen were ordered; the warm bath was used, and cathartic enemas were administered. The catheter was again introduced, and half a pint of bloody urine removed, which did not relieve him as in the morning. An elastic gum catheter was allowed to remain in the bladder, that the urine might flow off as fast as it was secreted; the retention of it, in the bladder, appeared to increase his uneasiness considerably, and therefore it was withdrawn early in the morning.

On the following day, his symptoms were increased, he was evidently weaker; the abdomen was now much swollen, and extremely painful to the touch; he could lie only on one side; any thing taken by the mouth occasioned vomiting. He expressed a wish to repeat the warm bath, having found himself on the first day easier when wholly immersed in it; the glyster was also repeated, and he took two grains of opium every four hours. He had some rigors in the day; in the evening I found him very low, delirious, but in less pain; some brandy and water, for which he asked, remained upon his stomach, and he took the saline draught again at bed time; nutritive broth glysters were injected; a catheter was again passed, but no water discharged; about two o'clock in morning he died. Upon inspecting the body, the intestines in some parts were highly inflamed, the peritoneum in the hypogastric region, from the umbilicus to the spine and around the pelvis, was of a dark livid hue; the bladder, which was collapsed, was found ruptured at the fundus, and the aperture would readily admit four or five fingers; a vast quantity of bloody fluid was effused into the cavity of the abdomen; the other viscera appeared perfectly healthy; the stomach and gall bladder were contracted, the latter was nearly empty.

Since the above case occurred, Mr. Irwin, Surgeon to the 4th Dragoons (Royal Irish) had the goodness to communicate to me a similar case of laceration of the bladder, which came under his care when in Ireland.

A soldier,

A soldier, intending to rest himself, placed the handle of a large wooden mallet, with which he had been working, on the ground; then seated himself abruptly on the opposite end; this suddenly slid down, and the handle was forced through the rectum into the bladder; no urine whatever was voided by the urethra, but passed freely through the wound; and in consequence of extreme irritation, he died on the second day after the accident.

Upon examining the body, the rectum and inferior parts of the bladder were found lacerated, and a small quantity of urine had escaped into the abdomen, where it had occasioned much inflammation. It may not be improper to remark, that the subject of the first case was, the day he met with the accident, discharged from the Naval Hospital at Deal, having partial paralysis of the lower extremities.

Mr. T. S. aged twenty-seven, of spare habit, has been the subject of hernia (entro epiplocele) for five years; the intestine he could at all times return with ease, but the omentum was irreducible. On the evening of the 7th of March, after a little exertion, the truss being improperly applied, the intestine came down; he that day paid but little attention to it, in the hope that he should, as usual, be able to return it when in bed; but this time his endeavours were unsuccessful. In the afternoon of the following day, he suffered considerable pain in the tumour, accompanied by great sickness and vomiting; he then requested my father to see him, who immediately bled him, and endeavoured to return the rupture, but without effect. Aperient enemas were ordered, he took calomel and cathartic extract; a small quantity of fæces, evidently only such as had been lodged in the rectum, were discharged; the vomiting of dark bilious matter continued, attended with great pain and most distressing sensation of stricture in the direction of the diaphragm. Large doses of digitalis were given, and opiates combined with purgative clysters, which procured some ease; the taxis was continued for some time without success; he was put into the warm bath, where he remained till syncope was produced, at which time the efforts for reduction were again employed, and continued three-quarters of an hour; as no success attended these means, cold applications were next had recourse to, but without effect; and the vomiting continued.

It was now conceived that the tobacco injection, or the operation, were the only remaining means on which any reliance

reliance could be placed; and whilst the preparations were making for the purpose, it occured to me, to try the tinct. ferri muriat, which has been recommended by Mr. Cline in cases of spasmodic strictures; I gave him thirty drops every quarter of an hour in barley-water; this appeared to relieve the sickness, in some degree; I again tried pressure, and in about thirty-five minutes from the first exhibition of the tincture, the intestine returned. I feel at a loss to explain the modus operandi of this medicine; its good effects, in cases of spasmodic strictures of the urethra, have indisputably placed it above all other remedies which have been employed for their removal; shall we say, that it operates in a similar manner upon hernia when strangulated? Can a spasmodic affection of the muscles of the abdomen produce such a strangulation? And are we to consider this remedy administered in full doses as an antispasmodic?

All medicines capable of producing nausea, have been considered as producing antispasmodic effects; and, in this way, it has been attempted to explain the operation of large and frequent doses of tinctura ferri muriat in spasmodic strictures.

Without intending to controvert the general position, I shall only notice that the dose recommended by Mr. Cline, is only ten drops every two minutes; that in the preceding case, I administered thirty drops every fifteen minutes; that the sickness was alleviated by it. Now, if we suppose the former dose to act by producing nausea, we shall be at a loss to explain, how it came to pass, that the latter dose checked sickness. Thus I find myself under the mortifying necessity of remaining content with a knowledge of the good to be derived from this medicine, without being able, sastisfactorily, to account for the way in which it acts. My motive for using the tinct. ferri muriat, was to preclude the necessity of having recourse to tobacco injections, which always produce such a train of unpleasant symptoms and horrid sensations to the patient, that it becomes the duty of every medical practitioner to endeavour, if possible, to supersede its use.

I shall now only add, that two days after the reduction of the intestine, the previously irreducible portion of omentum receded perfectly whilst the patient was in bed, without any efforts having been made to accomplish it. This shews it was not adherent, and that its bulk and form,

form only had prevented its return; these were diminished by the relaxation and emaciation, consequent on his confinement.

I am, &c.

Burgate-Street, Canterbury,
October 15, 1805.

W. CHANDLER, Jun.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN my last communication, I made a few remarks on Dr. Rowley's ox-faced boy; in my present I propose to give a short account of his mangey girl. These two elegant and delicate portraits, to use the language of Dr. Rowley, grace the head of his tract, and serve as a double frontispiece. The latter, as well as the former, is a bare-faced imposition; on which the following motto should be inscribed, *Fronti nulla fides.*

It is a little remarkable, that in the first edition of Dr. Rowley's publication, the face is represented free from blemish; but in the second edition, there are ulcerations on the face; and it is probable that in time we shall see them spread over the whole body. Hence it may appear to the public, that the disorder is worse than when the first edition of the pamphlet was published. This, however, is far from being the case: on the contrary, there is not at present a single sore remaining. Even at the time when Dr. Rowley saw her, she had none on the face.

According to his statement, she was vaccinated in April 1803, and the complaint in question did not appear till June 1804. Had it been occasioned either by the cow-pock, as Dr. Rowley supposes, or by any other disease communicated at the same time, it is impossible it could have lurked in the habit so long. It was, in fact, neither more nor less than a case of scald head; which, not being properly treated in the beginning, spread over several parts of the body, where the matter was applied; a circumstance which is extremely common. In consequence of this, swellings took place in the inguinal glands, which still remain. This case therefore, as well as the former, is evidently scrofulous.

Dr. Rowley says, the child was a mere Lazarus, covered all over with sores and disease. He takes care to inform his

his readers that he is prescribing for her his *mineral alteratives*; but he takes care not to inform them, that Mr. Beveridge, of Newgate-street, had previously been prescribing for her *his* mineral alteratives. The truth is, the child had been for some time under the care of Mr. Beveridge, and both Mr. Beveridge and the mother assure me, that all the sores, except one or two, were healed before Dr. Rowley saw her. A lodging was taken for her at Kentish Town, in order to restore her strength; and when her mother was conveying her thither in the stage, she was advised by a lady and a gentleman to shew her to Dr. Rowley. The consequence was, that the Doctor prescribed for this unfortunate, and, he truly adds, *very unfortunate*, object. In the first place, she was so unfortunate as to go through one long course of mineral alteratives; and in the next place, when reduced to a state of extreme debility, she was so unfortunate as to go through a second. Having long ago fully expressed, in this Journal, my opinion of the impropriety of giving mercurials in cases of scald head, it is the less necessary to enlarge on that subject here. I shall only observe, that many instances have verified the truth of this opinion, both before and since. The same observation may be applied to other scrophulous cases.

In the present instance, the very judicious external application employed by Mr. Beveridge, healed the ulcers. It consisted of equal parts of Ung. Hydrarg. Nitr. and Ung. Ceræ. As to the scrofulous disposition, it is the general opinion of medical practitioners, that it is not to be removed by mineral alteratives, which increase debility, but by the tonic plan; by country air, a nutritive diet, sea-bathing, bitters, and steel.

Dr. Rowley pretends, that the abscesses, in such cases as these, contain a fluid dissimilar *to* any other; and he will be able to prove, that they contain matter dissimilar *from* any others when he has proved, that a child who has undergone vaccination has *the head of an ox*; or that any one who tells such a foolish story, has not *the head of an ass*. In this opinion I am not singular. Mr. Moore, in his excellent "Reply to the Antivaccinists," alluding to the ridiculous exhibitions in Saville Row, says, "This, however, had better be discontinued; for if the young pupils hear the Doctor striving to make them believe, in spite of their eyes, the transformation of the boy; when their imaginations are once roused, they may fancy they likewise see, solemnly discoursing, that head, which the mischievous

mischievous fairy Puck so humourously clapt upon the shoulders of Bottom the weaver."

Dr. Rowley tells us he has exhibited cases of this sort at his lectures, before an audience of a hundred physicians, surgeons, apothecaries, and students. It is much to be wished, that the names of all those worthies, who countenanced such exhibitions, and impositions, were published. We should then probably see the names of gentlemen, who have emerged from their obscurity in Wapping and St. Giles's; the names of quacks, who have too long been suffered to murder his Majesty's liege subjects with impunity; and the name of a certain writer against vaccination, which shall not pollute my page. This man, I have been assured by the most unquestionable authority, was ready to commit perjury, on a certain occasion, in order to defraud a creditor, had he not been prevented.—I have been told, with some degree of emphasis, that the character of an author is of no consequence. Let any man judge for himself, what credit is due to an author, before the public tribunal, whose testimony would not be received in a court of justice. Let not the Antivaccinarian Society glory too much in this champion, who has committed so many *fundamental errors*, that no friends of Jenner, or of truth, will ever turn their backs upon him.

With respect to the formidable train of maladies ascribed by Dr. Rowley to the inoculated cow-pock, it is easy to prove that such an idea is totally destitute of reason. No such diseases are occasioned even by the casual cow-pox, which is much more severe; otherwise it would have been long since known in our dairies. It is also worthy of remark, that such complaints frequently occur in the families of the poor, where vaccination is only partially adopted; but seldom in those of the rich, where it is universally adopted. It is, indeed, the opinion of many practitioners of extensive observation, that the children of persons in the higher ranks were never so free from blemish as at this time.

The Editors of the Critical Review, in their account of Dr. Rowley's publication, condole with him, that he is "under the necessity of so repeatedly assuring the public of his long, very long, long experience in quarto and pamphlet, in Latin and English, in newspaper advertisements, and lastly on dead walls and deserted houses."—They observe, that his puffing hand-bills and advertisements, concerning his practice of half a century, are peculiarly

culiarly unfortunate, when he writes concerning a disease, which eight years ago was unknown to the profession. They also justly observe, that Dr. Rowley's intention appears to be, not to elucidate the subject, "but, as the title page informs us, rather to supersede inquiry; to promote the reintroduction of the variolous pestilence; and to inform the world, that when this pestilence shall *most desirably* rage, Dr. Rowley is at hand with a 'certain, experienced, and successful method' of combating its virulence"

The Reviewers then remark, that in this contest, "the calm investigation of truth is impeded by every means which prejudice can suggest.—The most numerous, the most respectable, and the most respected members of the profession, in their zeal for the interests of humanity, relinquished with one accord a source of unceasing emolument; and adopted a practice which demanded little of their interference, and which spread no disease abroad to require their aid. Yet they have been stigmatised as acting from interested motives, by those men, who are averse from relinquishing the advantages of a practice, that is pregnant with misery to mankind."

