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HISTORICAL SKETCH OF THE PROGRESS OF MEDICINE IN THE YEAR 1806; BY MR. ROYSTON.

(To be continued Annually.)

AMONG the inventions that have arisen out of the intellectual powers of man, the rational exercise of the medical art is, of all others, the most connected with the welfare of society. Of this, England affords many striking examples. Down to the period of the last appearance of peſtis in this country, but few years ever elapsed without some contagious diſease spreading devastation and death; scarcely was there a reign in which the historian had not to record some wide-wasting peſtilence, which barely left alive a number sufficient to bury the dead. But since medical science has taught the means of prevention, this dreadful havoc of the human race seldom occurs.

In the treatment of diseases of minor consequence, the discriminating theories, and the rational simplicity of modern practice, have administered to the security and comfort of mankind, in a degree always proportioned to the intelligence with which they have been employed. Reflection on these facts renders it extremely difficult to account for the comparative neglect the profession and the professors of medicine have experienced. In an age when the progression of general science hath occupied the attention of states and empires; when the arts of design have their Academies, and natural philosophy its Institutions; when music is cultivated with successful enthusiasm, and rewarded with regal munificence; when philosophical legerdemain excites applause, and the quackeries of Perkins extort wealth, it becomes a question of the first importance, why the Science of Medicine has not had a proportionate share of public approbation, and of princely reward? Is it, that mankind, ever seeking for the new and surprising, give with profuse and unsparing hand

to the dextrous buffoon, who tickles the fancy, and neglects the patient investigator of the laws of nature, because he has not this amusing talent, even when his labors are exerted to sooth the pains of life; to give that health, without which the tricks of the juggler have no interest, the grimaces of the buffoon no powers of exhilaration, and the dulcet note of music no charm.

Neglect cannot, however, paralyse the ardor for philosophical investigation. If the *genuine* physician is days, and weeks, and months, laboring in his profession for a remuneration, which half an hour of time, and the warbling a favorite air, brings to a public singer; still he pursues, unwearied and uncomplaining, the duties of his avocation; solicitous to benefit mankind by his studies, to explain the extent and powers of his art, and to unfold the mysterious laws of Nature. Regardless of popular applause, and invulnerable behind the shield of rectitude to popular censure, his primary object is to disclose his discoveries, to illustrate his modes of practice, and to give publicity to the steps he has pursued in his efforts to improve his art: while the affectation of mystery, the concealed nostrum, the pretended arcanum, are the strong holds of empiricism. A desire to promulgate knowledge is a prominent trait in the character of the present age; and if the liberal motives that impel the members of a learned profession, to explain to the world the principles and the practice of their art, deserve praise; the numerous streams of professional learning, so various in extent, interest, and talent, to which this spirit of discovery has given birth, have rendered an annual history of their progress a desideratum in medical literature.

With the impression of the expediency of a periodical Epitome of the progress of Medical Discovery, and the utility of a Retrospect of Medical Literature, the following Sketch is submitted, as a specimen of an annual detail, which is intended to comprehend the publications on medical subjects, and the discoveries of the Faculty in every part of the world.

In tracing the history of the progress of a science within a stated period, the most obvious and natural course will be, to inquire what has been done to meliorate its condition generally, as one of the aggregate parts of Society; and from thence descend to particular improvements, and individual efforts. In arranging the materials of this history, patriotism will find an apology for giving the first place to England; the second will be occupied

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by France, her rival in arts and arms; Spain, Portugal, Italy, Germany, and the north of Europe will follow; and the detail will close with Hindostan and America.

In the year 1806, an attempt has been made to increase the respectability of the science of medicine throughout the British empire, by reforming its abuses, correcting its irregularities, and by establishing proper tests for ascertaining the qualifications of those who apply to be admitted into its privileges. In short, to effect in it a radical Reform.

During a long series of years, a description of persons, totally uneducated, and ignorant in the extreme, have been permitted to practise the art of medicine, to the incalculable injury of mankind, until they have increased, in every district where the inquiry has been made, to a number that almost staggers belief, and which should appal those who are to be the victims. From the time of Francis Anthony, of *aurum potabile* memory, to the present hour, a history of nostrum-mongers, proprietors of patent medicines, urine-casters, astrologers, fortune-tellers, who have combined with their privilege of looking into the book of fate, the practice of medicine, with a long muster-roll of quack-salvers, &c. would make an amusing, an interesting, and a useful volume. So long since as the year 1612, Dr. John Cotta, of Northampton, published a quarto volume, with the title of a "Short Discovery of the unobserved Dangers of several Sorts of ignorant and inconsiderate Practisers of Physic in England." This is an elaborate history of the arts of Quackery down to the period of its publication. Since then, notwithstanding the general diffusion of knowledge, materials for a continuation of that work have become very abundant. This extension of Charlatanism, so remarkable in England,* may be explained, perhaps, from the facility with which intruders get into the profession, from the revenue produced by the sale of nostrums, and from the want of a precise defining of the powers of those corporate institutions, in whom the regulation of the profession is vested.

Under these existing circumstances, Dr. Edward Harrison, of Horncastle in Lincolnshire, in a circular letter,

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* Dr. Adams will not allow (Med. and Phys. Journal, No. 86, p. 335) the pre-eminence of England in Empiricism. The solitary instance of quackery, in la Revue ou Decade Philosophique, by Alphonse Leroy, which professes to cure epilepsy by a green stone from the river Oroonoco, makes but a diminutive figure, when opposed to *our* hosts of specifics, and *our* miriads of panaceas.

called for the concurrence and assistance of the profession at large, in furtherance of a scheme of medical reform, which he explicitly detailed in his Remarks.* The immediate result of this, was meetings at the house of the President of the Royal Society.† The College of Physicians was applied to for its assistance in the plan suggested by Dr. Harrison; and the concurrence of the minister was expected, if not promised. The resolutions of the College of Physicians ‡ in Ireland, and the approval of various Societies, were transmitted to Dr. Harrison; but the project, at least, became stationary, either from the intellects of mankind being absorbed in the great political events passing on the stage of the world, from the coldness with which the incorporated bodies received it,‖ or from the London College of Physicians having entered themselves on plans of reform, or having determined, under their present active president, to enforce the existing statutes. If the College of Physicians has come to a resolution of energetically exercising its powers, which have lately appeared to have an extent far beyond their formerly supposed limits,§ he must be a sturdy partizan who would insist that the great work of reformation is more properly placed in the hands of Doctor Harrison, and the Lincolnshire Society, than under the cognizance of that body. The faculty of Physic, however, is under some obligation to Dr. Harrison, for exciting attention to a subject,

* Remarks on the Ineffective State of the Practice of Physic in Great Britain, with Proposals for its future Regulation and Improvement; and the Resolutions of the Members of the Benevolent Society of Lincolnshire, 8vo. Lond. 1806.

† At a meeting of the Faculty, held at Sir Joseph Banks's, Aug. 9, 1806, various resolutions were entered into, a plan was formed, and a committee of correspondence appointed, (Edin. Med. Journ. ii, 489). And at a meeting of this committee, at Dr. Garthshore's, Aug. 25, 1806, a letter was addressed to the College of Physicians, requesting a conference on this important subject. Ibid. 490. Med. and Phys. Journ. Oct. 1806.

‡ Edin. Med. Journ. April, 1807, 230.

‖ The Royal College of Surgeons of Edinb. in a letter to Dr. Harrison, asserts its conviction, that the powers and privileges with which the different Universities, Colleges, and Corporations of Physic and Surgery are already invested, are sufficient, if duly exercised, for the correction of the greater part of the existing abuses. Med. Journ. Feb. 1807, p. 195.

§ The Royal College of Physicians of London, having ascertained, by an examination of their archives, that they have the power to regulate the practice of physic throughout the kingdom; have manifested their intention of employing those powers by advertisements repeatedly published in the London News-papers. Edin. Med. and Surg. Journ. ii. 487.

ject, at once connected with the respectability of the practice of medicine and with the interests of society.

In the different departments of the profession, the industry of the facul of Great Britain, has this year produced an accession to scientific knowledge, highly creditable to its application and talents. In anatomy and physiology, Mr. Saunders's work on the Ear * stands foremost. This splend d folio, contains a very lucid description of the structure, functions, and diseases of the auditory organ; illustrated by well conceived, and finely executed plates. It begins with a description of the auricle and meatus externus: this is followed by an account of the middle part of the ear, consisting of the tympanum and the machinery contained within it. A description of the internal part succeeds, and which is to be considered as the immediate organ of hearing, because it contains the expansion of the auditory nerve. The anatomy is followed by a description of the diseases of the ear, which is rendered particularly interesting, by the few attempts that have hitherto been made to investigate the morbid changes to which this organ is liable. The causes which have occasioned the morbid anatomy of the ear to be neglected, are here forcibly pointed out; and though the difficulties of elucidating this subject are admitted, yet Mr. Saunders has demonstrated that they are not insuperable. The diseases of the meatus externus are first noticed. These are an inflammation, sometimes going on to suppuration, and followed by an exfoliation of the meatus externus of the os temporis, or of the external lamina of the mastoid process. An herpetic eruption on the meatus externus and auricle. Excrescences arising out of the lining of the meatus externus, resembling syphilitic warts, and appearing to be produced by irritation. A septum obstructing the passage of the meatus externus. And an inspissation of the cerumen. The diseases of the tympanum are next treated. The principal of these is a puriform discharge from the tympanum. This discharge is ichorous, sometimes tinged with blood, and imparts a yellow colour to a silver instrument. There is a loss of hearing proportionate to the injury which the machinery of the tympanum has sustained. The author is extremely full and explicit

* The Anatomy of the Human Ear, illustrated by a series of engravings of the natural size, with a Treatise on the Diseases of that Organ, the Causes of Deafness, and their proper Treatment. Folio, Lond. 1806, pp. 60. plates 4.

on this disease, which is the most serious of those that attack the organ of hearing. A destruction of essential parts of the organ, ending in irremediable deafness, is among its common consequences. We have lately seen, in the case of a gentleman 60 years of age, this disease extended to the internal part of the cranium.—Inflammation, suppuration, and death ensued. On opening the head, a considerable quantity of pus was found lying between the dura and pia mater, under the parietal bone of the same side; and the connection with the disease of the ear, was clearly traced by the ingenious anatomist who performed the dissection. Mr. Saunders divides this disease into three stages. The first of these, is a simple puriform discharge; the second is a puriform discharge, with fungus and polypi; and the third is complicated with a caries of the tympanum. In each of these he distinctly details the symptoms and mode of cure. We cannot too earnestly recommend this part of the work, both from the serious nature of the disease, and from the erroneous opinions that prevail with respect to its treatment. Obstructions of the Eustachian tube are next investigated, and the work concludes with the diseases of the internal part of the ear.—The nature of the deafness which arises from disease of the internal part of the ear, is, at present, completely obscure, from our ignorance of the morbid changes which are the immediate cause of the defect. Mr. Saunders is of opinion, that this class of disease originates in a want of sensibility in the nerve, some alteration in the structure of the membranes on which the nerve is expanded, or some change in the properties of that fluid which is contained in the membranes, and which is the immediate agent in impressing the sentient extremities of the nerve. There is, however, a species of total deafness, which exists without any apparent defect in the organization of any part of the ear.

The whole class of the diseases to which the internal part of the ear is subject, may be denominated nervous; a generic term signifying every disease, the seat of which is in the nerve, or parts containing the nerve.

The plates, in number 4, give a view of the meatus externus, membrani tympani, and Eustachian tube; a section of the cranium and face, to shew at one view the relative position of the above parts; an interior view of the membrani tympani, and Eustachian tube, with a dissection of the os temporis, to shew the chain of bones between the membrana tympani and vestibule, precisely in their

their proper situation; the membrana tympani, the malleus, and the tensor membrani tympani attached to it; the fœtal os temporis, the different positions of the individual bones which form the connexion between the membrana tympani and the membrane of the vestibule; the anterior portion of the mastoid process and tympanum, divided by a vertical section, to exhibit the mastoid cells, the internal surface of the mem. tympani, and the portio dura of the auditory nerve; the interior portion of the mastoid process, the interior part of the tympanum, and the Eustachian tube; the interior superficies of the tympanum, dissected to show the stapedeus muscle; the skeleton of the interior superficies of the tympanum, that the fenestra ovata and rotunda may be seen; the internal parts of the ear, labyrinth, cochlea, &c.

If Mr. Saunders, in applying to a subject on which little has hitherto been done, has had many difficulties to encounter, which the industry and study of others might have removed; he has acquired additional credit by exploring an unknown region, by elucidating an obscure subject, and by establishing points of practice, before, loosely, or erroneously understood.

Mr. Hunt's "Anatomical Reflections"* is a disquisition that may not, perhaps, be considered as legitimately allied to the art of medicine; but so many observations elucidative of that science occur in it, that we cannot silently pass it over. Mr. H. Cline having addressed the public on the modern method of improving the breed of animals, Mr. Hunt controverts his opinions; and, in this work, enquires into the first principles of the breeding system, asserting, that they are not influenced by consanguinity; enters into an exposition of the theoretical and practical part of the breeding system; the general improvement of animal nature, and its progress toward perfection. Mr. Hunt thinks Mr. H. Cline's employment as an anatomist, is unfavourable to an investigation of the properties of living animals.

"To search for the vital powers when life is gone, must prove a vain pursuit. But he who daily views the whole machine in action, who watches all its motions, and estimates its powers, and, when the balance sinks beneath the healthy standard, with cautious hand adds a few grains

* Anatomical Reflections on the Form of Animals, and the New Opinions of H. Cline, Esq. 8vo. Lond. 1806, pp. 96.

of salutary influence to turn the scale, will certainly know more about the vital powers than he who, when the spring of life has failed, attempts to pry into the worn out mass, and with unnatural conjectures vainly tries to fill the empty space, and presumes to shew how nature moved the work with sympathetic sway." Mr. Hunt contends from his local advantages, that he has the chance of understanding the subject better than Mr. Cline; and that an attention to the *viva vox naturæ*, is of more importance than any anatomical investigation made upon the dead body.

A work of much ingenuity,* under the denomination of the "Anatomy of Expression," from the pen of Mr. Charles Bell, though it is not strictly professional, cannot be overlooked. It is the wish of the author to "demonstrate the importance and uses of anatomy; to multiply the motives for cultivating the science; and to shew how various and how interesting are the deductions which may be drawn from the contemplation of the animal frame."—He divides his work into six Essays, in which he treats of the use of anatomy to the painter, in drawing from the academy figure; of the skull and form of the head; of the muscles of the face in man, and in animals; of the expression of passion, as illustrated by a comparison of the muscles in man and in animals. Of the muscles peculiar to man, and their effects in bestowing human expression; idea of a living principle in the expression of emotion, and of the action of the muscles of the face, as expressive of passion; of the economy of the living body as it relates to expression and character in painting. A number of spirited sketches accompany and illustrate each Essay.

The doctrine of fever has so often been the Ulyssean bow with which every one has been desirous to try his strength, and the occurrence of febrile derangement is a disease so common, that we are somewhat surprized to find but few publications upon it, in the year 1806. Dr. Thomas Sutton has given a clinical account † of a remittent fever of frequent occurrence among the military in this climate; and Dr. H. S. Jackson has published Observations on the Gibraltar Epidemic. ‡ In the first of these, the

* Essays on the Anatomy of Expression in Painting. 4to. pp. 186, many plates.

† Practical Observations on a Remittent Fever, frequently occurring amongst the Troops in this climate, 8vo. Lond. 1806, pp. 42.

‡ Observations, &c. on the Epidemic Disease which lately prevailed at Gibraltar, intended to illustrate the Nature of contagious Diseases in general. Part 1st. 8vo. 1806.

the disease becomes interesting from its resemblance to typhus, and because the stimulating plan, indiscriminately adopted in that fever, is highly injurious to this. With symptoms of extreme debility, are always associated, either violent visceral inflammation, or great local congestion in some important organ. There seems much reason to admit, that the disease was spread by contagion; the medical attendants on the sick, and servants attached to the regimental hospitals, having very rarely escaped, and in some instances, the whole of them have taken the disease. The remedy chiefly relied on was blood-letting. In one case, 80 ounces were drawn with the best effect; in others, a single evacuation of 30 ounces proved a cure. The pamphlet is written with great care, and with a degree of compression, that renders it impossible to convey the meaning in fewer words than has been done by the author.

The epidemic disease which excited such alarm, and was so fatal in the fortress of Gibraltar, has been theoretically examined, and elucidated in the 2d of them, by Dr. Jackson. This writer contends that this fever is not contagious, but that it is merely symptomatic of a topical affection of the brain. The volume is somewhat desultory, treating on many subjects, not very closely connected with the title page. The monthly Journals, and the News-paper Reports are the sources from whence Dr. J. appears to have gained his information.

In the British Islands, pulmonic complaints, and particularly phthisis pulmonalis, are acknowledged to be of more frequent occurrence, and to have a more fatal termination, than elsewhere. Many intelligent practitioners, who have had the means of extensive information, will reluctantly admit that any case of phthisis, when so far advanced, as unequivocally to mark its genuine character, is ever cured.

If the disease is not thus invariably fatal, still its termition is so commonly unfavourable, under every mode of treatment hitherto applied to it, that humanity seizes with avidity on a promise to improve the remedial process. In this view, the publication of Dr. Bourne* will excite an interest proportioned to the wishes of the Faculty, rather than coincident with their judgment. In the *uva ursi*, Dr. B. hopes he has discovered a substance that will check the

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* Cases of Pulmonary Consumption treated by *Uva Ursi*; to which are added, some practical Observations, 8vo. Lond. 1806. pp. 293.

the progress, and perhaps cure, this generally fatal distemper. Having observed a case of apparent ulceration of the bladder, accompanied with hectic and emaciation, cured by the *arbutus uva ursi*, Dr. B. was led, by analogy, to apply it as a remedy, in ulcerated lungs. De Haen, Gerhard, Quer, Girardi, and Buchoz, who originally recommended this plant in nephritic cases, about 1760, gave it powdered, in doses from 20 to 60 grains. In such doses our author found it unsuccessful in complaints of the urinary organs, but was more fortunate when he employed Dr. Ferriar's formula.* Sixteen cases of apparent phthisis are here related, as treated by the above remedy. Of these, three died; two while taking the medicine, and one the succeeding winter; nine recovered, and four were apparently relieved. Without exciting doubts as to the real nature of the detailed cases, it will hardly be a question, whether bark and opium, with which it was conjoined, are powerful means of removing their morbid actions; and a suspicion that *uva ursi* is the least active of the three, will scarcely be considered a scepticism. In a disease where every other effort has failed, we do not feel authorized to reject a new remedy on any reasoning *a priori*, but are called upon to give it a full and fair trial. Dr. Bourne is of opinion that the *uva ursi* will frequently fail from the decayed or imperfect state in which it is generally found in the shops. The green leaves should alone be selected and picked from the twigs, and dried by a moderate exposure to heat. The powder, when properly prepared, is of a light brown colour, with a shade of greenish yellow, and has nearly the smell of good grass hay, as cut from the rick. The taste is at first smartly astringent, or bitterish, but by degrees softens into the flavour of liquorice. These are the criteria of its goodness; and when thus selected and prepared, we sincerely hope, though we cannot repress our doubts, that it will be found to answer the Aldrichian Professor's expectations

The preceding Treatise has pointed out a new medicine for phthisis, and is properly confined to a statement of facts, in evidence of the powers of the proposed remedy. Dr. John Reid has published a volume,† which goes more deeply

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* Ten grains of the *uva ursi*, rather more than that quantity of bark, and half a grain of opium, given three times a day, was the formula used by Dr. Bourne, in the cases here given.

† A Treatise on the Origin, Progress, and Treatment of Consumption. 8vo. Lond. 1806. pp. 317.

deeply into the subject, and examines this frequent and fatal disease in all its phenomena, bearings, and connections, with a spirit of investigation and research that does much credit to his industry and talents. On a disease of so frequent occurrence as phthisis pulmonalis, that out of the vast population of the British islands, scarcely an individual is to be found who does not fear its ravages either in himself, his friends, or his family; a treatise, written in the manner, and with the views of Dr. Reid's, must, we suppose, be peculiarly acceptable. With the liberal spirit that characterizes the scientific physician of the present day, this author has labored to render his disquisitions not only interesting to the professional student, but open to general observation; he has delineated a portrait, the prominent character of which will be universally understood, while the minute lines and shades of expression remain for detection by the skill of the artist.

In the arrangement of the work, the author, after a general description of the anatomy and physiology of the respiratory organs, delineates the characters of those affections of the lungs, which are considered as præcursors of phthisis. He then considers the nature of consumptive disposition, the mode by which such disposition is best obviated, and concludes by tracing the steps of the malady during its more ordinary and insidious progress, when the preceding affections of the lungs are scarcely marked by characters of sufficient decision to authorize the affirmation of their existence.

A summary view of the 13 chapters into which this treatise is divided, may induce the professional student or the inquirer into general science, to a more minute examination of its contents; where they will find a very full delineation of our state of knowledge on the physiology and diseases of the respiring organs: and though they may not agree in every point with the author, they will not hesitate to acknowledge that he has industriously collected, and arranged with ability, an extensive mass of interesting and useful materials.

The 1st chapter is introductory, and gives a view of the ancient and modern opinions on pulmonary ulcer, an outline of the Brunonian theory, and a summary of chemical physiology; to this succeeds the anatomy of the respiratory organs; the composition of the atmosphere, in which the notions of Aristotle, Lord Bacon, and Mayow are given; the discoveries of Black, Cavendish, Scheele, Priestly, and Lavoisier are stated; and a demonstration of the component

ponent parts of atmospheric air, by analysis and synthesis; general physiology of respiration, illustrations of Black's discoveries, Crawford's theory of animal heat, &c. Cutaneous perspiration; hæmoptysis; catarrh; pneumonia, and the utility of digitalis, especially as a preventive of phthisis; tubercles, and the different manners in which the lungs become ulcerated; disposing and immediately exciting causes of consumption; means of destroying the consumptive disposition; history and treatment of the disease. The concluding chapter contains observations on disorders resembling pulmonary consumption in external character.

Since the expedition into Egypt, there has appeared in Europe, an Ophthalmia accompanied with peculiar circumstances of virulence, and spreading at times so rapidly, and with phenomena so marked, that little doubt remains of its being contagious. The British military has suffered materially by it; and many soldiers, in the prime of life, have become absolutely blind. In the year 1802, Dr. Edmonston published an account of an ophthalmia which appeared in the 2d regiment of Argyleshire Fencibles. In this treatise, the contagious nature of the disease was first publicly maintained; and it was clearly traced to an Egyptian origin. There were circumstances in the history of this distemper so novel, and so interesting, that Dr. E. has this year pursued the inquiry in a general treatise on ophthalmia,* in which the question of the contagious nature of that disease is very ably investigated. In the prefaratory part of this Essay, such a variety of facts are brought into one point of view, that no doubt can remain of the existence of a contagious principle disseminating the Egyptian ophthalmia. It is a curious fact in the history of diseases, that the causes producing this ophthalmia, did not operate in Egypt until the country became subject to the dominion of Barbarians.

Dr. Edmonston does not consider the Egyptian ophthalmia essentially differing from other severe varieties of the disease. It arises from external causes; but when numbers are affected, contagion is the result;† and the disease is rapidly

* Observations on the Varieties and Consequences of Ophthalmia, with a preliminary Enquiry into its contagious Nature. 8vo. Edin. 1806. pp. 319.

† This assertion has always appeared to us obscure and doubtful. A disease of a simple nature occurs, numbers become affected, and by this accumulation of morbid atoms, contagion of a specific nature is generated. Does not this militate against an admitted law of Nature, and partake of the

rapidly disseminated, although the remote causes no longer operate. If this writer is correct, and the laws of other contagions support his opinion, this new and formidable disease may, without much difficulty, be exterminated. The sphere of the ophthalmic contagion is very limited, and though it may act to a short extent* by the medium of the atmosphere, yet it is stated, in almost all the instances which have occurred † among the military, and to that part of society it is yet nearly confined; it was produced by an actual and direct application of the virus from diseased to sound eyes. If its sphere of action is thus confined, and there is every reason to believe this is the fact, how easy to stop its progress, by immediately separating the healthy from the diseased. A religious observance of this, would effectually confine it to a few points, and these, by the same observance, might be daily diminished. At present, it does not sporadically arise in this country;‡ but if care is not taken to check its progress, it will spread so deep among its population, as to be taken for a native. The foreign invader is yet clearly distinguished; while this distinction remains, let every effort be made to destroy it.

The history of the progress of Egyptian Ophthalmia, will

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the exploded doctrine of equivocal generation? Does the small-pox, or rubeola, ever arise in this manner? Does pestis. But typhus, in all its varieties, is said to be thus produced. Is it not more probable, as well as more consonant to the simplicity and immutability of the laws of Nature, to admit that all contagions are *sui generis;* and that variola, rubeola, pestis, syphilis, contagious ophthalmia, typhus, psora, &c. all arise from their own proper semina?

* The influence of this contagion, operating through the medium of the atmosphere, does not, in ordinary circumstances, *exceed a foot.* Edmonston.

† The influence of this contagion does not appear to extend far from its source of evolution, as, for a considerable time after the first appearance of the disease, it seemed to require almost immediate contact to communicate it to others. It is probable, therefore, from this circumstance, that a great proportion of the cases of this malignant ophthalmia occuring in regiments, are occasioned by the direct application of virus to the eyes. *Those individuals who have attentively guarded against too near an approach, have, in general, compleatly escaped.* Edmonston.

‡ There is another source of infection, different from actual intercourse with the diseased, and which requires the nicest care to destroy. In the form of *fomites,* so characteristic of its principle, this contagion suffers no abatement of virulence. Many persons, whose eyes had withstood the heat and glare of the Egyptian sands, were attacked when at sea on their return home. In this country it has an occasional suspension, as well as sudden re-appearance, only to be accounted for from the contagious principle being lodged in articles of apparel, towels, bedding, &c.

will forcibly point out our danger. "On the return of some of the Egyptian regiments to Malta, the inferior class of courtezans were among its first victims; and by degrees it became very general over the island. Multitudes of soldiers, on their arrival in England from Egypt, laboured under ophthalmia. Some accompanied the regiments on their march through different parts of the country; others were discharged at the peace, and returned to their respective homes. Intimate and frequent intercourse took place between them and persons in perfect health; cleanliness, at any time but little attended to by the lower ranks of society, was here disregarded, for the disease was considered as local and uninfectious. Owing to these circumstances, ophthalmia appeared at the same time in the most distant parts of Britain; and that peculiar modification, denominated Egyptian Ophthalmia, is now familiar to almost every medical practitioner." We hope the disease has not yet spread thus far and wide; and that there are still in Great-Britain, many practitioners who are unacquainted with Egyptian Ophthalmia. But the danger is at our doors, and the faculty is called upon, by every patriotic feeling, by every sense of professional duty, to destroy this foreign enemy. In every stage and form of human society, there are, and must be, gradations of station. At the head of the faculty of physic in this country is placed the London Royal College of Physicians, the protectors of the rights and privileges of the profession, and the guardians of the public health. To that body, on the introduction of any foreign contagion, the appeal is properly made.

Dr. Edmonston's Observations on ophthalmia in general, will be interesting to the medical reader. He divides the disease into two classes: idiopathtic, and symptomatic. Under the 1st, he gives as species, *Ophthalmia mitis et gravis*, psorophthalmia, puriform ophthalmia of new born infants, and intermitting ophthalmia. Under the 2d, he admits only two modifications, as depending on a general morbid state of the system; scrophulous and venereal. Of the syphilitic species, he gives two varieties, acute and chronic. The first variety is sudden in its attack, rapid in its progress, severe in its symptoms, and is accompanied by a copious purulent discharge from the eye. It is connected with gonorrhœa; and an ingenious investigation of the opinion of its arising from a suppression of the gonorrhœal discharge is introduced. The second variety depending on constitutional contamination, is slow in its progress, destroying

stroying the organ of vision by insensible degrees; it is accompanied with an irksome sense of itching, most violent in the evening, and has a distinct remission in the morning. Among the observations on the consequences of ophthalmia, a species of opacity of the cornea from simple distention, is now first described. In this case the cornea assumes a milky hue; the individual is subject to temporary blindness without much preceding inflammation; and often with little more than merely a determination to the head. Dr. Barclay, taking a hint from some appearances that occurred while injecting the vessels of the eye, has been enabled satisfactorily to explain the phenomena of this case; and from this explanation, the mode of cure is rationally deduced. To go into an analytical detail of the curative methods laid down by Dr. E. would far exceed our limits, we must therefore be content with recommending the work to serious perusal, and observing, that in the cure, the author is governed by the two distinct stages of the disease, the acute and chronic. The 1st is marked by a sense of heat, acute pain, intolerance of light, and *a florid colour of the vessels of the conjunctiva.* The 2d is characterized by a sense of weight, obscure pain, and turgescence of the vessels, which in this state *are of a dark purple hue.* Early in the active stage, topical bleeding, especially by scarifying the globe of the eye, is of the greatest utility; general bleeding, unless the quantity taken is immensely great, scarcely diminishes the local inflammation.*

On the diseases of the eye, English medical literature has received a valuable addition by Mr. Briggs's translation of Professor Scarpa's Practical Observations.† This work of the celebrated professor of anatomy at the university of Pavia, treats of the puriform discharge from the palpebræ, and of fistula lacrhymalis, of the hordeolum (stye), incysted tumours of the eye-lids, the trichiasis, relaxation of the upper eye-lid, eversion of the eye-lids, ophthalmia in all its varietes, opacity of the cornea following chronic ophthalmia, albugo and leucoma, ulcers of

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* Mr. Shaw, of Liverpool, found a mucilage of quince seeds, dropped into the eye, to give instant relief from the intolerable pricking sensation accompanying Egyptian ophthalmia.

† Practical Observations on the Principal Diseases of the Eye, illustrated with Cases. Translated from the Italian of Antonio Scarpa, by James Briggs, Surgeon, &c. 8vo. Lond. 1806.

of the cornea, pterigium, encanthis, hypopyum, *procidentia iridis*, cataract, artificial pupil, staphycoma, dropsy of the eye, amaurosis and hemeralopia, calculous concretions of the eye. Did our limits permit, we could dwell with satisfaction on the extensive practical information, the ingenious observations, and the scientific views that this volume presents; and to which the translator has done ample justice.

Mr. Reid, surgeon to the 1st battal. of the 89th regiment, has given a history * of an infectious ophthalmia that appeared in that corps. Copious bleeding, tepid bathing, and the topical application of the bread poultice, were the most effectual modes of cure. Blistering was always injurious.

One of the most serious obstacles to the correct practice of medicine, arises from giving a formidable name to a disease of a comparatively mild nature. Under this mistake, consumption and cancer have frequently been cured. A precise ascertainment of the real character of a disease, is an essential point in establishing what modes of cure are fitted to it; what articles of the materia medica are to be depended on, and what to be rejected. The facility with which Mr. Carmichael † cures cancer with the carbonate of iron, raises a doubt of his cases being genuine Carcinoma. But even if they were not truly this formidable disease, they were evidently of a nature to be cured with difficulty; and the faculty is indebted to him for a method, which has been speedily beneficial. With the ingenious Dr. Adams, Mr. Carmichael maintains the independant life of Cancer. And this opinion has led him, by a remote analogy, to the use of a new remedy. Knowing that iron was destructive of intestinal vermes, it occurred to him that it might be equally effectual in destroying other parasitical animals, among which he classed the carcinomatous. The carbonate of iron was employed internally, to invigorate the constitution, and improve the general health; it was applied in fine powder to the ulcers, or sometimes made into an ointment: a lotion of a solution of sulphate of iron was at other times used, while the carbonate was given in large and repeated doses.

Dr.

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* An Essay on Ophthalmia: containing a History of that Disease, as it appeared in the 1st Battalion of the 89th Regiment, with some Observations on its Causes and Symptoms. Also the Medical Treatment, &c. 8vo. Portsea. pp. 34.

† An Essay on the Effects of Carbonate of Iron upon Cancer, with an Inquiry into the Nature of that Disease. By Richard Carmichael, Surgeon, 8vo. Dublin, 1806. pp. 116.

Dr. Fraser's Essay* on Epilepsy, excites doubts similar to those which were suggested by a perusal of the preceding work. The frequent failure, however, of every endeavour to cure a disease of so common occurrence as Epilepsy, gives an interest to whatever is written on the subject; and if Dr. Fraser has not materially added, either to our knowledge of the pathology, or to the curative indications, he has produced some facts that demand a further trial of a substance, which superstition originally brought into the materia medica.

At various periods, from the time of Pliny, misletoe has been considered as a specific in epilepsy; but from its slight medicinal properties, if it is not altogether inert, much of its credit must have arisen from some mental impression, operating on a disease often consisting of irregular actions of the nervous system, independant of organic derangement. Many instances have occurred of vivid impressions on the mind producing a suspension of the paroxysms, and finally, a removal of the disease. A lady, in the prime of life, robust habit, the mother of several children, had, for four years, been afflicted with epilepsy in a violent degree. The paroxysms returned three or four times a week, continued some hours, and left the patient in a state of stupor. Advice was sought in every quarter, and medicines of every indication were given with determined perseverance; but the violence of the disease was not abated. Under these circumstances, and when she had abandoned the use of medicine, her second daughter was accidentally burned to death; from that moment the epileptic paroxysm returned no more. This pamphlet contains eleven cases, in which the *Viscus Quercinus* was presumed to have been of service. Of these eleven cases, nine were radically cured, one was fatal, and one received no benefit, p. 89.

Diseases of the digesting organs, and of the abdominal viscera in general, have received an attention during the year 1806, that cannot fail to meliorate the practice in the numerous train of morbid actions connected with, or arising from, parts of the animal machine, so powerful in their influence over its whole fabric, and so arbitrary in directing the operation of all its functions.

We shall notice first a small tract, by the late M. Dau-

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* On Epilepsy, and the Use of the Viscus Quercinus in the cure of that Disease. 8vo. Lond. 1806. pp. 96.

benton,* translated from the French by Dr. Buchan. The object of this memoir is to point out the utility of small doses of ipecacuanha, in those debilities of the stomach, and indigestions, which occur at the approach of old age. M. Daubenton, who was the associate of M. Buffon, in all his splendid literary labours, has, in this little memoir, given a number of ingenious observations on the actions of the stomach; and is peculiarly clear and decisive in his proofs of the efficacy of the remedy recommended.

A Treatise on the Diseases of the Stomach,† by Dr. D. A. Stone, abounds with practical information, and gives an extensive view of a train of morbid affections of so frequent occurrence that few have been enough fortunate to escape them altogether; and of which the treatment has, notwithstanding, been frequently erroneous and often absurd. Dr. Stone divides his work into three parts; in the 1st, he gives the anatomy and physiology of the stomach and intestines; in the 2d, the history of their diseases; and in the 3d, the treatment of those diseases.

To a brief description of the structure of the stomach and intestines, and a sketch of the physiology of those parts, containing observations on the experiments of Professors Dumas and Spallanzani; those of Prof. Werner of Tubingen, on chyme; and Scheele, Parmentier and Deyeux with acids and milk; a history of the diseases of the stomach succeed; a vitiated state of the fluids of the stomach; marasmus; repletion of the stomach; poisons; the state of the stomach and abdominal viscera after a residence in hot climates; the state of those organs produced by hard drinking; pyrosis; hæmorrhagy from the stomach and malœna; hypochondriasis and sick head-ach; flatulency, tympanites, cardialgia, &c. are examined with a view to practical utility. In the 3d part, the chapter on the use of emetics, deserves a serious attention. He examines the authorities for, and the objections to, the use of emetics; sea sickness; fallacies, respecting the use of emetics, arising from spontaneous vomiting; objections to violent emetics, and the danger of antimonial emetics for children;

* Observations on Indigestion: in which is satisfactorily shewn the efficacy of Ipecacuan. in relieving this, as well as its connected train of complaints peculiar to the decline of life. 8vo. Lond. 1806. pp. 24.

† A Practical Treatise on the Diseases of the Stomach, and of Digestion; including the history and treatment of those affections of he liver, and digestive organs, which occur in persons who return from the East and West Indies. 8vo. Lond. 1806. pp. 291.

dren; the proper mode of exhibiting various emetics; their use in poison, and the state resembling apoplexy, and where there is indigestible matter in the stomach; in scarlatina, small-pox, and croup; in hooping cough, pulmonary diseases, hæmorrhagy, epilepsy, and to promote absorption. There are few practitioners, who have not to lament the consequence of this violent inverted action of the stomach. In some instances, we have seen death ensue from the first operation of emetics; in others, an incurable debility of the stomach has been the consequence, oppressing life, and embittering all its enjoyments for years. Dr. Stone has been well employed in endeavouring to establish a rational use of a medicine capable of doing some good, or much mischief; and in correcting "its common and capricious use.*"

The marked characteristic of Dr. Pemberton's Treatise on the Diseases of the Abdominal Viscera,† is that of its being the result entirely of his *own* practice, or having arisen out of his *own* experience in the practice of others. A work raised on this foundation must possess some originality; and its chance of adding to our funds of medical knowledge, will be proportioned to the faithfulness with which this promise is kept in view. This production is elegantly printed by Bulmer, and in eleven chapters, details the history and treatment of acute and chronic inflammation of the peritonæum, and hydatids in the omentum; acute and chronic inflammation of the liver; diseases of the gall-bladder, jaundice occasioned by gall-stones, and the passage of biliary concretions, with a plate of the *vesica fellis*; diseases of the pancreas; inflammation and indolent swelling of the spleen; symptoms of disease in the kidneys; observations on emaciation; different calculi of the bladder; analysis of a calculus from the human pancreas, and the passage of a calculus along the ureter; pain in the stomach when empty, pyrosis, affinity between pyrosis and diabetes, pain in

* In the narcotic poisons, particularly opium and hyosciamus, Dr S. has found ammonia strikingly serviceable. Where opium has been swallowed, and an alarming stupor has continued for many hours, *a spoonful of a strong solution of ammonia has awakened the patient, and enabled him by words to express the benefit he has received from it.* In a case mentioned, p. 76, draughts of ammonia quickly overcame the symptoms produced by hyosciamus. p. 195.