They further add, "the character of this pamphlet, which is coarse and most inelegant in diction, may be comprehended from these general observations. Of the vulgar prejudices with which it abounds, in regard to beasts and 'beastly humours,' which from childhood to old age afford us most wholesome nutriment, we shall merely say, *that for him who is weak enough to entertain them, we have a sincere pity; and for him who urges them before the public, not believing them, a sovereign contempt.*

"Of the occasional pious cant and hypocritical sophistry, which is equally applicable to all inoculation, nay to all human attempts to alleviate human misery, we shall say nothing. Of the *facts* we must observe, that all those which have been before published, are again brought forward, though several of them are extremely doubtful, *and several absolutely disproved*; that others rest on the authority of *Doctor Squirrel, Mr. Roberts*, and other persons equally distinguished in the profession; and that several of them are mentioned without any reference or authority at all."

"The pamphlet will, indeed *signalise* its author; but the distinction will be such as we would not willingly see conferred on our decided enemy.—We would not willingly

lingly say, " Oh that mine enemy would write *such a book!*"

The extraordinary claims of Dr. Rowley to superiority over his professional brethren, previously to the publication of his present pamphlet, have not escaped notice. I have now before me the Medical Review for April, 1802, from which it appears, that the Doctor's Treatise on the Watery-head of Children serves as a puffing advertisement, and savours so much of empiricism, that even truth itself would labour under a disadvantage, if brought forward in such a manner.

Dr. Rowley expresses a great dislike to innovations, and a great contempt for those who are less advanced in years than himself. In short, he thinks no man fit to practise physic till he is arrived at his dotage. It was not always so. Formerly the Doctor was young; then he endeavoured to disparage those who were older than himself. Now he is old; and endeavours to disparage those who are younger than himself.

In his letters to Dr. Hunter, he says, " It is an arduous task to remove prejudices, in men so self-sufficient and self-important as *some physicians are.—Men advanced in years, whose prejudices are habitual, who possess a plenitude of pride and practice,* have little time for reflection.—Endeavours of this nature are treated with supercilious contempt. *Any desires to improve the art, frequently excite envy in proportion to their merit; and are illiberally termed innovations.* They meet with every opposition which artifice can invent, or medical grimace furnish.

" I could produce several instances of the most exalted characters, who have been persecuted and detested by the faculty, for what has rendered their names immortal. I scarcely know any improvement in medicine, which has not met with strong opposition. It is a melancholy reflection, that a man should incur the displeasure of the members of his profession, for those very inventions, which merit the approbation and esteem of all mankind. Let us reflect for a moment on the fate of Vesalius and Harvey, and the introducers of chemical remedies, bark, antimony, and mercury; not to mention the unmerited opposition to your own discoveries in the lymphatic system."

" The common modes of practice are frequently so inadequate to the obstinacy of some diseases, that I am disposed to think, every rational attempt to improve our art is laudable.—We should always recollect *how much we*

pretend to, and how little we comprehend, in the immense fields of medical science."

Here the Doctor was sensible, that there were persons in the world, who pretended to much more than they understood; and he was ready to include himself in the number. But it must be recollected, that he was not then "*a public lecturer on the theory and practice of medicine, excluding false systems, &c. &c.*"

In the Introduction to his Treatise on Sore Legs, he tells us, "prevailing prejudices are there censured, not perhaps with that degree of complacency, which readers of a certain class expect. Men habituated to a faithful and implicit observance of old doctrines, however false, bear with impatience any attempt to convince them of error. Accustomed in infancy to receive resemblances for realities, and opinions without demonstrations, and having passed, perhaps, a long life in error, *they are exasperated by an overthrow of their favourite systems.* The mysterious oracles of indolent tranquillity, and *specious deception,* must not be profaned with impunity by the sacrilegious hand of innovation:

Namque hoc tempore
Obsequium amicos, veritas odium parit.

"The more successful any improvement is," continues Dr. Rowley, "with so much the more fury it is opposed; as the history of medicine fully testifies, in the examples of mercury, bark, antimony, *inoculation,* &c. Every instance of an extraordinary cure reflects dishonour on the unsuccessful; and rarely fails to excite *in envious minds, private opposition, at the expense of honour, integrity, and truth.*"

On this occasion, the Doctor seems to have been quite a prophet. He has exactly foretold the part he was to act. We have not yet forgotten the report of the child of a wine merchant in Bond Street. The Doctor informed an anatomist, that this child died the preceding night of vaccination, when, in reality, he had died three weeks before of a watery head. This is one of the false reports noticed in my Treatise; and the refutation of it, as well as of many others in that work, is sufficient to prove the falsity of the assertion, so often repeated by the opponents of vaccination, that the friends of the practice had never instituted any inquiry, in order to ascertain whether their opinions were well founded or not.

Another

Another report propagated by Dr. Rowley, proved a considerable obstruction to the practice. This was concerning a child of Mr. Bignol, at the Wine Vaults, in the Broad Way, Westminster. It appears to be the thirty-first case alluded to by the Doctor in his pamphlet. He there says, "the child had a putrid malignant fever, and died of an universal gangrene." He takes care, however, not to tell the whole truth; otherwise, he would have told us, *that he never was inoculated for the cow-pock, but for the small-pox; that he had a confluent eruption, and died under his own care.*

About four years ago, I introduced Mr. Woolriche, Surgeon of the Naval Asylum, to Dr. Hooper, at the Marybone Infirmary; who offered to shew us the wards. Dr. Rowley, happening to arrive at the same time, accompanied us. Soon after we had entered one of the wards, Dr. Rowley abruptly introduced the subject of vaccination, and said, "If I were to tell Ring of a thousand cases of the small-pox after the cow-pox, he would not believe them." To this I replied, that "I should not believe them without better authority." One reason for this was, that I knew Dr. Rowley had not paid much attention to the subject, and did not understand it.

He then related the case beforementioned, as one instance of the cow-pock proving fatal. I asked where the parents resided. This he refused to answer. I then asked, who was the surgeon that vaccinated the child. He replied, "He should not tell me that. The surgeon had already been punished sufficiently; and had suffered much in his business and reputation." I then inquired, whether there had been any eruption. He replied, "there had been an eruption all over the body." I told him, this was a proof that the disorder was not the cow-pock. He said, he knew it to be the cow-pock, because it was black. I observed, that the arm might well be black, when in a state of mortification. He observed, that by looking into Dr. Jenner's publication, he saw the cow-pock was black. This, I informed him was a mistake. I then asked him, where the matter was obtained. He replied, "*Why, to be sure, the matter was obtained from Mr. Sutton for small-pox matter.*" This, I remarked, was fatal to his argument.

Having learned from Dr. Jenner, long ago, that Dr. Poignand, or Dr. Bradley, could inform me where the parents of this child lived, I called on Dr. Poignand soon after Dr. Rowley's pamphlet appeared, in order to investigate the case; and he accompanied me on the occasion.

Mr. and Mrs. Bignol told us, that their child, and a child of their partner, had been inoculated at the same time, by Mr. Braid, then residing in the Broad Way, Westminster, but now in Northumberland Street, Strand. He was desired to inoculate the children for the small-pox; and they had not entertained any doubt of his having done as he was desired, till Dr. Rowley was called in, who declared that they were inoculated with the cow-pock.

This was the more extraordinary, when it is stated, that both children had a confluent eruption. The partner's child had that species of small-pox called purples, yet recovered; contrary to Dr. Rowley's prediction, who declared it was impossible. Mr. Bignol's child, he said, might recover; but it died.

I have inquired the particulars of these cases of Mr. Braid; who declares that he inoculated both the children with the small-pox, and that they both had the confluent disease. He says, he had the matter, not from Mr. Sutton, but from Mr. Hanbury. Mrs. Bignol positively asserts, that her child's arm did not mortify, as stated by Dr. Rowley.

As a proof that the matter was not vaccine, Mr. Hanbury assures Mr. Braid, he took it from one of his own patients; and at that time he had not commenced vaccination.

This recalls to mind a false report of a similar kind, propagated by a medical man, concerning his own practice. When two of his patients, whom he had inoculated for the small-pox, had the natural disorder afterwards, he wished to transfer the blame to vaccination; declaring that he had inoculated them with cow-pock matter. Finding he could not justify his assertion, and knowing that vaccination was not practised at the time, he has since denied his words. Mr. and Mrs. Lowe, of Charles Street, Westminster, can verify the truth of this statement.

Such are the falsehoods and misrepresentations, by which the public have been deluded, from the commencement of vaccination to the present hour. Dr. Rowley enables us to account for this. In his Treatise before-mentioned he says, '*Improvers of arts are commonly treated with ingratitude;* and although mankind privately avail themselves of discoveries, *they commonly abuse the inventors. Calumny and detraction have been, and probably ever will be exercised, against every attempt to improve medicine; particularly in large cities, where men frequently become jealous competitors for extensive practice.*

Dr.

Dr. Rowley now looks with contempt on those who are younger than himself: formerly he looked with contempt on those who were older. He now reverences a hoary head; but, as far as we can judge from his writings, he never reverenced a hoary head, till there was a hoary head upon his own shoulders. He now tells the world to consider, whether impetuosity and youth are to be put in competition with hoary age. He asserts, that those who have had *the longest experience,* must be better qualified to judge on all important professional questions, than those who have had only ten or twenty years practice; hinting at the same time, what he is yet to prove, that there are old men whose intellects are vigorous and unbiassed; and that young men do not possess the same sort of mental powers as the old.

He did not always entertain this opinion. In his Essay on the Sore Throat, he says, "Experience alone, for ages, scarcely improved physic; nor does *the longest experience ever form a great physician. Old age often rivets the fallacies driven into the juvenile mind.*"

In the Introduction to his Memoir on "the Causes of the great Number of sudden Deaths amongst Adults and Children in Putrid Scarlet Fevers, &c. he says, '*It is a notorious fact, that many of the faculty grow white-haired, and bald-headed, in errors and prejudices; and when these die, there are others who are become grey-headed under the former professors.* These step into the cathedra, or professor's chair, and pursue the old beaten tracks; without ever reflecting that they are erroneous, or capable of improvement; and even if they perceive errors, they are too indolent to expose or attack them, but leave that task for those who follow in succession.

"*If, however, a man should not have sufficient penetration to discover, early in life, the defects of the medical art, and if he possess not a warm desire and spirit to remove them, he never will, in old age, attack, much less defeat, the hydra-headed monster of hereditary prejudice.*" "Hence," Dr. Rowley observes, "it is easy to see, whence, and by whom, improvements, however important, have been and are opposed." In the Introduction to his Essay on Sore Throat, he says, "The most important discoveries, which have elevated the medical art to its present respectability, have frequently been introduced *amidst the fury of party, and the hissings of envy.* A professional man, therefore, who has penetration to detect, and courage to expose error, or intrude new doctrine, however meritorious, has no

more right to expect confidence or candour, than his predecessors."

This, it must be confessed, is a very candid and honest declaration; and it will not be the fault of Dr. Rowley and his friends, if it be not verified in the present instance.

> " Envy will merit, as its shade, pursue,
> But like a shadow, proves the substance true:
> For envy'd wit, like sol eclips'd, makes known
> Th' opposing body's grossness, not its own.
> When first that sun too pow'rful beams displays,
> It draws up vapours, which obscure its rays;
> But ev'n those clouds at last adorn its way,
> Reflect new glories, and augment the day."

No one who reads the preceding extracts, will be at a loss to know, why Dr. Moseley, in his " Treatise on the Lues Bovilla, or Cow-pox," abuses the followers of Dr. Jenner for not suffering him " *to prosecute his discovery deliberately in the country;*" and " *to investigate it in a quiet philosophic manner,* through a succession of many experimental years. For, as Dr. Rowley justly observes, calumny and detraction ever have been, and probably ever will be, exercised against every attempt to improve medicine; *particularly in large cities, where men are jealous rivals, and competitors for extensive practice,*

It is no wonder, therefore, that Dr. Mosely inveighs against " cow-pox wizards" and medical jugglers," for snatching the raw material from the hand of Dr. Jenner, and disseminating it far and wide; to the great annoyance of certain members of the profession, and the great injury of trade.