† A Practical Treatise on various Diseases of the Abdominal Viscera. 8vo. Lond. 1806. pp. 197. Two plates.

the stomach when full, vomiting in consequence of nausea unattended by pain, formation of acid in the stomach, organic diseases of the stomach, a continued state of vomiting and hæmorrage from the stomach; diseases of the intestines, cholera morbus, dysentery, diarrhœa, colica pictonum, and febris infantum remittens; inflammation of the peritonæal coat of the intestines; inflammation of the mucous membrane of the intestines; disease of the mesenteric glands.

The ambiguity of the symptoms of great and even fatal disease going on in the abdominal system, renders every effort to elucidate, either directly or indirectly, this obscure subject, deserving the serious attention of the faculty. Among the investigations of Dr. Pemberton, we have been particularly interested by his observations on the decrease or non-decrease of the bulk of the body, as indicatory of the seat of certain local chronic affections. The glands of the body are, either those which secrete a fluid from the blood for the use of the system, or those which secrete a fluid to be discharged from it. The first are called by Dr. P. *glands of supply*; the second, *glands of waste.** If disease is seated in the former, rapid emaciation takes place; if in the latter, the bulk of the body is diminished. In a diseased state of the mesenteric glands there is great emaciation; in a scrophulous affection of the breast, none at all; in ulceration of the small intestines, the body is wasted; in schirrus rectum it is not. In a disease of the gall-bladder the bulk of the body is rapidly diminished; in affections of the urinary bladder scarcely any diminution is perceived. In abscess of the liver, the body becomes emaciated; in abscess of the kidney, it preserves its size.† A recurrence to the functions of these two systems of glands will furnish a strong argument, *a priori*, in support of Dr. Pemberton's opinion; and should future observation confirm the fact, the profession will be indebted to his treatise for a guide through this labyrinth of disease.‡

Mr.

* "The glands which secrete a fluid to be employed in the system, as well as the glands of direct supply, may be considered, the liver, the pancreas, the mesenteric glands, perhaps the stomach and small intestines; and the glands of waste are the kidneys, breasts, exhalent arteries, and the large intestines."

† "The presence of pain in a part will sufficiently point out the seat of the disease. It is only in chronical complaints, where the morbid changes are so gradual as to produce no pain, that these observations will particularly apply; and it is in difficulties of this nature that we stand in need of every help." p. 86.

‡ As a view to practical utility, it is hoped, will be a marked trait in this Historical Retrospect, we cannot refuse to notice Dr. Pemberton's method

Mr. Abernethy, as well-known for his philosophical views of the principles of his art, as for his great skill in operative surgery, has this year published Observations on those disorders of the Digestive Organs which accompany local Diseases.* Having been led to pay attention to the digestive organs, and their connexion with other diseases, in the relation of cause and effect; the importance of the investigation gradually increased in his estimation. He perceived that local diseases disturb the functions of the digestive organs; and, conversely, a deranged state of those organs, either occurring in consequence of such sympathy, or existing primarily as an original disease, materially affect the progress of local complaints. It is the object of this volume, to establish the foregoing principle, by a relation of numerous facts; to elucidate its mode of operation, by reasoning on those facts; and to confirm the practice by a detail of successful treatment. In addition to the investigation of disorder in the digestive organs, occasioned by local affections, or, as retarding the cure of topical disease, will be found an elaborate view of the functions of the chylopoetic viscera, and a detail of morbid appearances that have often been mistaken for syphilis; but which have uniformly been cured by general means applied to the organs of digestion. Some cases and observations on diseases of the urethra, particularly that part which is surrounded by the prostate gland; and remarks on the treatment of one species of *nævi materni*, close the volume.

To those who are accustomed to look into the events that occasionally agitate the medical world, the case of Dr. Greenfield will be familiar. Upon this unfortunate man a degree of obloquy was cast, on account of his use of cantharides internally, and his Treatise on that subject, which neither his conduct nor his book deserved. Since that time, we do not recollect any express work on the internal use of the cantharis, before the appearance of

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method of treating paralysis of the hands. The principle of the practice is to place, by some mechanical contrivance, the paralytic muscles in a state to resume their lost action. This is effected by placing the hand and forearm upon a splint, so as to take off the weight of the hand from the diseased muscles. A plate accompanies the description of the method, with instances of its success.

* Surgical Observations, Part the Second, containing an account of the disorders of the health in general, and of the digestive organs in particular, which accompany local diseases, and obstruct their cure, &c. 8vo. Lond. 1806. pp. 245.

Mr. Robertson's "Practical Treatise."* That the *Meloe vesicatorius* possesses active properties, and has the power of exciting extraodinary actions in the animal economy, will not be denied; but whether this acrid insect will afford "a stimulus capable, not merely of producing temporary excitation, but ensuring permanent support, without being followed by the debilitating consequences of some, or the narcotic effects of others;" those, who have seen how suddenly great promises fade into "thin air," will, at least, doubt. Much is due to Mr. Robertson, however, for his researches, which, if they do not possess in any extraordinary degree the *suaviter in modo*, have yet been pursued with intelligent industry. The three sections into which the work is divided, treat of the use of this insect, in gleet, in leucorrhœa, and in obstinate "*sore.*" Perhaps, Mr. R. is too sanguine when he asserts, that the cantharis, taken internally, "operates as an agreeable and universal stimulus, infusing not only action, but the power of maintaining action, dispelling atonia, and re-establishing health."

A Treatise on the Gravid Uterus, published a few years since, gave Mr. Burns considerable credit with the faculty; and in some Observations published† this year, closely connected with the same subject, he has supplied a deficient link in the chain of English medical literature. In the treatise on abortion, the general principles, the prevention and treatment of the disease, are perspicuously explained under the formation of the ovum, the causes that give rise to abortion, &c. Some new and interesting speculations on the formation of the ovum, occupy the first part of the work; to this succeeds a view of the phenomena of abortion. Mr. Burns, in his dissertation on inflammation, has an hypothetical notion, that when the action of any part is increased, the energy of other parts must be proportionally diminished. On this hypothesis he endeavours to explain the causes of some abortions. There being increased actions of the uterus in gestation, requiring an increased quantity of energy to support it; the system is put, *pro tempore*, into an artificial state, and obliged either to form more energy, which cannot be so easily

* A Practical Treatise on the Powers of Cantharides, when used internally, demonstrated by experiment and observation. 8vo. Edin. 1806.

† Observations on Abortion, containing an account of the manner in which it is accomplished, the causes which produced it, and the method of preventing or treating it. 8vo. Lond. 1806. pp. 139.

easily done, or to spend less on some other part. Thus the functions of nutrition, or the action by which organic matter is deposited in the room of that which is absorbed, often yields or is lessened, and the person becomes emaciated, or the stomach has its actions diminished, or the bowels becoming inert, produce costiveness and inflation. If no part gives way, and no more energy than usual is formed, he argues that gestation cannot go on, or goes on imperfectly.* Hence, some women have abortion induced by being too vigorous. In this species, which Mr. B—— considers as the result of too firm action, half a grain of digitalis, and one-eighth of a grain of tartrite of antimony given every night, is serviceable, by diminishing the action of the digestive organs. Digitalis is the favoured remedy of this writer, and is given under every circumstance of abortion and flooding, where it is the indication to diminish vascular organic action.

The subject that has, during the year 1806, excited the most lively interest; and which, indeed, has most deserved a serious and dispassionate investigation, has been the History of the Cow-Pock; and an Inquiry into the reasonable security Vaccination affords against Variolous Infection. The practice of vaccination has now taken so wide a range, and such multitudes throughout the world have adopted it as a security against the small-pox, that few persons will be found so far removed from civilized life, as not to have some curiosity respecting the opinions that agitate society on this subject.

When inoculation for the small-pox was introduced into England, and for a few years after that event, from motives now not ascertainable, several persons of no mean talents, raised up a cry against it; and endeavoured by arts equally unfair and uncandid, as far removed from rational inquiry, as from honourable investigation, to stop its progress. This was attempted to be done, not by reasoning, but by exciting prejudices, by false histories, by popular abuse, and by appeals to conscience. At the head of this combination were some of the Clergy, particularly the Rev. Mr. Massey, and M. de la Faye. What these gentlemen were to inoculated small-pox, Dr. Rowley

* We have a certain quantity of action present in the system at large, and properly distributed among the organs, forms an equilibrium of action; but if any organ act in an over degree, another which is connected with it, will have its action lessened, and *vice versa*. Burns.

was, and Dr. Moseley now is, to the vaccine disease. Placards, handbills, poetry and prose, in every form and feature, have been called into action; while dispassionate reasoning and cool investigation have been rejected. To retard the progress of a most fatal and destructive operation, according to the assertion of its opposers, and which gives no present security, entails on its victims future diseases the most loathsome and horrid in their external form, and perfectly novel in their symptoms; intemperate language, exaggeration of facts, and aspersion of character, seem to have been understood as the most certain and effectual means. The leader of the phalanx thus employed, has paid the debt of nature. Some learning, great activity of mind, strenuous application to business, in him were combined with blind prejudice, bigotted zeal, and a determination to rule the public opinion without a nice regard to the means employed. The discovery of Jenner was opposed by Dr. Rowley with a pertinacity of abuse, that must lead to an opinion, among those who judge from the mode of attack, that he had a personal enmity to the man, rather than a conviction of the ill consequences that might arise to society from the employment of the vaccine virus. There is no arriving at the private motives that might actuate Dr. Rowley in this controversy; but his public conduct is open to reproof, and the chastisement of criticism has fallen upon it: though, perhaps, occasionally itself manifesting a similar deviation from cool, rational, and dignified scientific investigation.* A physician of much ingenuity, and great quickness of parts, became the coadjutor of Dr. Rowley in the vaccine controversy. That Dr. Moseley should adopt opinions different from others on the subject of the vaccine disease, is in no wise reprehensible; by the opposition of sentiment, and the collision of inquiry, truth is elicited. But when a man of talent, and who has heretofore deserved well of the

* Dr. G. Pearson has observed (Phil. Mag. June 1806, p. 93.) that the publications in favor of vaccination are written, for the most part, with the spirit of animosity, and not of investigation; and that the adverse writers seem not at all anxious for any thing but to collect and publish inaccurate accounts of failures, without a due regard to the laws of evidence. Neither party seems to be aware that vaccination may leave one out of a thousand still liable to the small-pox, and yet finally effect the grand object in view, the extermination of the small-pox, by substituting an affection that is not, in one case in a hundred, worth calling a disease, and produces death scarcely once in ten thousand cases; for small-pox inoculation, which produces a severe disease in one case of twenty-five, and death in one of one hundred and fifty or two hundred.

the public, and of science, condescends to gross exaggerations, and to arts the vulgar and the unlettered understand and practice with an adroitness equal to himself; we lament the degradation of mental powers. Mr. Birch, and Mr. Goldson, with a few others of meaner note, may be numbered among the opposers of vaccination. These gentlemen are, however, to be distinguished from the herd of anti-vaccinators, by a greater degree of candor and moderation in their opposition.

Since the death of Dr. Rowley,* the anti-vaccinarian spirit has languished. In the year 1806, very few publications have appeared to oppose the use of vaccine inoculation. A second edition of Dr. Moseley's "Commentaries," † Mr. Birch's "Serious Appeal," ‡ Mr. Lipscomb's "Cow-pox exploded," ‖ and a second edition of Dr. Squirrel's Observations, § are, we believe, the only distinct and separate publications, on this subject, that have issued from the British press in this year.

Of a second edition of Dr. Moseley's Work, it will not be expected that a minute account should be given; it has been long before the public, and its peculiarities are well known.¶ In Mr. Birch's "Serious Reasons," are there any new facts brought forward? Many are, however, promised, and Mr. Birch speaks of being in possession of a great body of evidence; but until it is publicly produced, its credibility and weight are uncertain. This author labours to prove that vaccination has been often fatal, that it has introduced new disorders into the system, and that it

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* Dr. Rowley died on the 17th of March, 1806.

† Commentaries on the *Lues Bovilla*, or Cow-pox; second edition, 8vo. Lond. 1806. pp. 260.

‡ Serious Reasons for uniformly objecting to the Practice of Vaccination; in answer to the Report of the Jennerian Society. 8vo. Lond. 1805.

‖ Cow-pox Exploded; or the inconsistences, absurdities, and falsehoods of some of its defenders exposed. 8vo. Lond. 1806. pp. 57.

§ "Observations on the pernicious Consequences of Cow-pox Inoculation; containing many well authenticated instances, proving its insecurity against Small-pox: also Remarks on the Advantages of Small-pox Inoculation. Second edition, small 8vo. Lond. 1806. pp. 74."

¶ The Preface is, however, new, and the Doctor says in it, that future ages will read with wonder the history of the cow-pox credulity of this nation. He calls the vaccine disease a cacodæmon, and those who associate to support it, a diabolical conspiracy; and adds, from this cow-pox medley of weak philosophers and strong fools, the world will form some estimate of the state of physic in England. He consoles himself with the idea that the spring, summer, and autumn of 1805, decided the fate of cow-pox in England. The monster expires on its *natale solum*, he exclaims with exultation.

it is not a security against the small-pox. He also complains that the supporters of the practice have used unfair means in defending it; that the royal patronage and authority of parliament have been used to an unwarranted degree; that the command to the army and navy has been adduced, not as a means of facilitating the experiment, but as a proof of the triumph of the cause; and that the monopoly of the press, and the freedom of the post-office, have been employed to circulate the assertions of the friends of vaccination, and to suppress the arguments of their opponents. Observations on the Report of the Royal Jennerian Society, and a Critique on Mr. James Moore's "Reply," occupy a principal part of this pamphlet. The "Observations," by Dr. Squirrel, are addressed to the King; and the object of the author is to prove, that the cow-pox, as originating from the grease in the horse, is a modification of scrophula; that it introduces that disease into the system, and is not a security against the small-pox. At page 24, he gives a comparative view of the cow-pox and small-pox inoculation, which, he says, "must convince every dispassionate person, that the former is a malignant disease, undermining the constitution, and subjecting the human body to many troublesome and lingering disorders; and ought, therefore, to be exploded out of practice, or it will soon destroy the health of the human race."* Mr. Lipscomb having pledged himself to the public † to reply to every argument which might be brought forward by Drs. Jenner, Pearson, Lettsom, Adams, or

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* 1. The cow-pox inoculation produces malignant effects, vitiates the blood and other juices.

The small-pox inoculation produces no ill consequences whatever.

2. The cow-pox produces very ill health to children.

The small-pox inoculation improves the health and constitution.

3. The cow-pox matter is taken from an animal diseased, and is of a specific scrophulous kind.

The small-pox matter is taken from a healthy subject, and produces no disease whatever but the one for which it was intended.

4. The cow-pox was introduced into this country in 1798, since which time experience has proved that it has produced many bad consequences.

The small-pox inoculation has been practiced nearly 100 years in this country, and no ill effects can with truth be attributed to it.

5. The cow-pox is a disease unnatural to the human constitution. Providence never intended that it should affect, *or pester*, the human race; consequently, vaccination must be repugnant to nature.

The small-pox is a natural disease, which was sent to us by providence, and has afflicted mankind according to the law of nature.

† Dissertation on the Failure and Mischiefs of the Cow-pox.

or Thornton, fulfils, as he says, this promise by the publication of "Cow-pox exploded," with which he hopes to close the controversy. This pamphlet, which the author's self-complacency leads him to imagine is so powerful in facts, and so convincing in arguments, as to render all further contest futile, is merely an attack on Dr. Thornton's *Vaccina Vindicæ*. It abounds with that species of rhetoric which has so often disgraced the combatants on both sides; and is filled with flippant criticism, and personal invective.

The supporters of the Jennerian Discovery have been actively employed in its defence; and much talent and ingenuity have been exercised in ascertaining the real properties of the cow-pock, and in elucidating its symptoms and history. At the head of the publications on this subject, during the year 1806, we are disposed to place Dr. Willan's Treatise.* This quarto volume contains a view of all that has been written of any importance on this subject, arranged with all the clearness and precision we expect from Dr. Willan, and enriched with remarks which manifest a thorough acquaintance with the disease. This work, consisting of 108 pp. and an appendix of 55 pp. is intended to exhibit the result of a laborious investigation, without reference to controversies. It treats, 1st. of the combined inoculation of the variolous and vaccine fluids. 2dly. on the characteristics and effects of perfect vaccination. 3dly. on imperfect vaccination. 4thly. on variolous eruptions subsequent to vaccination. 5thly. on cutaneous and glandular affections imputed to vaccine inoculation. 6thly. on the chicken-pox and swine-pox. 7thly. on the inoculation of varicella. The Treatise concludes with remarks on a general plan for exterminating the small pox. The appendix contains observations on the cow-pock by Dr. Jenner, and Mr. John Pearson; Report of the progress and present state of vaccination at Liverpool, at Lancaster, Edinburgh, Dublin, and Cambridge; — at Bath, Yarmouth, Newcastle upon Tyne, Manchester, Carlisle, Exeter, Reading, York, Monmouth, Salisbury, and Norwich. Two highly finished coloured engravings shew the variolous pustule and vaccine vesicle contrasted, spurious vaccine vesicle, pustules and scab of the favus, a papulous eruption

* A Treatise on Vaccine Inoculation; to which is added an Account of the Chicken-pox, Swine-pox, and Hives, with coloured engravings. 4to. Lond. 1806.

ruption which sometimes occurs during vaccine inoculation, *area* or ring-worm of the scalp, lenticular, conoidal, and globated varicella.

Dr. Adams has very properly defended Vaccination, by answering * objections with candour and moderation.—Those who are acquainted with Dr. Adams's elaborate Work on Morbid Poisons, will have little doubt of the ingenuity he has shewn in defending a cause in which he is officially engaged, as physician to the Small-pox Hospital. It is a remarkable circumstance, that objections have been no where raised against vaccine inoculation, but in England. Through France, Spain, Italy, Portugal, Germany, Prussia, Russia, and every other part of Europe; through the East Indies, and most other parts of Asia; through Africa and America, even to the savage native tribes, the practice of vaccination has extended, and no objections have arisen. † In this particular it differs from the

* An Answer to all the Objections hitherto made against the Cow-pock. 8vo. Lond. 1806. pp. 37.