When such attempts are made to undermine the practice of medicine, and explode the *old* profitable inoculation, the task of calumniating the *new* is, we are told, imposed on certain gentlemen " by *imperious* circumstances." It is much to be regretted, that among others, this task is imposed on Mr. Daniel Sutton; who has either written a letter to Dr. Moseley, or permitted Dr. Mosely to write one in his name, full of compliments to the Doctor, and invectives against the friends of vaccination. This letter, which was lately published in the Gentleman's Magazine, will remain as a lasting memorial of the sad necessity to which the enemies of vaccination are reduced, of trumpeting their own praise.

I am ready to acknowledge the merit of Mr. Sutton, in reviving the cool treatment of small-pox, as practised by the Arabians and Sydenham. Whether " imperious circumstances," or choice, caused him, late in life, to recommence

commence inoculation, I do not presume to determine; but I have heard him say, it was very unfortunate for him, that soon after his retnrn to practice, Dr. Jenner published his account of the cow-pock. This expression appeared to me rather singular; nevertheless I was not willing to suppose, Mr. Sutton really regretted that this important discovery was made. Could any thing induce me to alter my opinion on that subject, it is the eagerness with which he has embraced an early opportunity of depreciating vaccination.

Mr. Sutton informed me, four years ago, that he had vaccinated forty-two persons, and that he never refused to inoculate for the cow-pock those who desired it. I am told, he has lately inoculated for the small-pox some relations of a violent opponent of the cow-pock, by whom he was recommended to the family. Whether gratitude for this favor, or any other motive, prompted him to take up his pen, or to suffer that gentleman to take it up for him, I cannot help offering him one word of advice, which is, not to provoke a controversy on this occasion. But should he despise this counsel, it may be thought necessary to draw a comparison between his conduct and that of Dr. Jenner; a comparison, which may not turn out much to his advantage. We shall then see a striking contrast between the two great improvers of inoculation; one of whom nobly and generously divulged the whole of his plan; the other divulged no part of *his* plan, which it was in his power to conceal.

I now beg leave to add a few miscellaneous observations. Mr. Moore has stated, that the younger brother of Jowles, whom Dr. Rowley calls the ox-faced boy, was inoculated with the small-pox. This is a mistake; he had the disorder in the natural way; and consequently the scrofula which ensued is the more likely to proceed from an hereditary taint, like that of his brother.

Dr. Henry Fraser has attempted to invalidate one of the cases of the small-pox a second time, which I published in this Journal. It is that of a son of Mr. King, in Printer Street, inoculated by Mr. Wachsel. Mr. and Mrs. King positively declare, that Mr. Wachsel was satisfied at the time, ordered the physic, and told them the child was safe. In opposition to such evidence, any doubt now expressed is of little avail. Mr. Ridout was also a witness to the marks remaining after the pustules; and affirms that Dr. Woodville acquiesced in the opinion of its being a recurrence of the disease.

Dr. Fraser seems to adopt the opinion of Dr. James Sims, that the cow-pox proceeds from the small-pox. Gentlemen who indulge themselves in this hypothesis, appear to be ignorant that it is not new. I long ago noticed it in my Treatise on the Cow-pox, as entertained by Dr. Turton, of Swansea. It requires, however, little reflection, to perceive the improbability of its being well founded. If the cow-pox originated from the small-pox, and were communicated to the cow by the hand of the milker, it would be as well known in Cheshire as in any other county; and be more or less prevalent in almost every part of the world.

That the disease called the genuine cow-pox proceeds from the horse, is as clearly proved as any other fact in medical science; a similar disease, endowed with a similar prophylactic virtue, having been repeatedly produced in the human subject, without the intervention of the cow. This, among other instances, has been done by Dr. Sacco, of Milan, who was before sceptical on the subject, in the presence of several medical men, assembled for that purpose; one of whom was a friend of Dr. De Carro. Matter of this kind has been transmitted to Dr. De Carro, and to Dr. Friese of Silesia; and has also succeeded in their hands. They now inoculate indiscriminately with equine or vaccine matter; and with equal affect. One of our Medical Journals, some months ago, announced, that another practitioner in Germany had also succeeded in an experiment with equine matter.

Dr. Sims also hazards an opinion, that the spurious cow-pox is the chicken-pox transfered from the human subject to the cow. This hypothesis rests on no better foundation than the other. The spurious cow-pock, in some instances, appears to be the effect of cold; and might be called a chilblain with as much propriety, as the affection which commonly goes by that name. The favus, when it happens on the face, and the vesications behind the ears, often arise from the same cause. I have seen this complaint on the nipples of cows every winter since the practice of vaccination in the metropolis commenced. One cow, at Camberwell, has had the disorder three years following, about the month of November. The last time it was more violent than on either of the former occasions. As to the duration of the disorder, that depends on different circumstances, such as the weather, the treatment, and the degree of injury occasioned by the hand of the milker.

Dr. Jenner, in the first part of his "Inquiry," observes, that pustules of this sort frequently appear on the nipples of cows, but particularly in the spring, and when they are suckling their young.

Dr. Sims, after offering his conjecture, that the spurious cow-pox originates from the chicken-pox transfered to the brute animal, says, "this supposition easily accounts for a number of the failures recorded of vaccination, which have arisen from not accurately distinguishing one kind of pock from the other.

That the matter of the spurious cow-pock is incapable of preventing the small-pox, is allowed on all hands; it is therefore of little consequence from what source it originates. But by referring to the failures of vaccination which are on record, it will appear evident, that the matter in general was not procured immediately from the cow; and that they are not to be accounted for in this manner.

In the Medical and Chirurgical Review for January, Dr. Woodforde has published what is there called, a case of small-pox after casual cow-pock fifteen years before. Dr. Woodforde tells us, that when infected with the cow-pock, she had several eruptions, or pustules, in different parts of the body, which have left pits or cicatrices. This corresponds much more with the idea of the chicken-pox than that of the cow-pox. Mr. Giffard, of Gillingham, long ago, informed us, that *in some places, the chicken-pox, or swine-pox, is called by the lower orders of people the cow-pox.* He says, *there are two kinds of cow-pox; one is attended with eruptions on the skin in general, and sometimes produces pits; the other is a disease confined to the hands.* This induced me to make the following observations in my Treatise on the Cow-pox, p. 45. "From the preceding accounts it must appear evident, that several cases of cow-pox, inserted in the different Journals and Magazines, were of the spurious kind. In that published by Dr. Hooper, in the London Medical Review for July, 1799, we are told, the patients had eruptions on different parts of the body; whereas those of the genuine disease are local."

It must be acknowledged, that a cow-pock may be excited in any other part of the body, besides the hands, in consequence of the insertion of matter; but I do not recollect any authentic instance of the disorder, in which it bore the character of that described by Dr. Woodforde.

It

It is reasonable to suppose, that when the vesicles in the true cow-pox are ruptured by friction, the matter which is secreted undergoes a gradual change, and that it is capable of producing a disease, when it is no longer capable of preventing the small-pox. This is agreeable to the opinion of Dr. Jenner, who observes, that a person who milks a cow one day may receive the genuine infection and be secured, and that another person, who milks the cow the next day, may still be liable to this dreadful distemper.

Dr. Jenner very properly says, "what confusion should we have, were there no other mode of inoculating the small-pox, than handling the diseased skin of a person labouring under that distemper in its advanced stage?" It is well known, that when variolous matter has been taken at this period, and inserted, the most violent inflammation has ensued, attended with abscesses and eruptions; yet the patient has still proved susceptible of the small-pox.

This woman, it seems, was so confident of her security from the contagion, that she had never hesitated visiting any person labouring under it; and, in fact, she had repeatedly done so with impunity. This, together with other similar instances, appears to countenance the idea of a diminished susceptibility of variolous infection.

Dr. Woodforde remarks, that the foregoing case, together with some other of the same kind, must certainly arrest the attention of every impartial person, and excite some suspicion of the permanent preventive power of vaccination. A similar doubt of the permanent preventive power of the small-pox was long ago expressed by Dr. Adams, in his Treatise on Morbid Poisons; and this doubt also is countenanced by a number of cases equally strong.

Dr. Woodforde observes, that in forming principles of any kind, inattention or indifference on one hand, or sanguine bigotry and enthusiasm on the other, must be equally adverse to success. On the present subject, he fears we have most to apprehend from the latter; and Dr. Rowley is of the same opinion.

In the same Number of the Medical and Chirurgical Review, is an Extract from the Minutes of the Committee of the Vaccine Pock Institution, in which is the following remark. "In this case we have a proof of what has been already asserted at this Institution, that variolous matter can exert its agency upon the constitution, at a period of the vaccine process in which it has been supposed that the variolous insusceptibility has been produced. But it seems reasonable to conclude, that the anti-variolating process

is

is of several days duration." In one case there adduced, the eruption of the small-pox appeared on the thirteenth, and in another on the fifteenth day. In my Treatise on the Cow-pox, I long ago gave an account of its appearing at a much later period.

When speaking of Dr. Henry Fraser's publication, I forgot to mention one remark of his, which is rather singular in any man who attempts to write on the subject of vaccination. After giving his opinion in favor of a second inoculation during the progress of the first, he says, it appears to him that Mr. Pearson was the first who ever made such an experiment; and that he discontinued it in compliance with the opinion of some eminent vaccinators, who unreasonably suggested, that it might prove inimical to the establishment of the practice; and because, like a true philanthropist, he was unwilling to offer any impediment to the progress of so beneficial a discovery.

I cannot but be a little surprised, that Dr. Fraser should so readily suppose Mr. Pearson to be the first who made this experiment, without giving some reason for that supposition; and without noticing any of the authors or other practitioners who have done the same. It is well known to those who are conversant in the history of Vaccination, that the most eminent inoculators have occasionally practised it from an early period; and that it was even practised in the old method of inoculation. Mr. Bryce particularly recommended it four years ago; and Mr. Hugo, who had long practised it, has since recommended it also.

Mr. Pearson spoke to me on the subject, about fifteen months since. I know not who may be the eminent vaccinators alluded to by Dr. Fraser; but I am one of the humble vaccinators who suggested what Dr. Fraser deems so unreasonable. In justice, however, to myself, and others who suggested the same apprehension, it must be remarked, that at the time of this transaction, only the Fullwood's Rents cases had occurred to stagger our faith. I have since communicated my sentiments on the subject in this Journal.

I am, &c.

New Street, Hanover Square. JOHN RING.

To

To Dr. BATTY.

SIR,

AS prior to the time of Dr. Darwin, Dr. Wallis is, I believe, the only modern grammarian who has treated the subject of human speech anatomically, (unless, indeed, old Ben Jonson may, in some respects, be regarded as an exception) the following prescription may, at least, be regarded as a curiosity worthy of some notice; and the example of that learned physician may, perhaps, have a beneficial operation in recommending the study and treatment of impediments of speech, as a branch of medical science.

The document was communicated to me by Dr. Briggs, (then of Kendal) during my residence in that town; and, perhaps, I cannot more efficiently further the object of assisting the progress of useful information, which the kindness of the communicator had evidently in view, than by laying it, with some little commentary, before the world.

"*Dr. Wallis's Directions for Mr. Thomas Wood, to Help his Speaking.*"

Towcester, May 24, 1687.

"The chief cause of his difficulty in speaking I take to be, that *his tongue is somewhat too long*, and there is too much of it to speak plainly, unless it be carefully managed, for which these directions are proper.

"For pronouncing *m, b, p*, let him take care not to press his lips too hard, but let them only touch softly; and keep down his tongue, not by pulling it back into his throat, but keeping it flat in his mouth.

"The like for *v, f, ph, w, wh*; save that for these, a little space is to be left between his lips for the breath to pass.

"For *n, d, t, th, s, z, ja, ge, dge, ce, che, sh, l, r*, which are to be pronounced by the tongue; let him put up only the tip of his tongue (not the middle of it) to the roof of his mouth, near the root of the upper teeth, and keep down the middle of it.

"For *k, ca, ga, ha, y, x*, or what else is to be formed in the throat, let him take care not to draw back the tongue too much into the throat, but only touch gently with the hinder part of it; and let him speak leisurably; not

not too fast, and with his mouth well opened. And with care and heed to practice these rules, he will in a short time speak much better. JOHN WALLIS."

What the efficacy of this prescription was I know not; nor can the propriety of the directions be pronounced upon with any absolute decision, unless it were possible to be minutely informed of the particular phenomena of the case, as to utterance, conformation, and physiognomy. Upon the whole however, as general rules, so far as they go, they may certainly be regarded as judicious. The general principle, "let him take care not to press his lips too hard" for the labial sounds, and "let him take care not to draw back the tongue too much into the throat, but only *touch gently* with the hinder part of it," for the guttural, is excellent; and shews that Dr. W. was not unacquainted with the mistaken habit of voluntary action, out of which impediment very frequently arises. Equally important is the hint about "speaking leisurably." *Take time, and keep time,* properly comprehended, comprises almost the whole mystery of elocutionary attainments: but, alas! how much of science does the full comprehension of the latter clause of this short sentence presuppose, and how little is the subject understood among us! Against the direction which follows, however, "*and with his mouth well opened,*" as a general regulation, I enter my public and solemn protest. Never yet was wide-mouthed speaking either facile or harmonious; and for one impediment or impropriety of utterance that has been removed (if ever one was) by the vulgar exclamation, "*open your mouth!*" I am convinced that fifty have been produced. The lips indeed must be sufficiently parted, and the aperture so modified as to give proper egress to the respective sounds; and, at the same time, without any pouting protrusion, must be so disentangled from the teeth as not to interfere with their vibrations—so essential both to the tone of the voice and the distinctness of enunciation: but let the speaker, who knows the value of that axiom which enjoins us to produce the greatest quantum of effect by the smallest practicable exhaustion of physical power, beware of the widely opened mouth. I have just dismissed two pupils (ladies of this town) with the object of my instructions, I trust, in a considerable degree, accomplished; and whose impediment seems to have been principally attributable to this very maxim.

It should be observed, also, that though there are certain

tain conformations of mouth, with respect to the position of the lower jaw, which would render the direction to elevate the tip of the tongue *towards* the roof of the mouth, for the formation of *s*, *z*, *ch*, and *sh*, yet, as a general rule, it will by no means hold; and how any person could pronounce *th* in the manner prescribed, I am utterly at a loss to conceive. In all directions for the position of the tongue in the formation of the lingual elements, great attention should undoubtedly be paid to the anatomical conformation of the particular mouth in question. Dr. Darwin, in his elaborate and valuable note upon this subject, affixed to his Temple of Nature, through the want of comparing a sufficient number of facts, has dictated as *universal laws* for the formation of certain of the elements, positions of the tongue, in which, in my own instance, it would be utterly impossible to produce them; shall I be pardoned for going still further, and saying, that I suspect that some portion of Dr. D's own impediment, such as I remember it to have been, might be accounted for from some errors in his own theory of the anatomy of enunciation. Another precaution of extreme importance in the management of impediments, is clearly to ascertain the seat of the defect; whether it be labial, lingual, or guttural; or whether in the primary organs of vocal impulse. To this Dr. Wallace does not appear to me to have sufficiently attended. He considers the chief cause of the difficulty to have been the tongue being too long, and there being too much of it; and yet the part of the impediment to which his first attention is directed must have been purely labial; and, indeed, though the tongue in customary language and popular prejudice, be blamed for all, the lips are much more frequently the guilty organ. My experience of cases of impediment has not much increased my faith in the vast differences and caprice of Nature in the conformation of tongues. That some tongues want more regulation and government than others; that some are larger, and others smaller, cannot be denied; but, that the mere fashion and quantity of the tongue, independently of aukward tricks and habits, is a frequent cause of impediment, I do not believe.

Another discrimination which it is necessary to make, comes immediately within the sphere of the medical practitioner. Impediments are frequently complicated with what are called nervous affections; from which sometimes they spring, and which sometimes they considerably aggravate. To ascertain in such cases the exact boundaries between

between mental and physical causation—to determine how far the habit has resulted from the disease, and how far the disease has been produced by the habit, is perhaps more desirable than practicable; yet science may do something towards it; and I have certainly seen many cases that have made me wish to see much more frequently, that union which Dr. W. exhibited of elocution and medical science.

Brownlow-Hill, Liverpool, Dec. 20, 1805. JOHN THELWALL.

CRITICAL ANALYSIS
OF THE
RECENT PUBLICATIONS
ON THE
DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Observations on the Nature and Cure of Gout, and Nodes of the Joints; and of the Influence of certain Articles of Diet, in Gout, Rheumatism, and Gravel; by JAMES PARKINSON, *Hoxton*, 8vo. pp. 174. 1805.

WHATEVER comes from the respectable pen of Mr. Parkinson, must be entitled to notice: and when we are informed in the preface, that he has himself been an arthritic, and found relief from the plan he proposes, we cannot but peruse his labours with peculiar interest. In doing this, however, we shall not be backward in giving our opinions with a freedom which cannot offend the author; and, we trust, may serve the interest of science.

In the first Chapter, Mr. P. describes the character of gout; enquires into the proximate causes; adverts to the discoveries from Dr. Woollaston's experiments, and to the dissection described by Mr. Watson in Medical Communications; concluding with an enquiry respecting the existence of a peculiar acrimony in this disease.

"Gout," says our author, "is an hereditary disease, chiefly affecting, with pain and inflammation, parts possessing a ligamentous or tendinous structure. It most frequently attacks the joints, and particularly those of the hands and feet. It sometimes also manifests itself, by painful affections of internal parts, which often alternate with the affections of the limbs. It deposits, on the parts

parts which it affects, a concrete saline substance, which is sometimes accumulated in considerable quantities, particularly on the joints of the fingers and hands.

" The different forms in which this disease appears, have rendered it necessary to divide it into regular and irregular gout. In the former, the attacks of which are known by the denomination of regular fits of the gout, one or more joints of the extremities become inflamed, painful, and tender, and frequently in an exquisite degree. A symptomatic fever, proportioned to the degree of pain and inflammation, with evening exacerbations, accompany the other complaints, which distress the patient for uncertain periods, sometimes for several weeks. When the fit goes off, the joints, which have been the seat of the disease, are always found to have become rigid and inflexible, in proportion to the degree in which the disease has existed in them; frequently remaining enlarged, and incapable of free motion, for a considerable time. On the other hand, the patient, at the same time, experiences so perfect an exemption from disease, as generally to lead to the opinion, that the fit has occassioned the most salutary changes in the system.

" In the irregular gout, the affection of the joints is much less confined than in the former. Sometimes it leaves the joints at first attacked, and fixes on some distant part; and sometimes, after harrassing the patient, by making a circuit including almost every joint of the extremities, the fit is terminated by a renewed attack on the part first affected. In some cases, the disease quits its situation in the extremities for a time, and occasions symptoms of a very alarming nature, by its attack on some internal part; this also abating on the return of the disease to the part which had been first attacked: this is termed, retrocedent gout. In other cases, in which there exist the most evident marks of a gouty diathesis, no affection of the extremities takes places, but complaints of a very anomalous kind shew that some internal part is under the influence of this disease: these may be regarded as cases of misplaced gout. A want of power and tone in the system appears to accompany both these states of gout.

" The proximate cause of gout appears to be—a peculiar saline acrimony existing in the blood, in such a proportion, as to irritate and excite to morbid action, the minute terminations of the arteries, in certain parts of the body."

In pursuing this inquiry, inductions are formed from the acidity evolved from the stomach from the acescent drinks taken by the wealthy, who are the principal subjects of gout, from the superabundance of phosphate of lime, and, probably, other extraneous matters in the urine of older people after the process of ossification has been completed; and from the great quantity of fluid, which Dr. Woollaston found necessary for the solution of gouty calculi, which proves its constant disposition to precipitate.

In

In the next Chapter, the author enters on the remote causes. The principal of these are, hereditary disposition; indigestion; errors in non-naturals; intemperance; different effect from different fermented liquors; circumstances preventing the escape of morbid acid. On this we would wish to remark, that when hereditary disposition is considered as a remote cause, it ought not to be confounded with those afterward enumerated, which are altogether accidental, or such as may be prevented. We should rather consider hereditary predisposition (a term we think preferable to a word often applied to other conditions of the body) as an original organization, rendering the constitution, or certain parts, susceptible of the impression from the remote causes. It is well known, that these same causes produce different effects, according to the original organization, and that such organization depends on causes, we can neither trace nor controul, nor even know, but by the effects of the remote causes.

Among these causes, Mr. P. considers wine, and still more, syder, as the most considerable. Beer, he conceives innocent, till it has been kept long enough to acquire a degree of acidity. A long quotation follows from Dr. Cadogan, which, we suspect, our author would not be ready to adopt as his own; for, if fermenting liquors of any kind, and bread, are so dangerously acescent, it is difficult to conceive, why women, and such of the labouring class whose occupations are sedentary, are not universally gouty, as they are not less subject to all the circumstances which prevent the escape of the morbid acid than the wealthiest arthritic.

The third Chapter contains an examination of the symptoms and their agreement with the supposed proximate cause. In this the author enumerates most of the symptoms, and shows, that they may for the most part, be attributed to the evolution of acidity, and of its retention from the cessation or diminution of any customary discharge. In this chapter, much is insisted upon from the frequent occurrence of gout and urinary calculi in the same constitutions. This appears to us an error originating with Sydenham, and adopted from him by every succeeding writer. If it is not an error, it is, at least, not supported by a sufficient number of facts to be considered, as it usually is, among those data on which presumptive reasoning may be supported.

In the fourth Chapter are contained: the diagnosis; difference between gout and rheumatism; anomalous complaints apparently dependant on gout. We are not satisfied with all the inferences our author would draw from the facts he produces in this part of his reasoning. It is well known, that inflammation of any kind will shift from one part to another, and also that diseases will succeed each other in the same constitution: that these inflammations will produce effects according to the parts affected; and the diseases, whilst one supercedes the other, seem totally unconnected with each other, not only in their symptoms, but in their supposed remote causes.

The fifth Chapter contains some very useful practical remarks on particular affections of the joints, apparently dependant on the same state of the system as that which produces gout. Dr. Haygarth has given a very accurate description of this disease, nor has it been overlooked by the accurate Heberden.

As there are some differences in the descriptions of these Gentlemen, and also in their opinions, as to the gouty origin of the complaint, it is much to be regretted, that Mr. Parkinson did not make use of a chemical test to ascertain the component principles of those enlargements which form the character of the disease in question. As the description here offered is very minute, we shall transcribe it, that our readers may compare it with those of Drs. Haygarth and Heberden.

" It generally first manifests itself in one of the last joints of the fingers; the ends of the bones forming the joint become slightly painful and tender, and a small degree of enlargement is at first perceived. The swelling, with the tenderness and pain, gradually increase; so that, at different periods, in different persons, but generally in about three months, the pain and enlargement occasion considerable inconvenience. Myriads of minute hot points sometimes seem to be piercing the bone, whilst at other times a stinging sensation pervades the tumefied part; the pain being considerably increased by the least pressure. The motion of the joint becomes so impeded by the enlargement, that the merely closing of the hand, in its ordinary employments, produces a very considerable degree of pain.

" As the swelling continues to enlarge, a very slight degree of redness comes on, and sometimes threatens suppuration, which, however, very seldom ensues. Sometimes this inflammatory state, after continuing a certain time, varying much in this respect in different persons, at length subsides, when the mobility of the joint is found to be much diminished, and the swelling increased in size and hardness, but much less painful and tender. In this state it sometimes continues, with the exception of a very gradual increase of the size and hardness of the tumour, and consequent injury to the motion of the joint, during the remainder of life.

" Within a little time, perhaps two or three months, of the appearance of this first swelling, some of the first joints of the other fingers become affected in a similar manner, and pass through a similar course: and thus most of the other finger joints become the seat of this malady, and undergo the morbid changes just described.