† In the year 1800 the late Dr. Woodville, by particular invitation, went over to France for the purpose of introducing vaccination to that country. In 1802, the annual report of the central committee declared its success, and the report of this committee for 1804 asserts that the practice of vaccination is fully established by 100,000 facts. Med. and Phys. Journ. May 1805, p. 419.——In Spain the practice has been received with avidity, and has been followed by the happiest success.——In the summer of 1800, Drs. Marshall and Walker left England for the purpose of introducing the cow-pox to the shores of the Mediterranean. They began at Gibraltar, thence proceeding to Malta, Sicily, and Naples. In the Italian republic alone, in 1802, Dr. Sacco had vaccinated 70,000.——The success in the dominions of the House of Austria, where it was introduced in 1799, is extremely remarkable. *In* 1798, *the average of deaths from the small-pox in Vienna was* 835; *in* 1802, *this average was reduced to* 61; *in* 1803, *to* 27; *and in* 1804, *the actual number who died of the small-pox amounted to two persons only.*——When the Russian court was at Moscow, in October 1801, the vaccine inoculation was first employed on a child, who was afterwards called *Vaccinoff*; since when it has been established throughout the Russian empire.——The King of Prussia was the first crowned head that submitted his own offspring to vaccination.——In the summer of 1802, the vaccine inoculation was employed at Copenhagen, where it became so general, that the bills of mortality for that town, in the succeeding years, returned none as dying of small-pox.——Bohemia, Livonia, and the two Gallicias,* in 1801, adopted vaccination very generally; and in the dominions of the Elector of Salzburg, and in the Dukedom of Mecklenburg, in 1804 and 1805, it was employed to a great extent.——On the 14th of June, 1802, the first person in Hindostan was vaccinated by Dr. Scot; and since that,

* In the two Gallicias, not less than 65,258 persons were vaccinated in six months. Thornton Vac. Vind. 422.

the early history of inoculation for the small-pox. After a short detail of the opposition to small-pox inoculation, with a view to point out the coincidence of conduct between the enemies to that practice and the anti-vaccinators of the present day, the author proceeds to examine the objections brought against cow-pock inoculation. The whole of these objections are arranged under three heads. 1st. That it is no security against the small-pox. 2dly. That it is only a security for a time. 3dly. That it introduces humours into the constitution. It is admitted that some instances have occurred of small-pox after cow-pock, and on those the opinion of its being no security, or only a temporary one, has been founded. Dr. Adams, however, very distinctly shews that this second infection has arisen from one or other of the following circumstances. By 1st. an imperfect vaccination; 2dly. by the constitution being under the influence of some other disease at the time of vaccination;* or, 3dly. by being liable to the small-pox twice. The objection of its introducing humours into the constitution, is proved to apply to inoculated small-pox in a greater degree. Dr. Adams has given a clear unvarnished account, calculated to instruct all classes: plain, but distinct: if it does not afford amusement, it gives information.

The reply † of Mr. James Moore is characterized by liveliness of manner, perspicuity of arrangement, neatness of style, and acuteness of remark. Few pamphlets will be perused with more pleasure by readers of taste than this, notwithstanding it is written on a subject that promises but little amusement. In treating the question, a clear history of Dr. Jenner's Discovery is given, its claim to scientific distinction appropriated, and its practical utility ascertained. The detail is minute without being prolix, and the result of an inquiry into this subject is distinctly pointed out. When the writings of the anti-vaccinists have any claim to serious examination, they are scrutinized with critical acumen: when they are absurd or self-interested, the lash of satire is justly applied to them.

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that, not fewer than 800 000 have undergone the operation.——In the empire of China, a country whose attachment to old customs has such rooted power over the human mind, vaccination has become very general; and a book in the Chinese language has been published on the subject.—In the beginning of 1799, by the exertions of Dr. Waterhouse, and the patronage of the President Jefferson, the cow-pox gained a firm footing in America.

* Med. and Phys. Journ. vol. xii. p. 97.

† A Reply to the Anti-vaccinists, 8vo. Lond. 1806.

As a specimen of the style and manner of Mr. Moore's "Reply," we select the excellent observations on the conduct of the Faculty to each other, and on their reception of the vaccine discovery.

"Could any class of human beings live in peace, it might be expected of those brought up to the church and to medicine. But ecclesiastics can seldom instill into mankind the doctrine of love to each other, without mutual rancour; and physicians as rarely inculcate acts of humanity, without snarling at their brethren. It is strange, yet true, that seamen and soldiers, whose duty it is to wound and destroy, are hardly more given to quarrel, than churchmen and physicians, whose avocation it is to relieve and save. That vaccination should occasion contention, was a thing of course; but this has been carried to unexpected lengths; for both those who approve, and those who disapprove, have accused each other of murdering their patients. It must be owned indeed, that on this occasion, there was superadded to the general tendency of doctors to differ, a particular motive which rarely fails to have that effect on all mankind. Small-pox was the source of no inconsiderable portion of the income of almost every medical practitioner; insomuch, that neither physicians nor surgeons would abandon this disease to the management of the other. The physician claimed it as a contagious fever, and therefore a medical case; but as the surgeon was the inoculator, he did not choose to relinquish the profits of the subsequent treatment. While each was eager for the whole, it was hardly to be expected, that a plan to take it from both would be kindly received by either. Jenner's discovery was a touch-stone, to detect what proportion of selfishness alloyed the human heart. It was calculated to make known, whether the scenes of misery, which medical men are compelled to witness, blunt their feelings. The result has certainly reflected distinguished honour on the faculty; for the plan to exterminate the small-pox, has been zealously adopted by the medical men of every part of the world which it has reached."*

To give a detailed account of every pamphlet which has appeared in 1806, on this subject, would far exceed our limits; we must therefore be content with enumerating the

* This must be taken with the exception of Drs. Rowley, Moseley, and Squirrel; Messrs. Birch, Goldson, Lipscomb, &c.

the title of many that deserve a more minute attention. The indefatigable Mr. Ring, besides his extensive animadversions in the Medical Journal, has printed a reply * to Mr. Birch, in which the warmth, if not the asperity of his manner, is strikingly characterized. Mr. Moore has also replied to Mr. Birch. Mr. Jones, surgeon to the Montgomery volunteer legion, has addressed a letter to his patients, in vindication of vaccination.† The Rev. Edward Jenner has printed the Report before the House of Commons.‡ Mr. Blair, in "the Vaccine Contest," has thrown the argument ‖ into the form of dialogue, in which he makes Dr. Rowley, under the name of Dr. Bragwell, sustain his part in the language of his own pamphlet. The Rev. Rowland Hill, in a pamphlet § dedicated to the Duke of Bedford, as president of the Jennerian Society, has rendered essential service to the cause of vaccination, by exposing the unfair conduct of its opponents, and by pointing out, very distinctly, its success in a great number of instances. Mr. Creaser, of Bath, has printed Observations ¶ on the Report of the Committee of the House of Commons; and the late attempts to depreciate vaccine inoculation have been investigated by Mr. Merriman.** With Mr. Dunnings's Detail,†† with Doctor Thornton's Vaccina Vindiciæ,

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* An Answer to Mr. Birch, containing a Defence of Vaccination. 8vo. Lond. 1806.

† Vaccination Vindicated against Misrepresentation and Calumny. 8vo. Lond. 1806.

‡ The report of the evidence at large, as laid before the Committee of the House of Commons, respecting Dr. Jenner's discovery of Vaccine Inoculation: together with the debate which followed and some observations on the contravening evidence. 8vo. Lond 1806.

‖ The Vaccine Contest; or mild humanity, religion, and truth, against fierce unfeeling ferocity, over-bearing insolence, mortified pride, false faith, and despiration; being an exact outline of the arguments and interesting facts, adduced by the principal combatants on both sides, respecting Cow-pox Inoculation, &c. 8vo. Lond. 1806.

§ Cow-pock Inoculation vindicated and recommended from matters of fact; by Rowland Hill, A. M. with the Report of the Medical Council of the Royal Jennerian Society. 8vo. Lond. 1806.

¶ Observations on Mr. Pearson's Examination of the Report of the Committee of the House of Commons, concerning Dr. Jenner's Claim for Remuneration. 8vo. Lond 1806.

** Observations on some late attempts to depreciate the nature and efficacy of vaccine inoculation. 8vo. 1806.

†† A short Detail of some circumstances connected with vaccine inoculation, which lately occurred in the neighbourhood of Plymouth, with Remarks. 8vo. London, 1806. The calm, candid, and rational statements of Mr. Dunning carry considerable weight with them.

ciæ,* and some anonymous essays,† ‡ ‖, we must close our catalogue.

On a subject of such importance to society, either in its success or in its failure, as the VACCINE INOCULATION, candour, truth, humanity, reason, and science, should be united. The little arts that are used to support little causes, should be rejected with disdain; sarcasm and wit should not be heard in the dispute; but rational and dispassionate investigation, in this question of science, should be paramount to every hostile feeling: jealousy, resentment, and envy, should be lost in contemplating the magnitude of the blessings its success will bestow, or in reflecting on the quantum of evil that will fall on the human race from its failure. The legislature of this country, feeling very fully the importance of Dr. Jenner's discovery, has provided for a rational decision of this momentous question, by delegating the trust to the President and Fellows of the Royal College of Physicians.§

With an appearance of injustice to several valuable productions of the year 1806, but, in truth, from having arrived at the extent of our limits, we are compelled only slightly to notice, what under other circumstances we should have dwelt upon with peculiar satisfaction. It is this that obliges us to give merely the titles of such works as

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* Vaccinæ Vindicia, or a Defence of Vaccination; containing a refutation of the cases, and reasonings on the same, in Dr. Rowley's and Dr. Moseley's pamphlets against vaccination. 8vo. Lond. 1806, pp. 472. Dr. Thornton has been very properly employed in examining the facts, and in ascertaining the genuineness of the cases produced by the anti-vaccinists. The discovery he has made of false statements, interpolation, and fabrication, as it assists the cause of truth, has our best thanks.

† Arguments relative to the Cow-pox, addressed to Lord Hawksbury, and laid before the Board of Health. By a Physician.

‡ A Letter to Mr. Birch, in answer to his late pamphlet against vaccination; by a Member of the Royal College of Surgeons, 8vo. 1806.

‖ Lettsom's Exposition of the Cow-pox. 8vo. 1806.

§ On Wednesday, the 21st of July, 1806, it was moved in the House of Commons, by Lord Henry Petty, "That an humble address be presented to his Majesty, praying, that he will be graciously pleased to direct his Royal College of Physicians to enquire into the state of the Vaccine Inoculation in the united kingdom, and to report their opinion as to the progress it has made, and the causes that have retarded its general adoption." The motion was introduced by the noble mover with an eloquent speech, tracing the history and progress of vaccination; and an animated debate took place, in which Dr. Mathews, member for Hereford, Mr. Wilberforce, Mr. Windham, Mr. Banks, and Mr. Wm. Smith took a part, when the address was agreed to without a dissentient voice.

as Dr. Pinckard's Notes on the West Indies, 3 vol. 8vo.; Dr. Beddoes's Manual of Health; Cases of Excision of carious Joints, by Mr. Parke, of Liverpool, 8vo.; the late Dr. Hamilton's (of Lynn Regis) Letter on the Cause und Treatment of the Gout; the Analysis of the Malvern Waters, and Observations on the Use and Abuse of Mercury, by Dr. Phillip Wilson; Peake's Admonitory Hints on the Use of Sea Bathing; Johnson's Practical Observations on Urinary Gravel and Stone; on Diseases of the Bladder and prostate Gland, and on Strictures of the Urethra, 8vo.; Dr. Jones's Treatise on the Process employed by Nature in suppressing Hæmorrhage, &c.; John Bell's 2d volume of the Principles of Surgery, 4to.; Cox on Insanity, 8vo.; Luxmore's Treatise on Hernia Humoralis; Clark's Essays on the Management of Pregnancy and Labor, 8vo.; and improved editions of Arnold on Insanity; Rollo on Diabetes Mellitus; Duncan's Dispensatory; Heberden's Commentaries; Welldon's Cases in Surgery; Chevalier on Gun-shot Wounds; Butter on the Infantile Remittent Fever; Home and Whately on Strictures of the Urethra; Howard on the Venereal Disease, &c. &c.

Before we close this retrospective sketch of the progression of the medical art in Britain, we cannot refuse to notice the establishment of a society in London, for the relief of persons afflicted with Hernia. In the year 1796 a society was founded in this metropolis for the purpose of gratuitously affording chirurgical assistance and trusses, in cases of Hernia, to persons in indigent circumstances; but from some occurrences, that time has rendered unimportant, its laudable object was in a measure frustrated. The spirit of active benevolence, so characteristic of this country, has founded, however, with similar views, an institution called the New Rupture Society.——The address of this Society to the public, contains some facts on the subject of this complaint, instructive to the practitioner, important to the physiologist, and interesting to the general inquirer into the laws of nature. It states that one person in fifteen, taking the whole mass of society, suffers under this disease: that in the labouring part of the community, the average is one in eight or nine; and that in some particular places of low and damp situation, the proportion may be computed at even a fourth of the labouring population. In upwards of three thousand cases, 741 were double hernia; of these double hernia 47 were *femoral*; and of these 47, three were in males, and forty-four in females; 694 were *inguinal*: of these, 609 occurred in the male, and 85 in

in the female. Of the single hernia, in number 2272, fifty-seven male femoral, and 163 female femoral occurred; 1520 male inguinal, and 399 female inguinal. Out of the aggregate number there were 133 umbilical; of these 36 appertained to the male, and 97 to the female. Of the single hernia, more than two-thirds happened on the right side. A small proportion of triple, and other extraordinary cases occurred; but they were extremely rare, and mostly existed among the female sex.

The talent for invention, the lively genius of the French, and their extensive intercourse with all nations, combine to give to the progress of their scientific literature an extent and an interest, that scarcely any other people reach or excite. In this abundant field we are ashamed to have gathered so little; but the time alloted to the task, like true patriots, we have almost exhausted on our native soil; and have thus done an injustice to our versatile neighbours, which, however, we hope another year to repair by an ample compensation.

The prominent feature in the medical literature of France, during 1806, as in that of England, has been the progress of VACCINATION. On the 12th of July, the central vaccine committee of Paris made their report on the propagation of vaccine inoculation in that country during the last 12 months. From this report it appears, the number of individuals vaccinated in the 42 departments, during that period, amounts to 125,992. Whether the vaccinated have been exposed to variola by inoculation, or by an intimate commerce with those labouring under the disease, they have equally and uniformly, where they have regularly gone through the vaccine infection, resisted variolous contagion. The most important result of the report of the committee is the certainty of the progressive diminution of mortality wherever vaccination has been introduced, and the increase of deaths where it has been neglected.

The substitution of carpenter's glue for cinchona, in the cure of intermittents, is one of those strange appropriations we must reject with silent neglect, if the evidence of the fact be not the most decisive and satisfactory. Some experiments on cinchona, led Sequin to conclude it contained gelatine; and this gave him the idea of curing intermittents by the use of glue. Dr. Gautieri details a history of the experiments made with this substance in Italy, and states their success; Dr. Biskoff confirms its powers by a similar detail of facts, occurring in Germany. And from this we are led to understand, and pressed to believe, that the

the almost specific qualities of the Peruvian bark, are to be found in simple animal, or, perhaps, vegetable gelatine.

We must look back a year or two, to notice a very ingenious work on the revolutions of medical science, by Cabanis, especially as it has this year appeared in an English dress.* The profound philosophical views, the learning, and the science manifested in this work, sufficiently recommend it to the attention of the public. Englishmen will see with surprise and regret, that this inquirer into the History of Science, has only *just* heard of Harvey and Sydenham; that the treasures of medical literatur in the English language are, to him, nearly a blank. This is only to be accounted for, from the want of some work, which would give a general view of the medical learning of this country.

A favorite method of propagating and improving science in France, is by giving prizes for the best dissertations on specified subjects. This has taken place in a smaller degree in England, where it might be extended in a manner that would meliorate science, be the means of bringing genius into action, and become the reward of merit. In Paris, and in the departments, a variety of these prizes are annually announced. For 1806, the Parisian Pharmaceutic Society has offered two prizes for answers to ninepharmaceutic questions.† The editors of the *Gazette de Santé* have given a gold medal for the best answer to the following questions: What are the proximate causes of Epidemics? Do they depend upon various miasmata conveyed through the air, or are they occasioned by actual contact? Do they depend merely on the qualities of smells,

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* A Sketch of the Revolutions of Medical Science, and Views relating to its Reform. Translated from the French of P. J. G. Cabanis, by A. Henderson, M. D. with notes. 8vo Lond. 1806. pp. 420.

† 1. Does there exist a process for constantly obtaining kermes of the same colour and quantity? 2. What is the reason that whey does not always clarify of the same colour? 3. Which is the best process for obtaining the purest and most energetic emetic? 4. What is the difference between electuaries recently prepared, and those which are several years old? 5. Which is the best method of preserving the various parts of plants, in regard to their *aroma*, colour, &c.? 6. What is the best method of ascertaining the natural families of plants, from their chemical affinities? 7. What is the best method of preparing distilled waters from aromatic plants? 8. Which are the extracts that should be made from green, and which from dried plants? 9. The products of the infusion or decoction of inodorous substances not being the same, in what does that difference consist?

smells, or is it clear that all stimulants are preservatives against infection? The Medical Society of Lyons has announced a prize for the best disputation explaining the diagnostic and prognostic signs afforded by the state of the tongue, lips, and teeth, in acute and chronic disorders; and of the advantages that may result to practice from the discovery. The Medical Society of Brussels, re-established in 1804, has been employed in medical and philosophical researches of great importance. Their prize question for this year is, "What are the characteristic symptoms of inflammation of the mucous system, and what are the phenomena consequent to such inflammation in regard to the organs in which it takes place, and the proper treatment in such cases?"

Professor Dumas, of Montpellier, in an ingenious inquiry into some peculiarities in the structure and functions of animal bodies, has proved, by a number of facts, that the different organs of the human frame have the singular property of being transformed into each other. He distinguishes four species of this transformation. The 1st species comprehends changes in the natural form of the organ. The spleen sometimes assumes the colour and form of the liver, and the duodenum is distended to the size of the stomach. The second species relates to changes in the chemical composition of the organs. The change in the chemical principles of an organ are, either in its albuminous matter, in its fibrous texture, in the gelatine, or in the earthy calcareous salts. It is a well known fact, that after death, the muscles sometimes change to a fatty substance resembling spermaceti. M. Dumas has seen the same change occur during life. In dissecting the body of a man who died of catarrhal fever, he found the anterior muscles of the chest, some of those of the face, those of the shoulders and the arms, reduced to this substance; in the muscles of the lower part of the trunk, and of the thighs and legs, this transformation was in the act of taking place. The lungs have been changed into a substance resembling liver; the bones have been transformed into cartilage, and the arteries have become bone. Of the 3d species, the change in organic structure, many instances are related. The 4th species, under which is arranged the transformation of the vital functions, contain many instances of singular deviation from the regular course of nature. Haller mentions a man, who after a nervous affection, acquired such an increase of misplaced sensibility, that all the organs of the body became auditory, distinguishing the properties

properties and the force of sounds, with the same correctness as the ear. M. Dumas has seen at Montpellier, a young woman, who during the paroxysm of catalepsy,* had a concentration of sensibility in the præcordia, where the organs of sense seemed for a time to be fixed; she related, that in the paroxysm, the stomach had all the properties of the eye and the ear. The functions of the uterus, in the catamenial evacuation, have often been supplied by very distant organs. The vessels of the nose, the eyes, the umbilicus, the anus, the stomach, the lungs, &c. have, at times, poured out this periodical discharge.

The hymen, a membrane to which such importance has been attached, but the existence of which some anatomists have doubted, has lately been shown by Duvernoy, not to be peculiar to the human female, but to be common to the females of the class Mammalia.

From Spain we have received intelligence of peculiar interest. In the Madrid Gazette of the 14th of October, 1806, there appeared a detail of a voyage round the world, undertaken by the order of the Spanish government, for the purpose of disseminating *Vaccine Inoculation*. Dr. Francis Xavier Balmis, surgeon extraordinary to the King, conducted this humane expedition, and he returned to Old Spain on the 7th of September, 1806, after having carried, or been the means of carrying, the vaccine fluid to the greater part of the continents of Asia, Africa, and America. It had been a point of no small difficulty, and in some voyages of unusual length, it was thought impossible to convey the vaccine fluid in an active state; but in this voyage an effectual expedient was adopted. Twenty-two children, who had never undergone the small-pox, were selected for the purpose of transmitting this fluid in an active state. These children were vaccinated at proper intervals during the voyage, and thus a supply of the infecting material was secured.

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* The extraordinary and almost supernatural appearances that occur in the cataleptic paroxysm, have led, in ages less enlightened than the present, to a belief in the agency of dæmons, and the influence of witchcraft. In some instances, while the patient seemed but breathing marble, the most exalted and elaborate mental action was going on. We have, in the progression of a cataleptic case, seen so many unusual deviations from the common laws of nature, both mental and corporeal, that, were these pages not appropriated to another purpose, we should venture to give a full detail of its history.

Dr. Balmis has brought with him a considerable collection of exotic plants, and drawings of valuable subjects in natural history. He has also amassed much important information, for the naturalist, the physiologist, and the agriculturist

The circumstances that have compelled us to touch but slightly on the progress of the medical art in France, operate with additional force against our going minutely into the extensive field which Germany and the North presents. From this immense store-house of hypothetical and practical knowledge, we cannot refuse, however, to extract some articles of more than common interest. The system of Gall continues to excite sensations, and to divide the continent into two parties; the press teems with Anti-Galls and travels of Craniologists; physicians of eminence are ranged on each side; the celebrated Hufeland defends, and Walter, the anatomist of Berlin, opposes this system of deep science, *or of wild speculation.* Though the discriminating good sense of our countrymen will forbid the system of Gall making converts, or finding advocates in the British isles, yet so singularly whimsical is the hypothesis, and so boldly are its powers asserted, that a short statement of its leading principles will at least amuse. Gall pretends to have arrived, by observations, at a knowledge of the principal faculties of man, his inclinations, and his passions, by a mere inspection of the *Cranium.* He distinguishes upon the cranium different eminences, and each of these eminences, in his system, indicate a leading faculty, a master passion, or a predominant inclination. Dr. Friedlander has given a summary of this doctrine. Gall, in imitation of other great apostles, does not condescend to explain himself. He writes not, but his pupils descant on his principles, and develope his system. The eminences on the cranium, or organs, as they are called in this system, are in number 27. The 1st of these organs indicates the faculty of sexual intercourse; the 2d, is the organ of parental affection; the 3d, of docility, or teachable disposition; the 4th, memory of places; 5th, memory of persons; 6th, knowledge of colours; 7th, talent for music; 8th, for arithmetick; 9th and 10th, for words and language; 11th, the arts of design; 12th, for friendship; 13th, 14th, and 15th, for fighting, murder, and cunning; 16th, for theft; 17th and 18th, pride and vanity; 19th, 20th, and 21st, circumspection, comparison, and judgment; 22d, 23d, and 24th, wit, the power of induction, and good nature; 25th and 26th, are the organs

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of theosophy and constancy; and the 27th is the organ of perspicuity, or the faculty of clearly explaining our ideas.*

In the usual course of anatomical studies, (for we consider the equivocal pursuits of Gall as deviating too much from the direct road of science to be arranged with that useful art) dissertations and observations on subjects taken from human and comparative anatomy, by Michel, have appeared; observations anatomico-physiologica, by Okle; commentatio anatomica-physiologica, medico-chirurgica de morbis occulorum, by Paterka; chirurgisen anatomische abbildungen, by Rosenmüller; and Sandifort's Deglutionis Mechanismus Verticalisectione Narium, Oris, Faucium Illustratus, are among the publications of this year. *Beer*, the German Scarpa, has communicated some further observations on staphylomatose diseases of the eye; *Wickelhausen* has written on the symptoms, prevention, and cure of pituitous pulmonary consumption; *Wollkop* has published a second volume on Dysentery; *Vogel's* anthropological and medical observations; *Frank's* work de curandis hominum morbis epitome; *Embden* versuch einer hypochondralogia; and *Lehnkosiniik* on the influence of the passions and affections of the mind, with respect to the cause and cure of diseases; with a second edition of *Keil* on the cure and symptoms of fever, are likewise among the publications of this year. *Hufeland* has also announced a fourth volume of his System of Practical Medicine, and the second section of his Therapeutics, treating of cutaneous diseases and on the effects of poison.

Medical jurisprudence is a branch of professional science to which the English have been singularly inattentive, while the practitioners on the continent have explained its uses, both by public lectures and through the medium of of the press. Among the productions on this subject, are Medical Memorabilia for the use of judges, physicians, and clergymen; and a general Repository for medical Police, published periodically by *Scherf*.

An instrument has been invented by Dr. Bozzini, of Frankfort, which promises to be extremely useful to the surgeon. To this instrument he gives the name of "*light spreader*," and its object is to afford an inspection of the interior of wounds, and various parts of the human body, as the œsophagus, vagina, and uterus. A description of it, with drawings, is intended to be published.

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* Med. and Phys. Journ. vol. xv. p. 291.

The continent of America is interesting to the naturalist and the physician in an extreme degree. The unexplored treasures of its immeasurable wastes, its extensive savanna's, and its immense forests, awaken the curiosity of the botanist and the zoologist; while the new forms of disease, or the magnified state of some morbid affections occasionally seen in the old world, are of equal importance to the inquirer into medical science. The singularity of the external form of the *ab origines* of this vast country, the wild and terrible novelty of their customs, and the powerful remedies which they are said to possess, are circumstances of no trivial concern to the philosophical physician. The region that has given origin to Syphilis, and produces the cinchona, can never sink into mediocrity in the history of science. The Anglo-American has derived from the stock from which he sprung, the talent for the study of science, and the investigation of Nature and her laws. Rush, Barton, and Mitchell, are names that would not discredit the universities of Europe. Through every district of the United States, schools of science are established; among these the medical art evidently takes the lead. "The prevalence of malignant and mortal epidemics, within the last fifteen years, has produced in the population of America, a deeper conviction of the dignity and value of the medical profession: and has also awakened among physicians themselves a more ardent spirit of research and investigation, and has impelled them into paths in which professional reputation and usefulness are alone to be found. It has drawn them into controversies, which, being keenly agitated, and putting all their powers on the stretch, have produced bolder inquiries, more ingenious and more discriminating theories, more precise and logical habits of thinking." The conjunction of this stimulus to exertion, with the rapid progress of the medical school at Philadelphia, and the establishment of three periodical publications* on medicine, will account for the pre-eminence of this branch of natural science.

In

* The Medical Repository, and Review of American Publications on Medicine, Surgery, and the auxiliary Branches of Science, by Drs. Miller and Mitchell, of New York, has compleated its 8th volume.——The Philadelphia Medical Museum, in quarterly numbers, conducted by Dr. Redman Coxe, has arrived at a 2d volume.——The Philadelphia Medical and Physical Journal, collected and arranged by Prof. Barton, of the University of Pensylvania, is also proceeding in a manner that cannot fail to be useful to science.

In addition to the regular periodical publications, we notice in the year 1806, a Pharmacopœia of the United States,* by Dr. Coxe, executed in a manner that places his industry and his judgment in a most reputable light; and a volume of inaugural theses,† containing fourteen dissertations; on the influenza; on the salutary effects of mercury in malignant fevers; on digestion; experiments and observations on the absorption of active medicines into the circulation; on dysentery, by an induction of facts from which the Mitchilian doctrine of pestilential fluids is illustrated; on external applications; on the properties of polygala seneka; on the mutual influence of habits and disease; on the cause of the extensive inflammation which attacks wounded cavities and their contents; on the lupulus communis; on wounds of the intestines; a chemico-physiological essay, disproving the existence of an aeriform function in the skin, and pointing out, by experiment, the impropriety of ascribing absorption to the external surface of the body; on cutaneous absorption; an attempt to prove that lues venerea was not introduced into Europe from America; an experimental inquiry into the modus operandi of mercury, in curing lues; an experimental proof that lues venerea and gonorrhœa are two distinct forms of disease.

In the slightest observations on the progress of Medicine in America, it will be expected that some attention should be given to *typhus icteroides*. The experience of the physicians of the West Indies, and of N. and S. America, point them out as the best qualified to give a practical account of this dreadful scourge: and to them we must look for an authentic detail of its phenomena. There are three circumstances in the history of yellow fever, that are interesting in different degrees:—the extent of its ravages, the progression of its symptoms, and its origin. At present, we shall only notice the state of opinion on the latter. To ascertain whether the yellow fever of America is of domestic growth, or whether it has been imported from another region; whether it is contagious, or disseminated by some other principle, are questions of the utmost weight and importance; and we find that they have undergone the

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* American Dispensatory. By Dr. Redman Coxe. 8vo. Phil. 1806. pp. 800.

† Medical Theses, selected from among the inaugural dissertations published and defended by the graduates in medicine of the university of Pensylvania. Edited by C. Caldwell, M. D. 8vo. Phil. 1806. pp. 396.

the most animated and enlightened discussions. These discussions have produced a very singular state of public opinion. Nineteen physicians at least in twenty, in the United States and the West Indies, maintain, it is very positively asserted, the domestic origin and non-contagious nature of this disease; while a great majority of the populace in the commercial towns, and the merchants, believe it contagious, and that it is imported from abroad. If there is one question in medicine of more difficult solution than another, and in which an erroneous opinion is of the most fatal importance, it is the question of the existence of contagion. And yet so boldly incautious is mankind, that we have seen in every age the most strenuous efforts made to prove that even pestis is not contagious; and that the laws of quarantine, and every restrictive ordinance, are both useless and absurd. So seriously important is this question, however, that error on either side, will involve destruction of life or great commercial loss. In this dilemma, it cannot be difficult to see to which side the prudent physician will be biased. It is his business to preserve life; and he will ever consider that if he errs, he errs on the safe side when he admits, in sweeping epidemics like the American yellow fever, the presence of contagion. If this fever is proved by a clear induction of facts, not to be contagious or of foreign origin, the question, with regard to it, is decided: but the use of quarantine, generally, as the means of checking the spread of disease, we shall continue to defend until we see more distinctly the non-existence of contagion, and that every epidemic is of domestic origin.

We cannot close this imperfect view of the progress of medical science in the year 1806, without observing, as an apology for its omissions, and in extenuation of its faults, that it has been composed on the "spur of the occasion;" in moments snatched from serious professional employments; when materials were to be hastily collected, and arranged almost without revision: that it has been written, not in ease and quiet, but under sudden and frequent interruptions; when a happy train of thought, or felicity of language, if it ever occurred, has been dissipated and lost. If it has failed in perspicuity, if it is erroneous in point of fact, or essentially false in opinion, a hope is cherished that its imperfections may be occasioned by the short time allotted to its compilation: and that another year, when leisure will allow a wider range for the collection of materials, a deeper investigation of their properties, and a

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nicer discrimination of language; a detailmay be produced worthy of the subject, more reputable to the author, and deserving the patronage of a profession, whose good opinion he is solicitous, above all things, to merit.

Princes Street, Cavendish Square, June, 1807.

Case of Pemphigus. By T. M. WINTERBOTTOM, M. D. *Physician to the Colony, at Sierra Leone.*

MR. R. aged 63, tall and slender, and for many years past subject to complaints of the chest, threatening phthisis; was affected in the beginning of December, 1802, with great languor, lassitude, and loss of appetite. After these symptoms had continued with increasing debility for the space of a week, he complained of a violent itching and prickling in the soles of the feet, attended with so much soreness and pain as to prevent him from setting them on the ground. On the fourth day after thus complaining, a number of elevations, about the size of a pea, were observed on the soles of the feet; which continued to enlarge until they ran into each other, so that on the third morning, the whole of the cuticle was detached from the bottom of the feet, and resembled bladders distended with fluid. The cuticle being opened to relieve the painful distension, an almost colourless fluid was discharged; the skin however, did not immediately collapse, but appeared as if filled with a gelatinous substance, from which a glutinous kind of fluid continued to distil. The whole of the internal surface seemed inflamed, of a fiery red colour, and was exquisitely sensible to the touch. During the three first days after the tumors were opened, the discharge was so profuse as to wet, not only the thick linen cloths which covered the feet, but also a blanket four times folded, placed underneath to preserve the bed, and which required to be changed twice in twenty-four hours. On the fourth day, the discharge began to abate, and continued gradually to diminish until the tenth, when it had nearly ceased. The collapsed cuticle had now become dry, and was beginning to separate in large portions, leaving underneath a delicate film, too sensible to bear the slightest pressure. The discharge from the feet, had a peculiarly offensive, nauseating smell; it scarcely tinged the linen, but rendered it as stiff as if it had been dipped in starch.

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The typhoid form of fever prevailed through the whole course of the complaint. The pulse, during the first three weeks, was generally about 110, and was remarkable for its softness, feebleness, and want of renitency. Neither thirst nor head-ach were much complained of, the heat of the skin was scarcely so great as in health. A low, muttering delirium, came on about the ninth day, and continued more or less severe, for the space of a month or five weeks, though for the last week or ten days it occurred chiefly after awaking from sleep. There was frequent sighing, and expression of general uneasiness and restlessness; indeed the characteristic feature of the disease was debility, which I never saw more strongly pourtrayed. A troublesome diarrhœa, sometimes attended with tenesmus, required the greatest care during the whole illness; two stools, in rather quick succession, invariably caused the pulse to flutter, and frequently produced fainting. A few grains of rhubarb were occasionally exhibited to remove the tenesmus, but the diarrhœa could only be checked by large doses of kino joined with a few drops of laudanum. The Peruvian bark appeared to be of the most essential service in supporting the strength: it did not seem to act upon the bowels, though during the space of six weeks, whilst the patient was considered in a hazardous state, from an ounce to ten drachms in powder, were daily swallowed. An anodyne was exhibited at night, with very good effect in abating the delirium. These means, and still more perhaps, the unremitting attention of his family in throwing in nourishment, very gradually restored him to his usual precarious state of health. No other application was made to the feet than a little mild ointment to prevent the adhesion of the cloths.

The following case of Pemphigus Apyretus occurred at the same time. Mrs. S. a maiden lady, aged 75, who had enjoyed almost complete immunity from disease, was suddenly affected with a sense of itching, burning pain in her legs, succeeded by superficial spots or efflorescences resembling flea-bites, which increased so much, as in twenty-four hours, to equal the size of a large hazel nut. These vesicles had a highly inflamed base; when burst, they poured out a thin yellowish fluid; and left superficial ulcerations, which continued acutely painful for some days, until they were covered with a dark coloured crust. No disorder of the system preceded these eruptions, nor did she make any other complaint, except of the pain, which she compared to the effects of boiling water. These

eruptions

eruptions continued to torment her for the space of two years, insomuch that she never had fewer upon her legs, the only part where they appeared, than six or eight in the different stages of their progress. Various internal remedies were used, among others, a slight mercurial course, but without effect. The only application which seemed to afford relief, was the ungt. flor. zinci; and this appeared to be merely from the ointment encrusting the sores, and protecting the painful ulceration beneath. The disposition to the disease appeared to wear gradually out, and for twelve months past, she has neither had any of the eruption, nor the slightest change in her usual good health.

Case of Incarcerated Femoral Hernia; by Mr. A. Bellott, *of Oldham, Lancashire.*

On Sept. 23, 1806, I was requested to visit Lewis Buckley, who was labouring under symptoms of strangulated hernia; he informed me, that on Monday the 14th instant, after violent exercise at Fives, severe pains came on at the tumour, and also about the navel, which were soon succeeded by sickness and vomiting, with a complete obstruction of the bowels; these symptoms had continued ever since. By the advice of some Medical Practitioners, and others, he had taken repeated doses of castor oil, and other purgatives; he had also used the warm bath; different kinds of glysters had likewise been administered, by which he had voided a small quantity of fæces, but without affording any relief. Having continued in this situation for nine days, the case was now considered as hopeless by his friends; he appeared rapidly approaching towards dissolution, and no time was to be lost. The first thing I attempted was, a reduction by the taxis, which was applied as long as was thought prudent, though with little hopes of success; for, previous to any attempt being made, the patient informed me, he had had the rupture ten or twelve years, and for several years past it had been constantly down; though repeated trials were made, he never could get it up entirely. After the attempts to reduce it being fruitless, and all medicines rejected by the stomach, the operation was then proposed, as being the dernier resource, and the only means which would give the patient a chance of recovery; this, however, was not immediately

immediately consented to by his friends, they believing he would die, and the operation would put him to a great deal of pain, and probably hasten his end. I then ordered some castor oil, with the infusion of tobacco for glysters, and visited again in the afternoon. The vomiting had recurred, and the stomach rejected every thing that was taken; still I could not gain consent to operate. As we could not stand still in this case, some cathartic pills were then ordered, and I requested to be informed how he went on; the next morning his friends came, saying, that he wished the operation to be performed, and desired me to visit him again.