" As the mischief advances in the hand, proofs of the general influence of a peculiar morbid state are evinced, in some of the larger joints, particularly in the wrists, the elbow, the ankle, and knee joints. But even when the larger joints are attacked, it is not to be ascertained, in the living subject, whether the seat of this malady is in the more prominent parts of the ends of the bones, which form the joint, or of the periosteum, just before it

it separates to give a covering to the capsular ligament, or in the ligamentous parts alone. Sometimes extreme tenderness, on pressure being applied, shews that the os calcis, or its immediate investiture, partakes of the mischief. This tenderness, which, in the first of the morning, will hardly allow the foot to rest on the ground, diminishes after the pressure has been repeated, during walking, for about half an hour. Sometimes the tenderness, accompanied by a slight degree of enlargement, exists at the back part of the os calcis; and in one case a knotty seam-like hardness was discoverable in the *tendo achillis*, which very much impeded the walking. A hardness somewhat similar, with an indentation and contraction affecting even the integuments, is also sometimes observed in some of the flexor tendons of the fingers, in those who possess the diathesis here described. When this is the case, the corresponding finger will always be found firmly contracted, in proportion to the injury which the flexor tendon has experienced.

"Frequently the bones of the feet become so affected, as to occasion great difficulty and pain in walking, which is only performed, in a manner, which renders the crippled state of the parts very evident; giving the idea to the patient of the metatarsal bones, which form the arch of the foot, being crushed together by the pressure of the body.

"After some time, most of the joints, and, with the rest, those of the spine, partake of the prevailing disposition to rigidity; so that at last the flexibility necessary for performing the most simple offices in life is lost. Thus crippled, the unhappy sufferer sinks under his calamity; his various incapacities, proceeding from his inability for motion, giving the idea of his being prematurely afflicted with the decrepitude of old age.

"The persons who appear to be most liable to this complaint, are those to whom its injurious effects must prove most particularly afflictive. The labouring poor, whose hands are their only means of support, appear to be the most frequent sufferers by this malady. A slight and transient injury to the hand is, indeed, a serious injury to the poor: but a disease which thus entirely destroys its powers, renders the situation of its victims truly deplorable. They toil on, depressed by observing the daily diminution of their ability for laborious exertion, and are at last mournfully obliged to submit to receive from charity, that support, which their hands can no longer procure them. The examination of the inmates of those houses which receive the parochial poor, will generally shew sufficient proofs of the prevalence of this malady. Many will be found driven thither who still possess a considerable portion of constitutional strength, but who, thus maimed, are entirely deprived of that blessing to an independent spirit, the power of supporting themselves by their own exertions.

"The misery which this complaint sometimes inflicts, is thus

enlarged upon with the hope of exciting the attention of medical men towards it and of inducing them to make known, in their respective circles, those observations which may be likely to prove beneficial in mitigating evils, which must be so severely afflictive to the poor.

"The particular enlargements of the ends of the bones here described, differ sufficiently from those which take place in scrophula, to allow the distinction to be very easily made: they occur much later in life than the latter; the tumours never acquire that magnitude, nor that soft and pulpy feel; nor does the skin possess that glossiness and redness which are observable in scrophulous tumours; neither do they, except very rarely, terminate in suppuration. They differ from those tumours of the joints which proceed from external injury, and which generally accompany a carious state of the bones, in the pain and tenderness, as well as the inflammation and tumefaction, existing in a much less degree than in those. Whether they differ essentially, or only in degree, from those tumours which are formed by the gouty concretions, does not appear to be certain. The first appearance of the chalk-stone, as it is termed, is not unlike that of these tumours; but in general the gouty concretion becomes much sooner pointedly prominent, the morbid matter is more rapidly deposited; the integuments also become pointed and shining, and soon become extremely thin and then ulcerated, allowing the gradual escape of the deposited matter. But in the tumours, to which our attention is here particularly directed, the tumefaction, instead of soon becoming prominent, preserves the general form of the end of the bone, thus enlarged, the integuments undergo but very little change, and, as has been already observed, suppuration seems rarely to take place.

"The only instance, at present known to the author, in which this species of tumour had proceeded to suppuration, was in a female about fifty years of age, a maniac, and in a very infirm state. Suppuration had taken place on five of the finger joints, and in one knee, in every one of which the ends of the bones were so carious, as would have rendered amputation necessary, had she not been in that reduced state which forbad it. The derangement of her mind was such as prevented her furnishing any account of the origin of these tumours, the inflammation and suppuration of which was attributed to her having been constantly exposed to considerable cold during the preceding winter."

The mode of cure which the author found effectual in himself and some others, was by the application of leeches; by producing a constant moisture on the part; by surrounding it with some moderately adhesive plaster; by a proper attention in avoiding as much as possible ascescent foods, to lessen the quantity of acidity in the system; and, lastly, by the exhibition of soda to neutralize what acidity may be formed.

In the sixth Chapter, the author enters into an enquiry concerning

concerning the indications of cure in gout. These he states—to prevent the formation of the morbid acidity; to remove and correct that which already exists; and to repair the diminished strength of the system. A recollection of the proximate cause will at once suggest the proper remedies. The author illustrates his mode of cure by some very pointed cases, and the practice is supposed to be further indicated by the effect of alkalis in nephritic diseases, and even in chronic rheumatism. Mr. P. seems to think, that the advantages Dr. Dawson found from the use of volatile tincture of guaiacum in gouty cases, were very much to be ascribed to the alkaline, as well as the stimulating property of the remedy.

The next Chapter, on the mode of treatment during the paroxysm, contains but little novelty. The author has in this place introduced Major Rook's well known, but we ought to add, solitary case, in which gout instantly gave way to a spontaneous vomiting of acid matter. From hence, and other well-known facts, he insists much on the necessity of attending to the stomach during the whole paroxysm. In this, and the other remedies proposed, nothing very new is suggested.

The last Chapter contains Remarks on Dr. Kinglake's Theory; on Retrocedent Gout; and on the danger of applying cold water. This is illustrated with some very interesting cases; but though we have never given a decided preference to Dr. Kinglake's practice during the whole controversy, which, we trust, we have conducted with impartiality; yet, that impartiality obliges us to allow, that we do not think Mr. Parkinson's cases will admit all the inferences he would draw from them. That active inflammation suddenly suppressed in one part may show itself in another, seems necessarily to follow that plethoric state of the constitution from which spontaneous inflammation may arise. We have therefore always given it as our opinion, that these immersions in cold water should be accompanied with general evacuations. But those chronic diseases, which Mr. P. ascribes to the retrocession of gout, might, we conceive, happen from any occasional debility in a gouty constitution which should prevent that active inflammation necessary to form acute gout. However, by his own case and manner of treating it, we may infer, that chronic gout, or symptoms which cannot easily be distinguished from it, may be relieved, and perhaps cured, by a well regulated diet, and the occasional exhibition of alkalis.

Before we take our leave of this useful little performance, we would suggest a doubt, whether inflammation in those parts, which are the seat of gout, is not necessarily attended with such a secretion as is considered as characteristic of the gouty action; and whether the abstainence from fermented liquors, and even the exhibition of alkalis, may be of any other use than that of preventing inflammation. The consideration is highly interesting, and we think cannot be in better hands than Mr. Parkin-

son's, who has leisure and genius to pursue it, and whose reports will be received with such confidence, as should encourage his perseverance and frequent communication.

Observations on the Utility and Administration of Purgative Medicines in several Diseases. By JAMES HAMILTON, M. D. Fellow of the Royal College of Physicians, and of the Royal Philosophical Society; and Senior Physician to the Royal Infirmary. 8vo. pp. 320. Edinburgh, 1805.

THE reputation of Dr. Hamilton, as a practical physician, is too well known to require any comment here; and it always gives us much satisfaction, when we find such men as these, offering the result of their observations to the public. From them we expect certain aphorisms, which may be referred to by younger practitioners; instead of fine spun theories, many of which vanish as soon as they appear.

Though the present performance does not claim any great pretensions to novelty, yet it abounds with valuable remarks; and, we must conclude, it is not without some necessity, that it issues from the source to which we owe it. Probably in the North, greater prejudices against purgative medicines may prevail than in the South. But let us first take a view of the work, that our readers may be enabled to follow us in our remarks.

The first Chapter contains general observations on purgative medicines. After some remarks on the changes to which the practice of physic must always be liable, the author continues:

"I make these observations as an apology, if one is necessary, for my having occasionally deserted the usual track, which has been pointed out by men of consideration in practical medicine. I have deserted this track, more particularly in what relates to the administration of purgative medicines. I have been led to consider this subject minutely, from a habit of attending to the means of snpporting, and, when necessary, of restoring the healthy action of the stomach, and intestinal canal; which action is of great importance, and which is liable to be disordered, and in this state, to produce much distress in various diseases.

"In the course of the following observations, when I call in question the opinions of respectable authors, I trust I shall speak with that deference and caution, which I feel to be due to them; being well aware how apt we are to take erroneous views in discussions that are purely theoretical.—And when I propose those changes in practice, which experience has taught me to be useful, I will do so with a confidence proportionate to that experience upon which my opinions are founded. Nevertheless, I beg it to be understood, that I respectfully submit the changes which I suggest, to the consideration of my professional Brethren; and request, that, after a full trial, they will give a candid decision on their merits; for the judgement of the public is the test, by which,

which, I am sensible, they must ultimately be confirmed or rejected.

"The importance of the functions of the stomach and intestines is well known, and universally admitted. By means of these functions our food is digested and assimulated, and is carried, under the form of a nutritious fluid, into the system. Besides, the power of sympathy connects the stomach and bowels with many other parts of the complicated animal machine; and strengthens the influence which these organs maintain over the comfort, the health, and the life of every individual. Hence it is obvious, that disorders of the stomach and bowels must greatly affect the system at large; and that, in proportion to the degree and duration of these disorders, the affection of the general habit will be more or less serious and afflicting.

"There is certainly nothing new in the observation, that the constipated and loaded state of the intestinal canal, is a common cause of general bad health. But when I go the length of saying, that this state generally accompanies and aggravates the other symptoms of fever; that it is also the immediate cause of certain disorders peculiar to children and young people; I am aware that I advance opinions, in which there is a considerable degree of novelty; but in which, I trust, the following sheets will satisfy the medical reader, that there is also, at least, an equal degree of soundness."

The subject is continued a few pages further, but nothing occurs of sufficient importance particularly to arrest our attention.

The next Chapter, is on the utility of purgative medicines in typhus fever. The most useful observation in this, is, that the indiscriminate use of emetics in the beginning of these fevers, so generally adopted by the disciples of a once celebrated professor, is discouraged or shewn to be often unnecessary. The author found great advantages from brisk purgative medicines in a fever which spread from the French prisoners, and also from the crew of a merchantman at Leith. In these, he discovered, that his antimonial medicine was only efficacious when it proved purgative. This induced him to ensure that effect, with more certainty, by a proper combination with other ingredients; and the event answered his expectation. Since that time, he has seen no reason to alter, but every thing to confirm his practice. These remarks conclude in the following words:

"Accordingly, it is now some years since I have left off, almost entirely, the practice of ordering emetics and glysters in fever. I trust to a purgative, to ensure a regular alvine evacuation. For this purpose, however, a daily purgative is not always required. Thus, avoiding the harrassing distress, which generally accompanies the operation of an emetic given to patients in a state of fever; as well as the trouble and fatigue, which the exhibition of glysters occasions; I think I conduct the treatment

of typhus fever to a favourable issue, with more certainty, and with the greater ease and comfort of the patient.

"This practice, which I have found useful, and which respects only the state of the intestinal canal, supersedes by no means, usual attention to the various other means of cure, employed in fever. I am even ready to allow, although I exclude emetics and glysters from my general practice in typhus, that peculiar circumstances may, occasionally, make both the one and other necessary.

"I cannot, however, omit remarking, that for some years past, I find wine less necessary in fever, than I formerly thought it was. This may be owing to the fever which has prevailed of late being less malignant than it was some years ago; or to the effect of the purgative medicines which I have employed, and which may obviate symptoms of debility, as well as remove them.

"If this is a just view of the case, the plain inference is, that the employment of purgative medicines, to preserve a regular state of the belly, does not increase the debilitating effects of fever. This doctrine, I know, is contrary to the opinion generally received; but I am confident, that it is consonant to the fact.

"The object to be attained, is the complete and regular evacuation of the offensive feculent matter collected in the bowels, in the course of fever. Within this limit, the practice is safe and salutary. Of this I am assured, that I have had much satisfaction in the prosecution of it; and have not in a single instance, had occasion to regret any injury or bad consequence proceeding from it. For I am not an advocate for its being carried to the length of exciting unusual secretion in the cavity of the intestines, or of procuring copious watery stools. Such indeed, while they are not requisite, might increase the debility so much and so justly dreaded.