I requested a medical friend to accompany me; when we arrived, the obstacles, which we expected to find entirely removed, were again increased; some of his relations being particularly averse to the operation, obliged us to postpone it. The cathartic pills before ordered (but neglected to be taken) were now given, and we agreed to visit him again in the afternoon; the pills, however, only tended to increase the symptoms, as the obstruction was complete. The vomiting was now so excessive, that a quantity of stercoraceous matter was thrown up, his pulse scarcely to be numerated, running 140 or more, with cold clammy sweats, and hiccup. These symptoms, in such cases, certainly are the forerunners of death, and denote a speedy dissolution. I was determined, if possible, to perform the operation, though the chance of success was now very small. More than an hour was lost at this critical period, before we could gain consent; at length the friends agreed to leave it entirely to the patient, whose consent was readily obtained. He was immediately placed upon a table of convenient height, his head and shoulders a little raised by pillows, the legs overhanging the edge of the table, and the feet supported on each side. The hair being shaved off, an incision was made, about 7 inches long, nearly over the middle of the tumour, but rather more towards the pubis, thro' the skin; the fascia, which next comes in view, and is in general very strong, was here very thin. The fascia and cellular membrane were cautiously divided the whole length of the tumour, which exposed the hernial sac and ligamentum Poupartii, to which the sac was adhering. With some difficulty it was separated, so as to admit the finger, and the ligament dilated, with Pott's bistoury introduced upon the finger, cutting obliquely downwards and towards the os pubis, afterwards cautiously tearing asunder the adhesions between the

the sac and ligament all round. I then drew down the tumour a little, which brought to view the mouth of the sac. Here there appeared to be considerable stricture. I several times attempted to raise the sac from its contents, in order by slight scratches to make an opening into it; but this was ineffectual, as a complete adhesion had taken place between the sac and its contents, throughout the whole of the tumour. At length I succeeded in making a small opening a little above the mouth of the sac; I then introduced a bent probe, and broke down the adhesion to the bottom of the tumour. The grooved director was now easily passed the same way, from above downwards; the stricture and the whole length of the sac were divided upon the director. There were now exposed a portion of omentum and also intestine, adhering together through the whole extent of the sac. The omentum and intestine were cautiously separated, and the intestine, which was much inflamed, returned into the abdomen. The omentum had no marks of mortification, but was much indurated. I hesitated whether to cut a portion of it away, or return the whole. We concluded, however, to return it just within the ligament, thinking it would serve as a barrier to the intestine, and in all probability an adhesion might take place, so as to prevent any future protrusion. The wound was then closed by three sutures and the adhesive plaster, and the patient put to bed. In the course of two hours, a large quantity of fæces was dicharged; an opiate was given, and the patient got several hours comfortable sleep.

On the fourth day, the dressings were removed, and the wound looked very well, though the healing proved afterwards rather tedious, from a sinus which discharged a good deal of matter; he wore a bandage with a compress, which contributed much towards healing the wound; he took the bark at the same time, keeping the bowels regular; and the wound was completely healed in the course of five weeks. He now remains perfectly well; wears no truss, nor has there been the slightest appearance of further protrusion.

P. S. The last person called in this case, before the operation was concluded upon, was one of the many pretenders which we have in this country; he had given the patient 45 of his pills, which he deals out pretty liberally, as a sovereign remedy in almost all diseases; finding no amendment he then left him, and pronounced him a dead

a dead man, which must inevitably have been the case had the operation not been performed.—Cases of this nature prove the necessity of a medical reform; and call loudly for legislative interference, to prevent ignorant pretenders from imposing upon the public and sacrificing the lives of his Majesty's subjects.

June 3, 1807.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

ON reading Crito's paper in your last number, I was induced to turn again to Dr. Cayley's; having a faint recollection, that Dr. or Mr. Stubbs, for we have him under both appellations, had recommended the application of caustic, for the cure of a supposed abscess, not aneurism; and that seems to have been the fact. Now, judging from Crito's paper only, would not any body imagine, that Stubbs had conceived rightly of the complaint, and had proposed, rationally perhaps, and on some new principle, caustic for its cure. So much then for Crito's candour.

On what ground he undertakes to defend such ignorance and illiberality as Stubbs betrays, we know not. Dr. Cayley could not surely have applied such language to any one regularly educated to, and honourably pursuing, the profession; and the very words indeed of Stubbs, if fairly stated, would proclaim him, without further observation, an empiric.

We are sorry, on the other hand, that Mr. Strother should have been so unnecessarily brought forward; every purpose of Dr. Cayley's recital, at least every purpose that we will allow ourselves to think about, might have been answered without it. If he "politely acquiesced" in the means which Dr. Cayley had it in his mind to pursue, he ought to have been as politely screened from any imputation of wrong. Indeed, at present he has committed no material error; on the contrary, he has corrected his first opinion, and has discovered and announced the disease, before Doctor Cayley's presence was required. And who would not demand a consultation in such a case, to assist him in the operation he might deem necessary, and to give firmness and composure to the mind of a highly timid patient?

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We shall beg leave to proceed with a few observations and remarks.

This case of aneurism, " though it adds but little to what was already known, deserves to be preserved." But, except in the recovery of his patient, we see no ground of exultation for Dr. Cayley, which, however, he seems to assume. Does he furnish us with any new diagnostic marks? or does he discover to us any new principle in his method of cure? On the contrary, does he not reason falsely on more points than one? Is it accurate, or is it according to the present improved principles of surgery, to suppose, that by a nice apposition of the edges of the wound in an artery, you can bring them to unite again without affecting the calibre of that artery? If such a thing be practicable, which, in a large artery, such for instance as one of the tibials, we have no conception of, it ought to be set about very early after the accident. While here, in two months at least after the infliction of the wound, Dr. Cayley is applying continued pressure, not strictly under an idea of obliterating the artery, but in the expectation of bringing the wounded parts of it into contact, and of promoting thereby, as he rather unfortunately expresses it, their " cicatrization."

The cicatrization " of these parts," for we see no objection to the term, in the way at least we would consider it, was no doubt accomplished long before Dr. Cayley commenced with his method of cure. And we would now, as soon expect the entire surfaces of a hare-lip to unite, as these; even if you could have them before you in complete adaptation, and in perfect quietude.

The modus operandi of our curative means is an interesting subject of inquiry, and is intimately connected with rational and successful practice. Let us therefore be allowed to inquire, first of all, what is Nature's method of curing an aneurism, if ever she can be said to perform so great a work? " It consists in a substitution of the collateral branches for the arterial trunk." That is, she cannot preserve the diseased or wounded artery, and therefore she gradually obliterates it, and works her operations, through the inosculating branches. Tubes, but just now barely cognizable as such, creeping and clinging to the bones, of no seeming importance in the natural condition of the limb, assume now, a new and important character, and become the means of its salvation; and from mere threads or capillaries, soon work themselves into large, tortuous, and prominent arteries. This too is precisely the

effect of our endeavours, when successful; whether accomplished by the ligature, or by compression simply.

Dr. Cayley, we apprehend, is mistaken in another point. "The blood," says he, "was very readily forced into the artery by gradual pressure." In spurious aneurism of some continuance, we believe this to be impossible. The tumours may be made to recede before the hand, but where is the blood forced to?—Not into the artery again, but into the surrounding cellular substance, or, "into the deeper recesses by the interstices of the muscles;" which might occasion, as the Doctor well observes, "a great deal of pain." But not, we repeat it, by being forced into the artery again, but, "by bursting up the cellular membrane, and the deep connections of the fasciæ."

The cure of aneurism, by compression, is not new in surgery, as Dr. Cayley seems to imagine. Possibly, under some particular circumstances of the case, or condition of the patient, it may become advisable to attempt it in this way; but in the general run of practice it is not likely to be much followed.

This point in surgery seems to be so well settled as to require but little argument now to enforce it. "There are some few instances," says Mr. Sharpe, "of small aneurisms and punctures of the artery from bleeding, doing well by bandage; but they almost all require the operation at last."

Dr. Adams, in the 34th Number of your Journal, has given us an interesting detail of a case so cured. But would any surgeon, on perusing that history, be inclined to pursue a similar mode of treatment, if it could by any means be avoided? Does the simple operation for aneurism bear any comparison to it, in point of anxiety, suffering, or length of time that was required for its completion?

Dr. Cayley, however, was more expeditious in his cure; and Crito's objecting to this being a wound of the anterior tibial artery, because the bleeding seemingly was stopped by the mere dint of the thumb, is preposterous. For what better could have been devised, or what would so soon distinguish an expert surgeon, from a mere pretender in this way, as to see the one boldly advance his finger into the wound to encounter at once the bleeding orifice, while the other would be calling about him for his wonder-working styptics, and would be heaping in the utmost confusion, cloth over cloth, to conceal their want of effect, under a pretence of assisting them in their operation.

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To lessen too the importance of these arteries, Crito calls them branches merely of the popliteal. The popliteal artery, after giving off many small branches in the ham, is continued, as it were, into the tibials; they cannot in a strict sense be said to branch from it. However this may be, they are important arteries, and are calculated from their situation, in some points of them, to give almost insuperable embarrassment to the surgeon; and we have to regret that Dr. Cayley, in this case, has not given us the precise situation of the aneurism.

Crito, after determining so decidedly against Dr. Cayley's method of cure, and after attributing every thing bad to compression, says, to our surprize, "if a similar case occur in my practice, I will give Dr. Cayley's novel method a fair trial; and if I do not succeed by compression, I will next try Dr. Stubb's." We sincerely wish his patient a safe deliverance.

We have yet to learn indeed, what this Dr. Stubb's method of cure may be; for certainly, in the case we are considering, the caustic was proposed in entire ignorance —not with any reference to aneurism, but to give vent to a tumour, that contained, as he ignorantly said, "a large collection of matter, covered with proud flesh and skin."

There is not we think, and we are sorry to make the observation, any superior intelligence manifested, or any example that we could wish to imitate, in Crito's case of wounded ulnar artery. What does he mean by sewing the artery? Is it giving it the glover's stitch, or is the passing a ligature round it, a species of sewing? In the latter sense, indeed we would agree with him; but neither the one nor the other, could be done with accuracy or effect, without first dilating so small a wound, and slitting up the fascia, under which the artery runs. And if once arrived at this stage of the operation, would any body (in the present state of surgery) hesitate for a moment between obliterating it at once by a single pull of the ligature; and trusting on the other hand, to a nice, but precarious stitching. As Crito declines saying, which of the means ultimately put a stop to the hæmorrhage, we shall not presume to decide for him; we cannot, however, attach much importance to any of those which he has mentioned; and we should be sorry, in such a case, to pronounce the patient in security, having put, according to the words before us, a little lunar caustic into the wound, and secured it only with a pledgit of lint soaked in tincture of Benjamin.

Crito, so far, if he has not much illumined our minds, neither has he much discomposed them; but we now come to a passage full of danger, and merits therefore the severest reprehension. He asks, alluding to the aneurismal tumour, "wherein consisted the difference of laying it open with a lancet or cautic?" and thus replies. "The latter was certainly preferable, if it had the appearance of aneurism."

Now, surely, of all the methods of opening a tumour of a doubtful nature, but particularly if you suspect it to be aneurism, caustic must be the most objectionable. A puncture with a lancet, or with one of Hey's needles, would in such a case, sufficiently ascertain its nature; and a wound so produced would immediately heal again, if it became adviseable to promote it. But far otherwise would it be with an opening produced by caustic; the eschar of which moreover might give way at an unguarded moment, and no effectual assistance perhaps being at hand, the patient might irrecoverably sink in a few pulsations.

"I would take this opportunity," says Mr. Hey, "of strongly recommending the method here used of exploring the contents of tumours in doubtful cases. I have used it upon several occasions with great satisfaction and advantage. There are few doubtful cases in which any harm could be done by the puncture of a couching needle. The contents of the tumour may be generally ascertained by such a puncture, the pain of which is trifling, and the wound is soon healed." —— *Vide Hey's Surgery.*

A PRACTITIONER IN DERBYSHIRE.

May 26, 1807.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE two subjoined Cases, I presume, may not be unacceptable to the generality of the readers of your highly useful Journal.

Having had three instances of the bad effects of Dr. Kinglake's cooling treatment of the Gout, I have selected the following from among them, as it is the only one of which I took notes at the time. I do not bring it forward from any disrespect to Dr. K. but for the good of our fellow-creatures: and I will do Dr. K. the justice, to allow that

that he is actuated by the same laudable motive; and that it will have its weight in inducing him to renounce a practice often fraught with the most mischievous and dreadful consequences; for he has repeatedly declared that he is ever open to conviction.

I am ready to admit, that suddenly cooling the extremities in gout, has, like a charm, had the most instantaneous and pleasing effects; and I am as ready to admit, that in many instances it has been productive of metastases, producing death, and very often states nearly bordering on it. Let us not in this enlightened age, give up that knowledge we have of the animal œconomy, and instead of employing safe and sure means, make use of those almost approaching to empiricism.

Some one lately advanced, that the gouty inflammation requires the same treatment as other inflammations. This then is equivalent to saying, that the gouty inflammation is unconnected with the general constitution; for we know that many inflammations are merely topical, requiring only a local treatment; whereas the cause of gouty inflammation is, in my opinion, something generated in the constitution by the mode of living; excess of acids very much conduces to it. The gout and gravel have a near affinity with each other, and are most commonly, I had nearly said always, concomitants.

Not being disposed at present to prosecute this subject farther, and fearing lest I have taken up too much of your valuable room, I shall proceed to the cases, the latter of which I shall introduce without any comment.

I am, &c.

Cleobury, Salop, May 29, 1807. T. POPE.

Case I. On the 7th of last July, I was desired to visit Mrs. ———, an inhabitant of this place, whom I found labouring under a most agonizing pain of the stomach, attended with nausea, vertigo, and a pulse not exceeding 54 strokes in a minute. She had been in this condition three hours before I saw her. On inquiring into the cause of these alarming symptoms, I was informed that three days before, as she was coming down stairs her left foot slipped, which occasioned a trifling sprain of the ancle; trifling, I say, because on the following morning she felt little inconvenience from it; however, in the evening of the same day, a violent pain with considerable inflammation, laid hold of it; so much so as to render her incapa-

ble of walking. On the morning of the 6th, she applied to the ancle and foot (for the great toe now likewise participated) by the advice of a neighbour, rags wetted with cold water, mixed with a small quantity of Goulard's extract. This almost immediately gave relief, and before night she could walk about the room. But this short-lived ease was dearly bought, for in the morning the above-mentioned symptoms supervened. I should have observed, that she was about forty-eight years old, of a strong muscular make, and florid complexion; paternally inheriting the gout, an attack of which she was accustomed to have, for the last twenty years, every two or three years. Reasonably alarmed for her safety, I employed the strongest stimuli, together with immersing her foot for five minutes every now and then in warm water, and in the intermediate time enclosing it in flannel; yet, until the 9th, without the least amendment, when the regularly morbific action resumed its salutary course, run its accustomed race, and left her as it was used to do.

Case II. On the 8th of last June, I was sent for to a respectable farmer in this neighbourhood, ætatis 50. On my arrival, I found him labouring under a most harrassing and incessant cough, pain in the upper part of the sternum, an excessive discharge of thin mucus, and pulse 130. Inquiring into the time of the first appearance and cause of these symptoms, I was informed that three days before he was taking pease-pottage, when the cough suddenly seized him, and that it was supposed to be further aggravated by cold, as he went and seated himself at the door for about an hour. After receiving this statement, I had no doubt but that one of the peas had slided by the epiglottis, and descended into the bronchiæ; and on this conviction I acted. Finding, as I have before observed, the cough hardly allowing him a moment's interval of rest, the bronchial discharge thin, excessive, and a little tinged with blood, and the symptomatic fever alarmingly high, I thought my patient, for obvious reasons, in the most dangerous situation; however, by a large bleeding, sedative and mucilaginous medicines, and a cooling diet, I had the satisfaction, in the course of a few days, to enable him to lie down in bed, and sleep six hours without intermission. In a few days more he took up the pike, and exercised it in the hay-field. But all was not yet over, though he thought himself in good health; for he had a little cough, and I was not convinced that the cause of the

the late dreadful ills was removed. He continued in this manner until the 3d of August, when the cough suddenly rose to its originally alarming height, and after the most violent efforts, expelled the offending pea on the following morning; since when the cough gradually declined, has been three or four months entirely gone, and left my patient in perfect health.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

AS every attempt, however incompetent the author may be, to add a mite to the improvement of Medicine, in any of its branches, must be received by you with your usual candour and liberality, I shall make no farther apology in offering the following remarks. If they appear to you consistent, and meet with your approbation, the insertion of them will be deemed a favour.

Medicine, in all its branches, has received considerable improvements and discoveries within these late years, from the indefatigable researches of learned and scientific men; but still, with respect to the practice of medicine, there are diseases that altogether baffle the utmost stretch of the healing art, and for which no adequate remedies have yet been discovered. It has been suggested by some that there is a remedy (though latent and concealed) for every malady incident to mankind; but this is a mere supposition. However, in my opinion, there are many powerful and active medicines of the materia medica, which, if given in larger doses than ordinary, might be of infinite service in obstinate disorders that will not in the least yield to remedies of a milder class. Inveterate and fatal diseases require quick and powerful medicines; and it must be recollected that active medicines have a very different effect on the constitution in a state of health than that of disease. For instance, cantharides even taken to the extent of a few grains, have been known in a state of health, to produce the most dreadful effects; bloody urine, purulent and mucous stools, faintings, spasms, &c.; whereas, in a state of disease, when the viscera are overloaded, and the kidneys and ureters obstructed with thick viscid mucous matter, cantharides given in very considerable doses, *have* been known to

have excellent effects. This evidently demonstrates, that the mucous matter that lined (as it were) the ureters, &c. defended the parts from the extreme acrimony of the fly. I am the more confirmed in my opinion, that much benefit might be derived from the exhibition of larger doses of these powerful drugs in inveterate and alarming disorders, from the happy termination of the most distressing complaints, through the inadvertency of nurses in giving external applications for internal medicines. Such mistakes, though no excuse for the negligence of the attendants, have been the means of restoring the patient to health and vigour. Among many other cases, none can be more in point than *that* related in your last, which evidently shows, that what a medical practitioner would shudder at giving as an internal remedy, in such large doses, was given with no detriment, but, on the contrary, with unexampled success.

I would not, however, by these observations, wish that private practitioners should make their patients the test of rash experiments; this would be unjustifiable in the highest degree: but in large hospitals, where there are a number of patients lying under the most distressing and fatal diseases, would it not be expedient to try the effect of increased doses of the more powerful and efficacious drugs, in different diseases, in order that they may be afterwards administered with safety and certainty in general practice. The only desire I have in suggesting these remarks is the good of mankind; for as medicines, when skilfully administered, are the only means of counteracting and resisting the ravages of disease, we ought to investigate to the utmost in our power, the nature and specific virtues of active and efficacious drugs.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IT is much to be regretted, that the universal Mania of writing should have lately become so general as it is, especially in some members of the medical profession. — When a man, for the puerile vanity of seeing his name in print, makes himself ridiculous by writing *stale remarks on well known subjects*, recommending common applications as new discovered remedies, or attacking the reputation

tation of his medical brethren, I cannot but regret their waste of time and paper.

I have lately been perusing the epistle of a Correspondent of yours, a Mr. Chalmers, (whom I have not the pleasure of knowing personally) on pulmonic inflammation; wherein he gravely tells us, that venæsection is absolutely *proper and necessary!* When did Mr. C. make this *important discovery?* Was it in the severe service of a Militia Regiment? Or on the *sanguinary surface of a parade?* Every petty practitioner now aspires to be an author; new hypotheses, new practices, and systems, are daily issuing forth; the press groans under the weight of half-organized medical imaginations, from Theorists without genius, and Authors without common sense. Every writer of a page in a periodical publication has his own peculiar theory and practice; and full of self-importance, issues out his crude, half-formed conceits, as the only true path to proceed in, and then exulting, claims an equality with a Sydenham or a Cullen. I should be extremely sorry to damp that laudable spirit of inquiry, which every professional man ought to possess; my remarks extend only to some petty Letter-mongers, whose genius is confined to a Case, and who must find new origins and terminations, new forms and applications, where experience and reason have distinctly marked the unerring path. The daring flights of Darwin, and the wild imagination of Brown, are in vain attempted to be equalled by the reveries of our new Theory-mongers; though their precepts may not be generally followed, their works will remain lasting testimonials of their genius and abilities.