"In further recommendation of the practice, I observe that it is conducted with ease, and a tolerable degree of certainty. The precise effect of purgative medicines, may not, in every instance, be altogether under command; but in general it is so, if, to a little experience, we join a previous knowledge of the peculiarities in particular constitutions. At any rate, the subsequent doses of purgative medicines, and the repetition of them, will be regulated by the effect of preceding ones.

"It is of importance, to consult in all respects the quiet and comfort of patients, in fever. On this account, the exhibition of purgative medicines should be so timed, that their effects may be expected during the day, when proper assistance can be best procured to the patient.

"The purgative medicines which I have chiefly employed in fever, are calomel, calomel and jalap, compound powder of jalap, aloes, solutions of any mild neutral salt, infusion of senna, and sometimes the two last mentioned medicines conjoined."

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The second Chapter is on the utility of purgatives in scarlatina. The author is disposed to consider cynanche maligna as the same disease, and advises a similar exhibition of purgative medicines in each. As, however, his principal design is rather to relieve the intestines from any injurious accumulation, than to lessen the strength of the patient, we apprehend, few of our readers will be disposed to differ with him.

Nor is it likely many objections should be made against the exhibition of purgative medicines in that species of "marasmus, which appears in childhood and early youth." The advantage of full doses of calomel are now generally admitted. We shall therefore content ourselves with transcribing a single passage, which, though not altogether new, contains a caution, that cannot be too often impressed on practitioners of every age and rank in the profession.

"While," says the author, "I thus give appropriate purgative medicines, I find it necessary, in order to have full information of their effects, to inspect daily what is passed at stool. The smell and appearance of the fæces are a criterion of the progress we make in the cure, and direct the farther administration of the purgatives. This inspection is the more necessary, as we cannot expect the information we want from our little patients; and we will often look for it in vain from the attendants, whose prejudices, and whose ignorance of our views, prevent their seeing the propriety of the enquiry.

"During the prevalence of the disease, the fæces are dark, fetid, and varying from a costive consistence to that of clay, and are often fluid; and such they appear upon the first exhibition of the purgative medicines. I observe that the recovery of the sick keeps pace with the return of fæces of natural colour, form, and smell; a change which the repetition of purgatives does not fail to produce."

Some useful remarks are added on the indolence of many practitioners in imputing so many of the complaints in children to worms. Though this error is gradually losing ground, we trust, the remarks made by this judicious writer will not be without their use.

Dr. Hamilton is of opinion, that marasmus either precedes or accompanies hydrocephalus, epilepsy, and other formidable diseases. This is certainly true, and we doubt not, that he has often been successful in relieving them by strong purges. We can say the same of our own practice; but in these cases, we have directed our views to relieve a kind of chronic or habitual plethora, rather than the removal of accumulated fæces. This suggestion is not intended to lessen the value of our author's remark, which, we doubt not, is founded on close observation.

The next Chapter is on the utility of purgatives in chorea sancti viti. In this, it is shown, that however mistaken the illustrious Sydenham might be in his theoretic notions of this disease,

ease, yet his practice was perfectly conformable to what is here proposed. It is much to be regretted, that the erroneous theories of that invaluable author, have in so many instances entailed upon us a practice contrary to his own, and for which we have, in many instances, invented theories little better than his. The cases given by our author, prove the justice of his opinions beyond any question, but we cannot admit it as a necessary inference, nor do we conceive it will be expected, that chorea never arises from any other causes than those here assigned.

The following Chapter on chlorosis is particularly deserving notice. This disease, though more common in the North, and among young females who are ill fed and too sedentary, is, however, known in all climates, and in every rank of life. It has been too common to impute it, altogether, to amenorrhœa, and consider chalybeates as the only remedy. It must be confessed, that however general the success of these remedies may have proved, they have often failed; and we are under many obligations to Dr. Hamilton for pointing out other causes.

The sixth Chapter is on the utility of purgative medicines in one species of hæmatemesis or vomitting of blood, which the author describes in the following words.

"There is, says he, one variety of hæmatemesis which attacks females who are from eighteen to thirty years of age; and it rarely appears sooner or later than these periods, which I shall endeavour to illustrate.

"As I confine my attention to this variety, the observations which I am about to make, will not apply to hæmatemesis, which originates in organic affection of the stomach, and viscera connected with it, either as a constitutional disease, or the consequence of previous irregularities and intemperance. I have seen several instances of this vomiting of blood, the cure of which is doubtful in the extreme and difficult.

"The attack of the hæmorrhagy, of which I am to speak, is preceded by great languor and oppression, both about the chest, and the præcordia; and by a sense of fulness of the præcordia, by cough, dyspnœa, and sometimes by pain of breast; by loss of appetite, head-ach, vertigo, and disturbed sleep. The eye is dull, the countenance is expressive of much distress, the pulse is feeble, and the bowels are constipated.

"In this state of impaired health, a particular fit of sickness and nausea is the immediate fore-runner of the attack of the vomiting of blood. The blood vomited is sometimes florid, and, at other times, black and grumous. The quantity of blood brought up at one time, varies from a few ounces, to the quantity of a pound or more. The distressing symptoms are relieved by this discharge of blood; but are again aggravated, previously to the return of a similar attack.

"This disease, under the usual management, is of uncertain duration, and of unequal severity.

"The

"The time of life, at which this hæmatemesis takes place, and the circumstance of being peculiar to the female sex, have induced practitioners to imagine, that it is intimately connected with the menstrual flux; the suppression of which has been generally considered as the sole cause of the disease. It has been said to be a hæmorrhagy, vicarious of the menses.

"The high importance of the uterine system in the animal œconomy cannot be doubted; but the functions of this system are veiled in deep obscurity, and will not, perhaps, be at any time clearly understood. They have occupied much of the attention of the speculative enquirer; and ingenuity has been taxed, to invent theories in explanation of them, and of their influence, in health and in disease.

"The menstrual flux, the most obvious of the uterine phenomena, has afforded a wide field for discussion. It is interwoven with the opinions we entertain of almost every disease, to which the female sex is exposed. Its overflow, or its suppression, are the ready expounders of many symptoms; and the fruitful, though perhaps imaginary source of many diseases. This flux is a constant object of attention to females, who are, in general, well schooled, as to the importance and necessity of it.

"These theories of the schools, and these early impressions on the female mind, give a consequence to this subject, and force it upon the notice of the medical practitioner, who must subscribe to the general opinions respecting the menses, and seem to adopt them, although he may question, in some respects, the foundation on which it rests, and the conclusions to which it leads."

This subject is continued much further by our author, but we do not think it necessary to transcribe more than sufficient to show his opinions. We are ready to allow all he urges relative to these mistaken notions, but cannot help thinking that there are practitioners who think too lightly of this secretion, and its attendant irregularities. Enquiries on this subject lead to a knowledge of our patient's constitution, and enable us often to form prognostics with much more accuracy than we could otherwise do. That however this hæmorrhage of which our author speaks is in its cause unconnected with the uterine discharge we are satisfied, not only because, like him, we have seen it in females who have menstruated regularly, but even in males. It seems oftentimes similar to, or to arise from similar causes with the discharge of blood per anum. The method of cure proposed by Dr. Hamilton, is in either case very rational, as nothing so much relieves a plethoric state, or a disposition to form blood, as frequent brisk cathartics, especially if administered antecedent to the periods when we might expect the return of such complaints. However, the cases produced by our author are strongly marked in favour of his hypothesis, and deserve to be accurately attended to.

The last disease for which this work proposes the exhibition of purgatives is hysteria. On this subject the remarks are general, but

but such as we hope will attract the attention of his readers and the faculty in general. The following we think cannot be too often, or too strongly enforced:

"I have thus endeavoured to accomplish what I proposed, by showing that purgative medicines may be used more freely than has been commonly imagined; and used, not only with safety, but with evident, and decided advantage.

"Here I must again solicit the reader's attention to two circumstances of great importance, in the treatment of diseases, by the use of purgative medicines. The first is, the regular and accurate examination of every alvine evacuation. The second is, the steady exhibition of the purgative medicine, so as to procure daily its full effect, during the continuance of the disease for which it is given.

"By the inspection, we ascertain the nature of the alvine discharge; a knowledge of which, together with a few other circumstances, enables us to form a probable conjecture, with regard to the duration of the ailment, regulates the strength of each dose of the purgative, and determines the frequency of the repetition of it. Without this inspection, we will be constantly deceived, through the ignorance or inattention of our patients, or of their attendants.

"By the second circumstance, the steady exhibition of the purgative medicines, we ensure the success of the practice, in the diseases under consideration. The puny and debilitated state of the sufferer may, on some occasions, excite alarm even in the breast of the practitioner; and the caprice of his patient, and the whims of relatives, may throw obstacles in his way. But these he must disregard; for unless he can suppress his own improper feelings, and overcome the unreasonable objections of others, he had better not adopt measures, which, to prove successful, must be conducted with decision and firmness. A contrary conduct will not avail; but, on the other hand, it will assuredly terminate in the vexation of the practitioner, the disappointment of the patient and relatives, and the discredit of that practice, which, from a conviction of its utility, it has been my wish and study to recommend."

The Appendix contains a number of valuable cases of the above, and other chronic diseases, illustrative of the practice proposed, and highly valuable, when we consider the opportunities Dr. Hamilton has enjoyed for so many years, and the character he has uniformly maintained for accuracy and fidelity.

Having thus, we hope, done justice to this performance, we shall take notice of a few lines in the Preface. Here our author thinks it necessary to apologize for appearing before the public; and after giving an account of the clinical part of the Edinburgh education, adds:

"A number of well informed young gentlemen, who attend the hospital, have become converts to the free exhibition of purgative medicines which they see me employ with so much advantage. By this means the peculiarities of my practice here, passed silently into the world, unexplained and unsupported by proofs and illustrations

tions which it was in my power to bring forward; they have been partially noticed in one periodical publication and made the subject of hasty and mistaken criticism in another."

What other publication may have noticed this practice, we know not; but for ourselves, we trust Dr. Hamilton will not accuse us of any partial notice of HIS "peculiarities of practice." The cases we met with were described by one of the young gentlemen he speaks of, and in a manner much too superficial to enable us to form those important decisions which the work before us induce. If, however, the partial notice in another publication, and the mistaken, we will not admit hasty, criticism in our own, have been the cause of the present production, we shall readily bear our share of the blame, and hope that the reception of his first labours will prove a sufficient encouragement for the author to enlarge them hereafter.

A *Practical Account of a Remittent Fever, frequently occurring among the Troops in this Climate.* By THOMAS SUTTON, M. D. of the Royal College of Physicians, London. Octavo, pp. 42, Canterbury, 1806.

"The object of this publication," we are informed, "is to give a compressed clinical account of a Remittent Fever, which the author has had repeated opportunities of investigating, while he was employed as Physician to the Forces; and he flatters himself, that he has been enabled to give some useful information on the nature of a disease, of frequent occurrence, among the military in this climate, during the cold months of the year."

Having premised thus much, Dr. S. next gives his reasons for suspecting the disease to be contagious:

"It has seldom happened, that officers belonging to regiments, in which this disease has occurred, have been infected; though the medical attendants of the sick, and servants attached to the regimental hospitals, have very rarely wholly escaped, and, in some instances, the whole of them have taken the disease.

"While patients, labouring under this fever, were in Deal General Military Hospital, (though not over crouded) where ventilation, fumigation, and cleanliness were much attended to, the medical mates and hospital servants, very rarely, remained long uninfected.

"The disease prevails to no considerable extent, except among men in barracks, and in confined and crouded situations.

"It has been observed to attack great numbers of one regiment, while another, under the same external circumstances, and within the same barrack wall, has remained, for some time, free from it.

"This fever has not been propagated, to any considerable extent, in the neighbourhood of those regiments, which have been attacked by it.

"These

"These circumstances prove, that the cause of the disease acts in a very confined sphere, and totally exclude the idea, that it is produced wholly by the qualities of the air, by the season, or any common surrounding source of unhealthiness; but the inductive proofs seem strongly to imply that its exciting cause is contagion."