When Mr. C. penned his production, did he really conceive that the medical world were ignorant of the advantages of venæsection in pulmonic inflammation? or that diluents and acidulated drink were just discovered to be proper? Mr. C. may certainly be only lately enlightened; but I should be extremely sorry indeed, if the youngest tyro in the profession did not know as much on the subject as he has communicated. This gentleman ought to have told us something we did not know. He sets out by saying, "I am nevertheless of opinion, that it is a disease, of which a great proportion of patients die." This I do not believe; for in the majority of cases, where the patient was previously healthy, and perfectly free from all phthisical affection, I have found them terminate successfully by the common means. Again, "This I conceive

ceive to be owing, partly to the affection gaining ground before the symptoms sufficiently evince themselves, or, at least, are noticed; and partly to the forbearance and timidity of the practitioner." It is not often the case, I believe, that a pulmonic affection gains any considerable ground before the symptoms evince themselves, for in general they give immediate and distinct warning of what follows; and much seldomer that a medical man, who knows any thing of his profession, would hesitate a moment on the plan he ought to pursue. As to the disease being so often mistaken for typhus, which Mr. C. says is the case, it must be a great oversight of the practitioner; his discrimination must be considerably affected by that mist of prejudice which this gentleman seems so liberally to possess. With respect to the advice on bleeding so profusely, without proper discrimination, it is pernicious; in many cases it may be required, but the patient's constitution, and habit of body, must be attended to, as well as the disease; indiscriminate venæsection has often laid the foundation of a debility from which the patient never recovered. For the health of his Majesty's subjects I hope Mr. C. was not educated in Spain, the doctrines of Sangrado, in that case, might produce some mischief in this country. As to the remainder of this production it requires little comment; it is too common for peculiar remark, and too unimportant to deserve it.

I shall now revert to a subject that has lately attracted my notice, and requires some peculiar and merited animadversions. It is usual for medical men, who may occasionally differ in opinion, to treat their opponents with common decency, if not with civility; how great then was my astonishment and surprise, to see a paper, purporting to be remarks on Mr. Denmark's case of Gastritis, by Mr. Chalmers, the most abusive and unprincipled I ever met with, vilifying not only the professional character of Mr. Denmark, but of the naval medical department in general.

Mr. C. has told them, they do not interest themselves in their duty, and when they do, are incapable of performing it! I was grieved that a man, who from his profession might be supposed to be a gentleman, would so far lay himself open, as to express such an opinion, in such terms. I would ask Mr. Chalmers, whence has this pique (for such it is) against your naval brethren originated? How long has this change of opinion been prevalent in your mind? Was it produced by solitary confinement on the

poop

poop of a two decker? Or was it in the anguish of resentment, when you were disgracefully turned out of his Majesty's naval service? You, Sir, have been in the medical service of the navy, and you have likewise been turned out of it; a militia regiment has been your refuge, and there concealed, as you think, from the eye of general observation, have dealt out your abusive opinions, and conceited dogmas, with an unsparing hand. These things, Sir, are well known, the friendly shade of obscurity has not been propitious even to such an insignificant person as yourself; it has fallen to me to drag you forth from oblivion, and shew the world why you have such an antipathy against naval surgeons, and naval practice. Contempt and indifference might still have induced me to let you remain unnoticed, but your late attack on Mr. Bellamy, and now on Mr. Denmark, (dictated merely by inveterate malice) require that you should be known; both attacks are equally characteristic of unprincipled meanness and ignorant presumption.

On medical subjects, a difference of opinion should never be productive of abuse or misrepresentation; Mr. Chalmers has been guilty of both, and endeavoured with the greatest diligence to blast the professional character of a gentleman to whom he is unknown, but who has incurred Mr. C's displeasure because he unfortunately belongs to the navy. Mr. C. is the first person who I ever heard declare that the medical department of the navy were incapable of performing their duty. When did Mr. Chalmers ascertain this to be true? What authority, Sir, have you for such an assertion? Do you judge of the navy in general from what you were yourself? I believe this is the case, and in that point of view, Mr. C's self-conviction of incapacity is a liberal acknowledgment.

Medical men who enter into the navy have a great many difficulties, inconveniences, and disagreeables to encounter, which can only be known by those who are in that situation, and which are so connected with the sea service that they cannot be removed; on the other hand, medical men have opportunities and time for study and application, which others ashore do not attend to, who have stronger incentives to attract their passions another way; young men who enter into the army, are in general more induced by the charms of a red coat, than a desire of exercising their profession; the navy has not these incitements, and men of abilities, therefore, will always be numerous in the naval service, notwithstanding the impudent assertion of

Mr.

Mr. C. that they are "incapable of performing their duty." The illiberal and insidious attempt to depreciate their merit, will recoil upon its author; and the public have an opportunity of judging, whether the stings of disappointed ambition have not been more attended to, than the dictates of truth.

With respect to the case of Gastritis itself, I shall leave that principally to Mr. Denmark, allowing myself a few remarks. The great velocity of pulse, while the skin was natural, which Mr. C. seems to doubt, and has almost the assurance to deny, was strictly and literally the case; it was remarked and noted down at the moment. He next complains of the quantity of blood taken not being sufficient, and declaims on "the culpable moderation of the operator." This gentleman should know that it was then, and each time afterwards, taken till syncope was nearly produced.

The exhibition of aromatics, which he seems to speak of as if they were given at first, were not administered before the debility and lowness were extreme, and the patient in a sinking state. Mr. Chalmers, like many others, has his favourite disease, with which every other is mixed and confounded; accordingly, with the greatest consequence and egotism imaginable, he tells us that the disease *was mistaken*; that it *was Pneumonia*, and *not Gastritis!*— This is almost too laughable to require an answer; but if symptoms were not sufficient to inform us, I hope occular demonstration was. On dissection, the lungs were perfectly healthy in every respect, but the stomach and first part of the duodenum were exactly the contrary, having an inflamed and highly erysipelatous appearance, approaching to gangrene. I shall now conclude with an admonition to Mr. Chalmers, to be more cautious and circumspect in his communications for the future, and to refrain from abusing what he cannot equal.

I am, &c.

JAMES PRIOR,
Assistant Surgeon, Royal Navy.

Off Flushing,
March 25, 1807.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

MY Paper on Gastritis, which you have done me the honour of inserting, I am sorry to find has involved the whole body of Naval Practitioners, by the *ungenerous* imputation of Mr. W. Chalmers, in a state of ignorance; and imputed to them a brutal apathy in the execution of their duties. Such aspersions cannot fail to awaken the suspicion of the *candid* and *unbiased* part of the profession; and to them will doubtless appear, as malevolent as well as unfounded.

On the present occasion, Gentlemen, I feel myself interested in a two-fold way:—In the first, as a member of that collective body which has been *declaimed* against; and in the next, as the individual who has been made the cause of such aspersions. Under colour of remarks upon my case, Mr. Chalmers has insidiously dared to calumniate the whole body of "Naval Practitioners." Had he confined his remarks to me alone, and criticized in a scientific way upon the case in question, he would have exhibited a genuine liberality of conduct, which will now require more than *his* ingenuity either to re-establish or retrieve. Could he not have confined himself to the discussion of a point which, to his mind, appeared so easily refutable, without descending to the most odious public invectives? It is saying little of such malicious traduction, to say simply, it is reprehensible. It goes to villify a class of men, whose merits, I hope, entitle them to more charitableness than your Correspondent seems blessed with. Unfortunately for him, his premises are false, and his conclusion not only becomes inert, but retorts upon himself. After such unmerited and pointed invectives, it cannot evince a want of decorum on my part, to affirm, he has been guilty of a breach of veracity. The purpose is known to himself; it is for me to make it known to others.

In replying to such a shameless libel, one requires to be armed with more than a common stock of stoicism, especially as we are in possession of the circumstances that instigated him to the use of such opprobrious acrimony. We discover a spirit of revenge against a service, in which the writer has been so lately, and so signally disgraced, and from which he suffered consequent expulsion. These are truths, Gentlemen, which, in justice to

my

my naval brethren, should be publicly promulgated, in order that, under such circumstances, your numerous and respectable readers may be enabled to decide, as to *his* being possessed of an " illiberal aversion to that class of men", (Naval Practitioners) whom he so very modestly introduces in his exordium. Now, judge whether revenge has any share in his criticism. However, I am of opinion, without such preliminary knowledge, Mr. Chalmers has unequivocally demonstrated to the world, by the unqualified diffuseness of his remarks, that he was not impelled either by purity of intention, or conscious veracity; motives, which on all occasions should be the entire guide of those who either write, commendably, for the information of others; or vainly, for the acquisition of fame.

The length of our late cruize has necessarily prevented my knowledge of Mr. W. Chalmers's attack upon my cases; and I do now confess, that a man who can be urged to criticize, by any other incentive than that of a wish to promote and disseminate knowledge, is, on his own account, unworthy of a reply. Nor would I deign to honour him so far, but that, on the ground of attacking an almost insignificant production of mine, he has most *unwarrantably* implicated a class of men, whose merits it would be unbecoming in me to neglect; but who have been honoured with unfeigned approbation from men, I presume, better qualified to judge of their deserts than Mr. Chalmers.

Here I have, in an individual capacity, to offer my most lively and unreserved acknowledgments to Dr. Boys for his eulogium, emanating from a benevolence of heart truly worthy of himself.

Mr. Chalmers commences with *flatly* saying, " My observations on the case want amendment. My treatment of the patient he conceived to be improper;" that, " the symptoms related by me were *certainly* those which indicate *pneumonia* ;" and, " in delivering those symptoms, I have been inaccurate." To all these positive asseverations, I plead *not guilty*. And I humbly claim, Gentlemen, the patient and disspassionate attention of you, and the well-informed part of your multifarious readers, as an impartial tribunal, to hear and determine whether I cannot with facility, as *flatly* (but I trust in a more decorous manner) give the refutation to all he has said.

In the first place, in order to establish the correctness of my *diagnosis*, I would ask, whether the *pathognomic* symptoms of *pneumonia* are, " *Vomiting, very small and frequent*

frequent pulse; great prostration of strength; pain on pressing the epigastric region; burning heat at the precordia;"* and these symptoms becoming more and more aggravated. If they are, I give up my suit, and yield the palm to Mr. C.

Now, as to my inaccuracy "in delivering the symptoms," which belief seems to be occasioned by the pulse being 140 in frequency, on the first day, without any *increase* of heat on the surface: It would appear, Mr. Chalmers is not very conversant with the phenomena attendant on the cold fit of fever, and especially, in *sensitive* fever in gastritis, or he would express no incredulity on hearing the frequency of the patient's pulse to be 140, while at the same time the skin was natural, or, *colder than natural*, during that *stadium* of the disease. He is not aware that *irritative* fever is the precursor of *sensitive*; and that the characteristic symptom of the former is *debility*, and that *debility* constitutes the *cold fit*. If you will give me leave, Gentlemen, I will explain more fully to the conception of Mr. C.

The long quiescence of the cutaneous vessels, occasioned by the subduction of their natural stimulus of heat, by the *continued* application of a *wet shirt* to the surface, in a suddenly reduced atmospheric temperature, would very satisfactorily account to the conviction of any one but Mr. C. for the frequency of pulse, and anhelation; whilst, at the same time, the surface exhibited the *seemingly astonishing fact* of preserving itself *cool*. *Direct debility* was the consequence, induced by *irritative association* of the heart and pulmonary capillaries with those of the skin. The minute bronchial vessels being thus linked in action with the other parts of the aortal and the cutaneous capillaries, the circulation through them became impeded; and the heart labouring to propel the blood through those collapsed vessels ineffectually, never perfectly emptied itself; the diastole sooner recurred, and the pulsations became more frequent. In like manner was the anhelation produced by torpor, or quiescence of the pulmonary capillaries, from sympathy; which Mr. C. confounds with the dyspnœa consequent on pulmonic inflammation, and occasioned by a *converse* state of those vessels, (plethora). He also confounds *frequency* with *velocity* of pulse, making them *synonimous*; which on his part is incorrect.

I infer

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* In my Case it was printed *Hypogastric*, which error I beg leave to correct.

I infer that the smallness and feebleness of the pulse peculiarly inseparable from the sensitive fever in *Gastritis*, may be produced by the more direct sympathy which exists between the stomach and heart, than any other of the viscera.

A deficiency of all the secretions is consequent on the torpor already mentioned: hence the coldness of the skin, which so much excites your correspondent's disbelief: because, animal heat is produced, or evolved, in exact proportion to the existing quantity of secretions, and corresponding organism of the glands and capillaries.

The stupor and coma which are concomitants of pneumonia, may also be considered concomitants of Gastritis, and induced by the same means, namely, great expenditure of *sensorial power* on the inflamed organ; and perhaps, at the same time, aided by a deficient secretion of it.

He very candidly says, "he does not deny the *possibility* of the immense frequency of the pulse on the 1st day, nor its amounting to 160 on the 2d." Yet, "to him the statement seems incorrect." What downright sophistry!

My preconception ("as I call it") of the disease being Gastritis, was founded on the very great irritability of the stomach on the first morning of the disease, which *immediately* rejected a small dose of antim. tart. This symptom *alone*, by the bye, would not have established that preconception, as it is a frequent concomitant of the cold stage of fevers: but viewed with those which occurred on the following day, (5th.) "*Vomiting and continued nausea, loathing both food and drink, greater prostration of strength, pulse increased to* 160, *and pain on pressing the epigastrium.* Mr. W. Chalmers himself, if he could for a moment divest himself of that prejudice by which he is so powerfully influenced; if he could enfranchise his ideas, and look with an unbiassed eye, *he, even he,* would be led to suspect the existence of Gastritis. And I doubt much, whether he has ever yet, backed by all his hyperbole, discovered these aggregate symptoms in real pneumonia. They are truly characteristic of Gastritis, and, together with having before seen the disease produced by the same means, viz. long application of cold to the surface, were surely such as to justify the *diagnosis*. Out of some hundred of pneumonic cases, of which I have had the treatment, I have never seen one where cough to a greater or less extent was not present.—Usher never coughed *once* during the whole of his illness.

Although open to conviction, it is not the mere ipse dixet

et of Mr. Chalmers that can either convict me of "want of circumspection in the *diagnosis*, or rigor in the treatment;" not of "pneumonia," as he would have it, but of Gastritis. It is a happy circumstance that he is only a self-created arbiter, or, I fear his dispensations of justice could only be paralleled by his rooted antipathy "to that class of men," Naval Practitioners. I am reluctantly reduced to the necessity of this exposition. When unprovoked rancour exhausts all its means in exertions to fix a *general* stigma, forbearance becomes a dereliction of duty; and I hope never to give cause for an accusation of that magnitude, either in my public or private functions.

Now then, as to the treatment. Let me ask Mr. W. Chalmers (as he thinks proper to accuse me of "culpable timidity") in the name of humanity, whether he would have bled his patient to a greater extent than I did on the evening of the 1st day, after the supervention of "*spasmodic twitchings*, and approaching *syncope?*" Even admitting, for the sake of illustration, that the case was pneumonia, is it congruous to, or compatible with, the present improved state of medical science, to *produce syncope* by excess of *phlebotomy?* I believe not. If Mr. Chalmers would have done so, I do not wonder at his accusing me of timidity; but I think I should be void of feeling, were I not to commiserate the victim of such treatment.

I appeal to the *experienced* part of the medical world, whether I was right in administering an emetic on the first morning, when there was no sign by which I could prognosticate the existence of topical inflammation; and when the disease was taken for *simple fever*. Does Mr. C. know that an emetic, by inverting the action of the stomach, procures an accumulation of *sensorial power* in that viscus, (which may well be called the centre of sympathy with the rest of the body) and consequently gives subsequent vigour to the whole system, especially the heart and arteries, whose actions are particularly catenated with it? And does he also know, how much that effect contributes to the termination of the cold fit, and restoration of healthy action, and, by consequence, to the termination of the fever? If *he* is a stranger to these postulates, which are now generally received as facts, I am perfectly easy as to whether the "operation of the emetic appeared to *him* in a favourable light," or otherwise.

I conceive the exhibition of aromatics in gastritis, to be as inadmissable as opium, or alcohol; but my *liberal* readers will perceive, that it was on the evening of the fourth

day of the disease, when "*pain and vomiting had subsided,*" when the "*pulse was smaller and feet cold,*" that Confect. arom. gr. v. opii. ʒß. was administered. And, the tottering which my ingenious commentator speaks of (when my patient attempted to walk) by wisely asking, was that to be wondered at? Why, I did not mention it as a wonderful phenomenon, but merely narrated it as a concomitant symptom of the disease, indicating *great debility*. He also enquires with pertinent shrewdness, "for what purpose he was suffered to *try* to walk?" It certainly could not be for the purpose of finding out whether he *could* walk or not; but as he did not go to bed on the first day, (our conveniences in a single decked ship not being such as to admit a convenient sick-birth in a cold climate) I happened to see him walk, and the symptom I conceived striking.

Have the appearances on dissection no weight with the incredulous and invidious Mr. C.? It was done in the presence of my assistant, and officers of the ship. In short, he has purposely perverted the whole case from beginning to end, and distorted it in such a manner, as not to be prototyped except by his own mind; if we may judge by the specimen he has just exhibited.

He is good enough to allow me the credit of not wishing to kill the man, by an equivocal implication.—He says, "All I did was *perhaps* well intended."—What a display of generosity!

He finds my corollaries (as he terms them) too abstruse for his penetration to expound. He evades it by referring me to his paper on Pneumonia. There, I fear, I shall look long in vain for any thing satisfactory. True, it is a production replete with words; but, inane, very inane as to matter. It is a long and laboured essay.—A pathological disquisition, displaying in the author a greater itch for writing than ability of execution. And his *Methodus Medendi*, it is admirable. Phlebotomy! What an important discovery!

That real pneumonia, Gentlemen, can ever be mistaken for typhus by the most unlettered *tyro* in the profession, I believe impossible; but, that typhus *may be*, and frequently *is*, taken for pneumonia, I have no doubt.

In truth, it appears our champion's chief talent is that of defamation, combined with a portion of temerity seldom to be met with; and utterly incompatible with the dignity and honourable character of the medical practitioner. Now, as he has so prostituted these essential requisites,

and

and stripped the profession of its richest cloathing, he must not be surprised if he discovers that he has drawn upon himself the just contempt of its votaries. And I shall say to such antagonists,

" Henceforth thou shalt digest the venom
" Of thy Spleen, tho' it do split thee."