We have copied thus much from the work, because we could not compress the author's meaning in fewer words. We might say the same of the "History of the Disease" which follows, and which we have perused with much pleasure several times over. Most of the symptoms might, by a less judicious observer, be mistaken for typhus; hence the necessity of the most accurate discrimination, since the mode of treatment, recommended perhaps too indiscriminately in typhus, is found highly injurious in this fever. With symptoms of the most extreme debility, are always associated either violent visceral inflammation, or great local congestion in some important organs. This might have been doubted, had not frequent dissections proved the fact beyond all question.

The period of the disease varies according to its violence. Death frequently occurs in the first week, and sometimes as early as the third day. In these cases the patient shows great anxiety, oppression of the breast, and laborious respiration. These symptoms rapidly increase with a pulse fluttering and sinking, or throbbing, till the last moment, which, under such circumstances, is seldom delayed longer than from six to twelve hours. The most favorable prognostic seems to have been formed when the pains, though violent, were shifting, and often in the extremities, and also when the disease assumed an intermittent form; but when relief follows the occurrence of dysenteric symptoms, the issue was generally fatal.

Before entering into a detail of the cure, Dr. Sutton premises the following remarks:

"In one instance of the occurrence of this disease, when treated as typhus, out of thirty-seven patients received into the hospital, eleven died.

"In another, where the same treatment was pursued upon a moderated plan (that is to say, without pressing the use of the bark, opium, wine, &c. in the early stage of the disease) out of ninety-two patients eighteen died.

"In another, in which the disease was treated as synochus, where moderate bleeding and evacuants were employed in the beginning of the disease, and the usual remedies for typhus were afterwards resorted to, the mortality was upon the average of three in twenty.

"By the treatment in which venesection has been relied on as a principal remedy, the greatest average of deaths, in any of the instances in which that plan of cure has been adopted, does not exceed one in twenty.

"In the above cited examples of the comparative fatality of this fever, the disease in each appeared to be in an aggravated form, and, so far as could be perceived, the cases were equal in violence,

violence. Under each method of cure, therefore, at many times when this fever occurs, the mortality may be much less considerable. Out of seventy apparently severe cases of the disease received into the hospital at the same time, in which the remedies, that will be pointed out as procuring the most effectual relief, were adopted, every patient recovered. And it has been observed, that the disease has sometimes been attended with less fatality, when treated as typhus, than could possibly be expected, considering its inflammatory nature, which is clearly evinced by the appearances in the body after death.

"Nor ought it to be considered as a matter of little importance, in recommendation of the plan of cure by venesection, &c. that, in five cases in six, the patients become convalescent within the first week of the fever, with their strength but rarely impaired, the appetite generally greater than it is prudent to indulge, and their progress to perfect health seldom becomes protracted by any remaining effects of the previous disease."

The remedy principally relied on, was, the reader will perceive, blood-letting, which in one instance that proved favorable, was carried as far as eighty ounces. In other cases a single venesection, to the amount of thirty ounces of blood, proved a cure.

We have made these free extracts from this short work, just to impress our readers with a proper sense of its importance. The whole is written with the greatest care, and so much pains are taken to suppress every unnecessary remark, that it is impossible for us to convey the author's meaning in fewer words than he has used.

Excepting in the judicious writings of Dr. Robert Jackson, we have no where met with any account of so free an use of the lancet in fevers arising from contagion, and attended with such symptoms of debility. We cannot however for a moment question the propriety of the practice, and sincerely hope that the concurrence of two physicians, each of whom have had such large opportunities of ascertaining the fact, will be a means of rescuing many of the brave defenders of their country from an inglorious death, and preserve them for those services in which they are so much required.

An Answer to Dr. Moseley, containing a Defence of Vaccination; by John Ring, Member of the Royal College of Surgeons in London, &c. Octavo, pp. 290, with an Index. London, 1805.

This universal champion of vaccination, who declines no challenge, has treated his present antagonist with far greater attention than any other opponent of the new practice. As Mr. R. always appears to elaborate his defence in proportion to the respectability of his adversary, Dr. M. will find himself placed in this answer at an immense distance before all his competitors for the honour of impeding the Jennerian discovery. In the case of common opponents

nents, or mere calumniators, Mr. R. contents himself with simple refutation, and dismisses them as concisely as possible; but Dr. M. is honoured with a pamphlet of 290 pages, in which his wit is answered by wit, his arguments by arguments, and even his uncandid statements are treated with considerable respect. In fact, Mr. R. appears to have availed himself of the rank Dr. M. holds in the profession, and the important public situation he fills, to give, thro' him, a general and full answer to all the *alleged* failures, consequent diseases, eruptions, &c. which have been so often, so industriously, and so unfairly (to say the least) dragged into public notice.

In our opinion Mr. R. has not failed in any part of his object; but, it has been observed in all ages that truth, philanthropy, and science cannot oppose falsehood, self interest and ignorance, on equal terms. The number of readers and their motives are most disproportionate. Those who read Dr. M's attack with pleasure, will not read Mr. R's answer with candour; this, however, is the lot of humanity, and arises from causes that will never cease to operate.

We have no doubt that all the friends of vaccination will cordially thank their indefatigable friend and champion; and if they read this Answer with the same pleasure that it has afforded us, they will confess that superior gratifications arising from controversy, so conducted, are rare indeed. To us, Mr. R's answer appears to be as complete a refutation of all the reasoning, as satisfactory a reply to all the alleged cases, and as brilliant a retort of all the wit, as such an attack can require.

Mr. R. has divided his answer into several parts or sections; the first, to page 19, contains general observations on the style, manner, and spirit of Dr. M's attack. In the next, he examines the first part of Dr. M's Treatise at considerable length, and proves that the inoculation of the small-pox, on its first introduction into England, met with infinitely more opposition than vaccination has encountered. That this opposition was far more general and inveterate than the present, and supported by characters of much importance in society.

Our author then adverts to the London testimonial in favour of vaccination, to the number and respectability of the signatures, and contrasts them with the opponents of the practice. This leads him to the evidence given before the Committee of the House of Commons. The enemies of Dr. Jenner's discovery never appear to recollect, that the greatest care was taken by him that all his acknowledged opponents should be personally examined by the Committee, and all unfavourable reports, however frivolous, properly investigated.

After this inquisition, examination, and investigation, the House of Commons came to the resolution which planted such rankling thorns in the breasts of Dr. Jenner's enemies. This decision, together with the rapid establishment of the Royal Jennerian Society,

Society, silenced as far as possible, all avowed opposition to the practice for a considerable time. It was not however in England alone that the importance of vaccination was duly appreciated, for an institution similar to the Royal Jennerian Society was established in Paris, and a regular correspondence with the other departments of the empire provided for. Mr. R. has given the plan of this institution, and subjoined an account of the progress of vaccination in Germany and other parts of the Continent.

After some criticisms on other publications, our author gives an account of various instances in which the small-pox occurred a second time, as well after the natural as the inoculated disease; instances of the latter kind are, indeed, far from uncommon.

As the cases in Fullwood's Rents produced a stronger sensation in the public mind, on account of the great number of practitioners who witnessed them, and the candid investigation of them by the Committee, than any other imputed failures; so Mr. R. has been more minute and circumstantial in his examination of the weight they ought to have with the public. In this, however, as well as other parts of his Answer, a number of collateral topics are frequently introduced, which, though connected with the subject, sometimes distract the attention, and always diminish the weight of the principal argument; but as the attack was desultory, so is the answer. The question at issue is of the first importance, and consequently it required a full and extensive discussion to establish the truth, and expose misrepresentation; but this very copiousness is in danger of injuring the cause it ought to serve, for many will read a short pamphlet, that abounds with assertion, invective, abuse, calumny or misrepresentation, on a popular subject, while very few will have perseverance enough to weigh and compare the reasoning of a voluminous answer. In this respect, as we have already said, truth, philanthropy and candour are very unequally opposed to falsehood, bigotry and misrepresentation; and on this account we think the size of Mr. Ring's book will considerably diminish the good it is otherwise so well calculated to produce.

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

Ophthalmia	13	Asthenia	11
Rheumatismus	9	Amenorrhœa	15
Epilepsia	1	Menorrhagia	5
Chorea Sancti Viti	1	Leucorrhœa	7
Apoplexia	3	Hæmoptysis	6
Hysteria et Hypochond.	11	Phthisis Pulmonalis	14
Dyspepsia	8	Tussis	12
Podagra	2	Febricula	16
Hydrops Pectoris	4	Morbi Cutanei	2
Pneumatosis	2	Morbi Infantiles	27

The last month, in other respects comparatively free from disease, has exceeded the former in the prevalence of ophthalmia, or inflammation of the eyes.

This, like all other inflammations occurring in the present day, is for the most part *asthenic*, arising from and characterized by debility or insufficient excitement, and of course ought to be treated by the corroborants of pharmacy, and a liberal and nutritious regimen, rather than by those recipes of quackery or cookery, that are calculated merely to deduct from the substance, and exhaust the vigour of the frame. This doctrine does not interfere with the propriety of applying leeches and blisters to the vicinity of the eye, which, in disorders where they are found to be salutary, do not so much act by their evacuating, as by their stimulating and exciting power.

There are few morbid affections that can be regarded as strictly *local;* they are for the most part either simply expressions of, or in a great measure modified and essentially affected by, the state of the general constitution; to which, therefore, instead of the organ more especially and obviously affected, ought the treatment to be vigorously and principally applied.*

It is one of the characteristic points of difference between the empiric and the philosophical and honourable physician, that the object of the former is to prevent the *appearance* merely, the latter the *existence*, of disease,—or rather the morbid tendency in the internal habit to produce the external phenomena. Under a temporary semblance of cure, the irregular and unprincipled practitioner not unfrequently accelerates the death of his patient, or transforms his actual disease into one probabably more calamitous and destructive. The Portland-powder was justly notorious for relieving the gout; but it did so at the expence, and produced a premature destruction, of the vital stamina of the constitution. Paralytic and other associated affections were in a large proportion of instances found to succeed after a short interval to an ostensible restoration to health.

Combinations of bitters and aromatics, of which the Portland-powder principally consists, are as injurious, although the use of them is not equally disgraceful with that of the miscellaneous modifications of alkohol.

Several cases of dyspepsia have recently occurred, where the patient has complained of *bile*, not knowing that the bilious symptoms depended, not on a disease of the liver, but on a morbid condition of the stomach, and of course was to be relieved, not by mercurial preparations, but principally by tonic medicines, assisted by abstinence or moderation.

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* The eye, in consequence of its extreme irritability, and the exquisite delicacy of its structure, may perhaps be regarded, as to a certain degree, an exception to this remark.

The stomach is the *metroplis*, and all the other parts and provinces of the frame are dependent upon the proportion of its vigour or decay.

The most numerous, and at the same time the most interesting cases, that have occurred during the late and every preceding period of the Reporter's private practice, may be comprehended under the generally-received denomination of *nervous*. This class, infinitely diversified as it is in its physiognomy and character, demands more attention from the medical practitioner than any other department of the nosology. What to the superficial appear as fanciful diseases, are in fact real, substantial, and without timely care are apt, more than any other, to be deeply and irrecoverably rooted in the constitution.

It is in every case, but perhaps in none so much as in this, important and necessary to annihilate the embryo of disease. The slightest nervous affection is a *degree* of insanity. From the nascent state, to its more full and perfect growth, the progress is so gradual as scarcely to be perceived. The shade of melancholy slowly and solemnly advances over the surface of the mind, until at length it produces a total eclipse of the understanding.

J. REID.

Grenville Street, Brunswick Square, Jan. 27, 1806.

MEDICAL AND PHYSICAL INTELLIGENCE.

Small-Pox and Inoculation Hospitals, St. Pancras.

At an Half-yearly General Court, held at Batson's Coffee House, Cornhill, London, on Thursday the 19th Day of December, 1805, Jonathan Hoare, Esq. V. P. in the Chair.

Dr. Adams, Physician to these Hospitals, made the following Report.

The great success of Vaccination, and its consequent almost universal adoption, had reduced the Small-pox to that state in which it is described by those authors who practiced before Inoculation was known in England; that is, the disease, after declining for more than seven years, on the eighth became epidemic; according to the language of Sydenham, sparing neither age nor sex, among those who remained liable to it. It is impossible to say, how extensive the mortality might have proved, had not the industry of the friends of vaccination previously induced so many to go through that operation.

The number, however, who remained liable to the disease was still considerable, particularly among the poor, who, as Dr. Heberden observes, are too often obliged to be inattentive to the preservation of their Children.

A great proportion of such as applied for the assistance of the hospital, were in a state truly alarming from the hour of their admission; and though the medical officers trust their diligence has been proportionate to the urgency of the times, it would be melancholy to relate in how many instances all the services they could render, were to soften the pains of approaching dissolution.

The names and places of abode of each patient being registered, Mr. Wachsell had an opportunity of learning the state of each neighbourhood respecting the disease, and of urging the mothers to vaccinate their children, till by degrees the general alarm induced many to make the first application, who had hitherto resisted every other consideration.

At first, small-pox inoculation was refused to such as came from neighbourhoods not already infected with the casual disease. But those places became every day fewer, till the disease spread over the whole metropolis, and most of the populous towns in the kingdom.

From this statement, the Court will perceive, that the increased inoculation for small-pox has been the *consequence*, and not the *cause*, of the recent epidemic state of the disease. If any further proof of this were necessary, it might be urged, that whilst inoculation was the most unrestrained, the epidemic has subsided by the unknown means that produced it.

In the course of our attention to every circumstance of the disease, on account of which the liberality of the Governors has expended so much time, and every other consideration, it was discovered that no casual cases had occurred, but in children born since the year 1796, or in adults who had resorted to the metropolis since that period. The females were most of them in service, many of the males of the same description; but still more, private soldiers, or labourers in factories and other large undertakings.

Though the epidemic state of the disease has, at present, greatly subsided, there is too much reason to fear, by the records of what has formerly happened, that it may return with the same violence in the spring.

The COURT, after considering the above Report,

Resolved,—That in order to lessen as much as possible the extent and fatality of the disease, this Court do recommend to all conductors of large manufactories, and other extensive concerns, to ascertain whether any persons in their employment have had the small-pox, or been vaccinated; and to the heads of all families, to renew a custom, once very general, and which it is much to be regretted should ever have been discontinued, of making similar inquiries relative to servants offering themselves for hire.

And

And this Court, whilst they regret with the sincerest concern the extensive fatality of the small-pox for the last ten months, reflect with no less satisfaction on the means, under Divine Providence, which these hospitals have afforded of alleviating this dreadful calamity; and being desirous, more especially whilst the present epidemic continues, that as few difficulties as possible may exist to the reception of casual patients at the Small-pox Hospital, have directed that the most ample instructions shall be given by their physician, their resident apothecary, and their secretary, for facilitating the admission.

As the most effectual assistance can be given in the early stage of the disease, they wish it to be known, that where symptoms sufficiently suspicious occur, attested by any medical practitioner, such patients may be received into the hospital before the eruption appears.

That variolous inoculation of out-patients is confined as usual to children under five years of age; these may, nevertheless, be admitted into the house with their mothers or nurses, who will be required to contribute to the charity towards their own subsistence.

That vaccination will be given to all persons who may apply at the Inoculation Hospital, daily from ten to twelve o'clock in the forenoon; Sundays excepted.

That it appears by the Returns made to this Court, that all the departments of this Institution have been extensively occupied during the current year, and particularly during the last seven months, in which it has given relief to 3,671 patients; this affords an ample testimony of its utility, and to a continued attention to the principles of its foundation, which were, not only to relieve the actual sufferer under the danger and distress of so fatal a disease, but also to preserve the indigent as far as possible from the terrors of its invasion.

That for these beneficent purposes, the Committee of this Charity were amongst the first enquirers into the advantages of vaccination; and it is with grateful pleasure they have been enabled to state, that the most numerous, decisive, and satisfactory trials of that invaluable discovery were first made at the Inoculation Hospital: their constant success has confirmed all that was promised by it, and their vast accumulation of evidence gave the earliest confidence to the public of its permanent security.

And although this confidence may have been affected by some cases, by no means more numerous than ought to have been expected; yet that it appears by the register, that the numbers vaccinated at the hospital within the last twelve months have nearly equalled those who have been inoculated; and that the aggregate has been considerably greater than in any former period of the same extent.

By the Court,

No. 40, Haydon-Square, Minories. A. HIGHMORE, Secretary.

An

An Account of PATIENTS *received into the Small-Pox and Inoculation Hospitals, and of* OUT-PATIENTS, *in* 1805.

	IN-PATIENTS.			OUT-PATIENTS.			
	Nat. Small-pox	*Vaccinated.*	*Inoculated.*	*Natural Small-Pox.*	*Vaccinated.*	*Inoculated.*	*Total.*
January	5	3	12		32	18	
February	2	1	15		50	34	
March	5	5	18		120	166	
April	5	1	28	During	316	338	
May	17	6	30	the Year,	450	210	
June	26	5	11		273	74	
July	31	8	15	35	216	134	
August	39	7	28		165	153	
September	25	4	23		195	418	
October	46	4	54		157	497	
November	48	3	33		46	230	
December	31	3	33		26	66	
	280	50	300	35	2,046	2,338	5,049
Natural Small-pox Patients, previous to 1805 -							21,083
Inoculated Patients, ditto - - - -							36,378
Vaccinated, ditto - - - - -							17,261
							79,771

JOHN CHRISTIAN WACHSELL,
Jan. 2, 1806. Apothecary and Steward.

Mr. BISHOP, in a letter to the Editors, dated Kirton, near Boston, Lincolnshire, Jan. 14, 1806, says, — "I would strongly recommend to your readers and other medical men, the following simple method of treating leeches, and am convinced, from many years experience, of the great advantage that will accrue from it, particularly as they are become so very scarce and dear: Immediately on leeches falling from a part to which they have been applied, I immerse them in water as warm as new milk, where they are to remain an hour; they are afterwards to be treated in the common way, observing to change the water every second day; they should not be returned to the old stock for at least a week. No means should be made use of to induce the leech to eject the blood it has imbibed. I am preparing a place for the purpose of breeding leeches; should I be successful, I will inform you."

The Spring Course of Lectures at St. THOMAS'S and GUY'S Hospitals, will commence in the following order. — At St. Thomas's:

Thomas's: Anatomy and the Operations of Surgery, by Mr. CLINE and Mr. ASTLEY COOPER, the 21st of February. The Principles and Practice of Surgery, by Mr. ASTLEY COOPER.—At Guy's: Practice of Medicine, by Dr. BABINGTON and Dr. CURRY, the beginning of February. Chemistry by Dr. BABINGTON and Mr. ALLEN. Theory of Medicine and Materia Medica, by Dr. CURRY. Experimental Philosophy, by Mr. ALLEN. Midwifery, and the Diseases of Women and Children, by Dr. HAIGHTON. Phisiology, or Laws of the Animal Œconomy, by Dr. HAIGHTON. Clinical Lectures on select Medical Cases, by Dr. BABINGTON, Dr. CURRY, and Dr. MARCET. On the Structure and Diseases of the Teeth, by Mr. FOX. On Veterinary Medicine, by Mr. COLEMAN. These several Lectures are so arranged, that no two of them interfere with each other in the hours of attendance; and the whole is calculated to form a complete Course of Medical and Surgical Instruction. Terms and other particulars to be learnt of Mr. STOCKER, apothecary to Guy's Hospital; who is also empowered to enter gentlemen as pupils to such of the Lectures as are given at Guy's.

Mr. MILBURNE'S Spring Course of Lectures on Anatomy, Phisiology, and Operations of Surgery, will commence on Monday the 24th of February, at his house in St. James's-street.

Mr. MOOR, Surgeon Dentist to Her Royal Highness the Duchess of York, will commence a Course of Spring Lectures on the Structure and Diseases of the Teeth on the 10th of February, wherein will be shewn the various Operations, and the entire Practice of the Dentist explained. Further particulars may be known by applying at his house, No. 6, Palsgrave Place, Temple.

Mr. J. C. SAUNDERS, Demonstrator of Practical Anatomy in the Anatomical School of St. Thomas's Hospital, and Surgeon to the London Dispensary for Diseases of the Eye and Ear, has for a considerable time been preparing for publication An Illustration of the Anatomy of the Human Ear, accompanied by Views of that Organ, accurately drawn, of the natural Size, from a Series of Dissections. To which he intends to add a Treatise on its Diseases, the Causes of Deafness, and its proper Treatment. The work will be published on the first of March.

Dr. HARRISON intends shortly to publish a pamphlet on the Imperfect State of the Practice of Physic in Great Britain; to which will be added, Hints for its Improvement, &c.

Mr. JOHN HUNT, Author of Historical Surgery, &c. proposes to publish by subscription, Anatomical Speculations on the Form of Animals, and on the new Opinions of Henry Cline, Esq. Surgeon.

Dr.

Dr. HENDERSON has in preparation for the press a translation, with additional Notes, of M. Cabanis's valuable work, entitled, Coup d'Œil sur les Révolutions et sur la Réforme de la Médecine, of which we have already given some account in our Journal.

Diseases and Casualties in London in the Year 1805.

(From the Bill of Mortality.)

Abortive and Stillborn	716	Grief	2	St. Vitus's Dance	1
Abſceſs	86	Headmouldſhot, Horſeſhoehead, and Water in the Head	157	Surfeit	2
Aged	1452	Jaundice	64	Teeth	507
Ague	3	Jaw Locked	2	Thruſh	108
Apoplexy & Suddenly	421	Impoſthume	1	Tumour	2
Aſthma and Phthiſic	471	Inflammation	570	Vomiting and Looſeneſs	2
Bedridden	3	Influenza	2	Worms	12
Bile	1	Inoculation	1		
Bleeding	23	Itch	1	Broken Limbs	3
Burſten and Rupture	16	Lethargy	1	Broken Neck	2
Cancer	59	Livergrown	10	Bruiſed	3
Chicken Pox	1	Lumbago	1	Burnt	23
Chin Cough	1	Lunatick	158	Choaked	1
Childbed	222	Meaſles	523	Drowned	115
Colds	8	Miſcarriage	3	Exceſſive Drinking	4
Colic, Gripes, &c.	12	Mortification	318	Executed	6
Conſumption	3432	Palſy	136	Found Dead	3
Convulſions	3053	Palpitation of the Heart	7	Fractured	3
Cough, and Hooping Cough	703	Piles	2	Frozen	1
Cow Pox	1	Pleuriſy	24	Killed by Falls and ſeveral other Accidents	56
Cramp	3	Quinſy	4	Killed by Fighting	1
Croup	29	Raſh	1	Killed Themſelves	19
Diabetes	1	Rheumatiſm	10	Murdered	4
Dropſy	712	Scurvy	2	Overlaid	1
Eaten by Lice	1	Small Pox	1685	Poiſoned	2
Evil	7	Sore Throat	8	Scalded	10
Fevers of all kinds	1307	Sores and Ulcers	6	Shot	2
Fiſtula	3	St. Anthony's Fire	2	Smothered	1
Flux	4	Spaſm	11	Starved	1
French Pox	49	Stoppage in the Stom.	14	Strangled	1
Gout	124			Suffocated	2
Gravel, Stone, and Stranguary	17				

Chriſtened	Males - 10513 Females - 9782	In all	20295
Buried	Males - 8874 Females - 8691	In all	17565

Whereof have died,

Under Two Years of Age	5204	Fifty and Sixty	1504
Between Two and Five	2199	Sixty and Seventy	1187
Five and Ten	826	Seventy and Eighty	757
Ten and Twenty	934	Eighty and Ninety	390
Twenty and Thirty	1283	Ninety and a Hundred	82
Thirty and Forty	1765	A Hundred	5
Forty and Fifty	1829		

Increaſed in the Burials this Year 527.

TO CORRESPONDENTS.

Communications are received from Dr. Cuming, Mr. Simpson, Mr. Hall, Mr. Clarke, Mr. Namlat, and Antipeculator.