Edentulus vescentium dentibus invidet.

I am, &c.

ALEX. DENMARK

H. M. S. Quebec, March, 24, 1807.

To Dr. BATTY.

DEAR SIR,

IF I had pursued Physic as a profession, I think I should have become an excellent empyric, although I confess my impatience to get at the end, might have occasionally induced me to disregard the progress, and perhaps made me a bad practitioner. You know very well how often I have cut short your arguments by my impertinent interruption of, " Will it cure it"? Will this be the result? Is this a matter of fact, or only an opinion? S'death! it seems a scandal to the profession, that there can be two opinions on a point of practice at this time of the day, and I'm almost inclined to say, " Throw Physic to the Dogs, I'll have no more on't."—But as my laconic method of proceeding may not be quite so conformable to some high flown Theorists, who occasionally sport their technical terms and far-fetched epithets in the pages of your excellent Journal, I beg to relate a case that most *providentially* occurred in my family, and gave me an opportunity of putting two opposite modes of practice to the test; a thing I delight in. The result I submit to any of your long-winded correspondents, who choose to become the knights in the contest, not doubting but I shall be extremely edified with their lucubrations, if I am not convinced.

On Sunday evening, the 5th of April, I was suddenly roused from as sound a nap in my *chair*,* as I ever got at church in the morning, by the footman telling me my *maid's*

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* Dr. Batty requests his lively correspondent T. Y. to accept his thanks for this communication on Scalds, and also for his former one on Psoriasis Diffusa, which afforded a very satisfactory proof of the powerful effects of

maid's child had scalded both his legs and thighs in the most dreadful manner, by falling from a chair into a pan full of hot water. I had presence of mind to seize a bottle of turpentine the painters had left on the stairs, in my way down to the kitchen; and while I was anointing the thigh and leg with a feather, I ordered the other leg and thigh to be immersed in a jar of cold water. I need not mention the screams, fright, &c. on the occasion. I suppose they were as decently uttered, as those that take place under similar circumstances. In the midst of all the poor creature's sufferings, I felt delighted at the thoughts of bringing Dr. Kinglake and Dr. Kentish to such close quarters.—The case seemed a fair one, both limbs appearing equally bad; the blisters were very large, the penis and scrotum also suffered; and as I wished to divide the credit as equally as I could between the combatants, I applied turpentine to the scrotum, and water to the penis.

In about ten minutes the child was composed. He shivered, and when I was tired with anointing, he begged his mother to use it; he fell asleep with his leg in the jar, and as the water got warm, I emptied it with a small syphon, and had cold water poured in, that the limb might not be disturbed. The process continued all night.

(Monday.) The vesications of the watered limb appear less tense, and the small interstices not so vivid as on the other limb; he says he has not had much pain. Medicine was poured down to procure a motion, and while operating, the limb was obliged to be taken out of the jar; but in order to give it as fair a chance as possible, linen rags were wetted and applied to those parts where the streams from a watering pot could not touch; the leg was afterwards replaced. The other limb and scrotum were turpentined all day; in the evening the boy eat a little bread and milk. The footman and another servant attended him all the preceding night, and followed my directions to a tittle, but he was very restless and feverish, and got no sleep; however, the limbs were not worse; he passed this day tolerably well, but had a smart rigor when the water was changed in the evening, and became excessively hot and feverish in the night, with pulse above 130; great thirst and restlessness..—The penis and the watered leg this morning,

Tuesday

Arsenic. At the same time, he begs leave to observe, that cases in Physic and Surgery, would be quite as acceptable, if drawn up with the seriousness the subject demands.

(Tuesday,) look not so kindly as the other, and make me doubt either its salutary effect, or the possibility of carrying on a double plan of cure in the same patient. As I wished to divest my mind of all partiality for any mode, while there seemed no danger to life from the application of both, I felt anxious for a continuance of the double plan I had directed; at the same time, I was extremely sensible that an amateur had no right and title to sport with the lives of his Majesty's liege subjects; and this consideration damped the fun I hugged myself on enjoying in the battle between the learned Doctors, and the benefit I had reason to believe society would derive from the experiment. However, I thought if things did not mend before night, I would send for further assistance, and till that time, I should go on with my separate applications.

At night, the maid told me the child could not make water, and that his small affair was as black as her *bonnet*. I took horse and rode for my Æsculapius, who laughed very heartily at the impossibility of my experiment deciding the question, while the same limbs were under the influence of one constitution. This thought, I own, did not occur to me, and at the same time, I thought not of the importance he attributed to it; he agreed, that in slight accidents, as a cut or bruise on each hand, it might not interfere with two opposite plans; but in this case, the injury was so extensive, the whole system was engaged in the danger. The urine was drawn off, and after a careful inspection of the limbs, he determined on abandoning the cold water, and pursuing the turpentine; for he assured me the penis and watered limb would mortify, without a different application. Turpentine was now applied to all the injured parts, and it has been persisted in with the addition of yellow bazilicon; the boy is now mending very fast with the loss of his prepuce, for certainly no Jewish priest could ever have circumcised him more neatly than this accident.

The most vexatious part of the affair is, that the dispute is not settled; and I shall not feel content, till some practitioner meets with two scalded patients, and gives both plans a fair trial; and what is almost as bad, the hopes of edification I expressed in the beginning of this letter (which was begun a few days after the injury) cannot be realized, because the data are now done away with. If I say, (which is the fact) that the limb first turpentined, is much forwarder than the other; Dr. Kinglake can very readily reply, that the other had not a fair chance, as the

water was not repeated. On the whole, I should be doubtful of the utility of publishing such a case, if it was not for the wish I have, that surgeons would endeavour fairly to try the experiment, and not bring us their cargoes of proofs of the truth of which there may be no doubt. I am inclined to believe, the human constitution is a much more good natured complying machine than is generally thought of.—Brown paper and vinegar seems to cure a bruised forehead, as readily as a solution of sal. ammoniac; and it is an even bet, that port wine, or scraped potatoes, would do it as well. I am told, the late Mr. Hunter cured gonorrhœas with bread pills as speedily as with calomel; and I certainly cured one without any application or internal medicine, quite as quickly as when I had the best advice, and used injections and medicine in abundance. I have no wish to carry this idea beyond its proper limits; I told you before I was an amateur, and shall feel obliged to any of your numerous correspondents for their sentiments, after having made fair comparative trials of the superior efficacy of either remedy in burns or scalds.

I am, &c.

T. Y.

May 1, 1807.

An Abridgement *of Mr.* Marson's Papers *on* Vaccination.

THE address of yours to Correspondents in No. 98, relative to the partial suspension of Communications on the subject of Vaccination, I did not think would attach to me; but on the receipt of your last Number, on finding my letter to you omitted, I think it necessary to ask your attention to a few words.

In the month of October last, (you say November) I wrote a second paper on vaccination; this paper you did not insert till February; the succeeding month Mr. Ring was pleased to honour me with a direct notice, and at the same time complimented me on my "very candid style," though he "unfortunately differed from me." The arguments of Mr. Ring I could not think of that solidity as to refute mine, and occasioned the letter I speak of. Mr. Ring has ever been fortunate in the immediate publication of his letters, however prolix. I am one of those long acquainted

quainted with variolous inoculation, with which I have compared the vaccine. I observed when vaccination was first broached, it fell into hands that never inoculated before; they soon imagined, in the mildness of the cases, that a puncture would do the business, and never conceived any thing further was wanting. I do assure you, gentlemen, that much is wanting to make vaccination complete; and it is from this imperfection of our knowledge that the disputes and cavils have arisen between the theorist and experienced practitioner.

It is the opinion of Dr. Willan, in his publication, that "the employment of recent lymph seems no essential requisite, for the disease is as often produced by dried as by fluid matter, though the former may be more liable to fail." Admitting then that practitioners used only dry matter, I think, after the above opinion, Dr. Willan would never be brought to say it entirely depended on the aridity of the matter that these inoculations so frequently failed; and as to the taking it at an early period, I think I shall make it appear from Mr. Ring's own observations, that the neglect in not so doing, shall not better account for the failure of inoculation than the two preceding circumstances.

Mr. Ring, in controverting Dr. Clarke's idea, (Medical Journal, vol. xvi. p. 319) respecting the difference of a vesicle and a pustule, says, he is inclined to think that it is merely an inspissation of the fluid. This inspissation I am of opinion is a proof of the vaccine virus being more concentrated, and accordingly the two practitioners, on the ground of genuine matter, had the advantage of Mr. Ring, provided they used only matter taken in this concentrated state.

I have nothing to do with decomposed or diluted matter, my argument was built on the proviso the matter was *good*, that no particular address was required in performing the operation, concurring with Mr. Ring, that if the smallest quantity of this good matter was inserted or absorbed, the inoculation would take place.*

I do not mean to divert the reader's attention from the subject by observations on the words "convenient" and "comfortable;" but in this, as well as in other remarks of Mr.

* On this point Mr. M. observes, in a note, that Mr. Ring never imputes failure to insusceptibility in the patient. As Mr. R. writes for *practitioners*, and not for *theorists*, it was unnecessary to allude to that cause of failure.

Mr. Ring, we perceive a hurried judgment, for in my advising regimen and medicine,* I take upon myself a greater responsibility than if I confined myelf to the practice of Dr. Jenner.

Mr. Ring says, my observations on the breaking up of a vesicle, and irritation of the arm, are rather obscure and unintelligible; they may be so, but I have the pleasure of observing that I perfectly comprehend him; as, for example, he never says a word about the patient "being before healthy," in the case I alluded to, see vol. xvi. p. 318; but now it seems *convenient* to bear him out in his argument; yet I am apprehensive this healthy patient, instead of being a comfort to him, will be as a twig to a drowning man, for who does not know that in vigorous health there is the greater inflammatory tendency; the vesicle there being broken, and the arm irritated as described, we have something in vigorous health to apprehend, particularly when generous living is allowed and there is a costive habit; but in reduced health, where regimen and medicine are prescribed previous to or at the time of the inoculation, there is not much, I think, to be afraid of; indeed, Mr. Ring says, "the shield of Jenner generally protects them," even in the most vigorous health, vol. xvi. p. 318. I believe, when inflammation had taken place from a broken vesicle and irritation of the arm in this vigorous healthy patient, Mr. Ring would call in regimen and medicine to his assistance, and lament he had not, by these means, previously prepared the patient for the fatal mischief he describes; and I believe Dr. Willan would support me in this opinion.

If Mr. Ring disagrees with me respecting a good habit, I am happy to say he accords with me as to a bad one; he says, most people will agree with Dr. Willan's implication, that it would be well to attend to the constitution of the patient previous to or at the time of inoculation; this attention is what I argue for, medicine and regimen, though medicine is denounced as unnecessary in vaccination, in one of the Reports of the Jennerian, Society, of which Mr. Ring has the honour to be a Vice President. However, we find now, that regimen and medicine have Mr. Ring's sanction in bad habits; and it leads us to conclude that they cannot be amiss in vigorous healthy ones, where there

* The public are sick of regimen and medicine, when there is no occasion for them.

there is great inflammatory tendency, as in Mr. Smart's case: for example, though it is not exactly clear to me that it was owing to vaccination, I have met with an erysipelas peculiar to young children at the breast, which very much corresponds with the symptoms he describes; but you, gentlemen, in your Note, vol. xvii. p. 158, say, that you have "no doubt the inoculation was the exciting cause of all the mischief," though at the same time you wish Mr. Smart "had been more minute in his account of the cause, manner, and degree of injury inflicted."

There is something very remarkable in the pulsation, that it should commence *so soon* after the inoculation, as witnessed by the child's mother; that it should be visible in every inflammation; that it is not always a transient visitor, but is to be met with when the pustule is broken; that this pulsation should prove a constitutional affection, and yet that this very conspicuous constitutional pulsation should never be introduced to Dr. Jenner or Dr. Willan, for I do not find it characterized by either of them. The above is the pulsation of Mr. Ring, that I mean is not observable at a very early period of the inoculation, though when I perceive it I assure myself of constitutional affection; I say, when I perceive the pulsation, because it would appear there is sometimes a well formed pustule and circumscribed areola without a pulsation. This may startle Mr. Ring; but will he say there can be a local cow-pock, as reported by the Jennerian Society, if that cow-pock has the pulsation he says every inflammation has, and that this pulsation is a proof of the local cow-pock being a constitutional affection?

I hope what I have said will remove the prejudices of Mr. Ring, and that he will give what I propose a practical attention; my wish is, as well as his, to serve the cause of vaccination; and as he is persuaded it is not yet brought to perfection, he should not be too hasty in condemning what he never made a trial of. I would recommend him to indiscriminately set apart twenty patients; ten I would inoculate in the way I propose, with diet and regimen; the other ten according to his own plan; and then candidly tell us the general result.

Worksop, Nottingham, March 12, 1807.

CRITICAL

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

An Enquiry into the Seat and Nature of Fever, deducible from the Phænomena, Causes, and Consequences of the Disease, the Effects of Remedies, and the Appearances on Dissection. In Two Parts. Part the First, containing the general Doctrine of Fever. By HENRY CLUTTERBUCK, M. D. Member of the Royal College of Physicians, London, 8vo. 1807.

IT is very justly observed by the author, that since medicine has been reduced to something like fair induction from obvious facts, no one has attempted to define the absolute nature or seat of fever. His own attempts he urges are, to his best judgment, a fair and legitimate deduction from generally admitted facts, for the truth of which, he has appealed to the history of the disease, as delivered down to us from the most accredited writers and practitioners of all ages. It is strongly supported also by analogy, and is in unison, he conceives, with the general laws of the animal economy.

The work is divided into two parts. The first comprehends the general doctrine of fever, according to the principles assumed by the author. The second, which is still unpublished, will contain its particular application to the various states of the disease, with a more minute examination of the effect of remedies.

The preface concludes with a few very just observations, on the importance of adjusting remedies to symptoms, and on the injury many have suffered by the indiscriminate use of cordials in fevers.

The first chapter of the volume before us, contains some preliminary considerations on the laws of the system of health, on the nature of disease generally, and on the division into universal and local. Under the first head, after some general remarks on the complicated nature of the human body, and the difficulty of ascertaining the proximate causes of its actions, some useful observations are offered on the various susceptibilities peculiar to different parts; the effects of agents, [various applications] on different parts; on the same parts at different times, and on the relation or sympathy which exists between different parts, with the various causes to which they may be ascribed. Under the second head, it is suggested that the vascular system, sanguiferous and absorbent, is the great seat of disease. Some remarks on the laws of disease follow, particularly on the manner in which they superseded

cede each other, on the division of symptoms, and on the means of distinguishing primary from secondary symptoms, and the uncertainty of inferences which may sometimes be drawn from even morbid dissections. Lastly, the author endeavours to prove that there is no such thing as an universal disease; that debility is never the immediate cause of disease.——This passage contains many useful remarks, referring principally to a doctrine at one time popular, and which we still find by some, if not defended, at least applauded. For want of room, we can only transcribe the following note.

"I shall take this opportunity of remarking, that the doctrine which supposes almost all diseases to be universal, and the whole system to be acting in a similar manner, either in excess or the reverse, owes any popularity it may have chanced to possess, more to its apparent simplicity, than to its consonance with truth and the laws of the animal œconomy. In diarrhœa and dysentery, which occupy a conspicuous place in the catalogue of *asthenic* diseases, the part affected and the general system are often in the opposite state of action, in regard to one another. The system is weak;—the intestines have all their actions preternaturally increased. This is seen in their augmented sensibility and consequent pain; in the excessive secretions poured out into their cavity; and in their increased peristaltic motion: these surely cannot be consequences of local debility or a weaker action of the parts. The same contrast might be shown to exist in a great number of other diseases, between the general system and the seat of topical affection."

There may seem a little obscurity in this passage itself. If there is no such thing as universal disease, it may be asked, what are those general diseases which are to be distinguished from local? But the author's intention is to show, that local disease may produce a general wrong action; that therefore we are to look for organic or local affection in our treatment of most diseases, though the symptoms may be general.

In the next chapter, Dr. C. attempts to show that fever is never to be considered as a disease of the whole system, but that "the brain is always the true seat of morbid affection in fever, and the source of all the symptoms which essentially belong to it, and which serve to distinguish it from other diseases." A remark follows, that this theory is confined to the idiopathic fevers of authors, unconnected with that general affection from topical inflammation, usually termed symptomatic.

The phænomena of fever are next considered, as indicating its seat. In attempting this, our author very properly refers to the authority of other writers of respectability, who must have been unbiassed by the conclusions he wishes to draw. By extracts from G. Fordyce, Huxham, Lind, Dewer, and De Mertens, he shows that fever, be the remote cause and the consequent symptoms varied in any other form, is always distinguishable by altered action about the

the head. This section concludes with some ingenious remarks, to prove, that though the brain exerts more or less influence in every part of the system, yet that the actions of the heart, arteries, and other organs immediately concerned in the support of life, are much less dependant on that viscus, than those functions which connect man with the external world, which raise him above the scale of vegetable existence to the rank of an intellectual and free agent.

Two sections follow, showing that those animal functions, which the author derives principally from the brain, are more early affected than those vital functions which are less influenced by that organ. The latter, he conceives, are only affected in a secondary manner. The natural functions, viz. secretions, excretions, digestion, &c. are also said to be affected in a secondary manner, by the influence the brain is found to have on the organs subservient to those offices. Lastly, the other phenomena of fever, particularly hæmorrhages, petechiæ, vibices, &c. are all assigned to the same deficiency in the functions of the brain; and it is shown that such deficiency, on many occasions, induces that atony on the extremities of the vessels from which all these consequences may be traced.

The remote causes of fever are next traced; and after showing the insufficiency of the Cullenian doctrine, in deriving them all from human effluvia and marsh miasma, the author, from a general view of the subject, supported by various authorities, concludes, that though irritations, bodily as well as mental, may induce fever, yet that the brain is in all affected before actual fever is formed. This chapter closes with an account of the predisposing causes to, and consequences of fever. The first, it is shown, are principally connected with the mind, and the latter always attended with an impaired state of the intellectual faculties.

The 3d chapter on the nature of febrile action, is introduced by a summary of the former doctrine.

"No one will deny that, in fevers, the functions of the brain are greatly deranged, and that many of the most formidable symptoms of the disease may be referred directly to this source. I have given my reasons above for believing that the affection of the powers of sensation, thought, and voluntary motion, so remarkable in fevers, is not merely an accidental or casual occurrence, but essential to, and characteristic of, the disease; that it exists, in greater or less degree, in every case of idiopathic fever, while other parts of the system, that are less immediately subjected to the influence of the brain, as the organs of the vital and natural functions, are by no means necessarily or constantly deranged in fever; and that, when they are so, the derangement is neither uniform in kind, nor at all proportioned to the violence and danger of the disease.

"I shall next proceed to shew, that the disorder of the brain which takes place in fever is either a state of actual inflammation,

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or, at least, a condition nearly allied to it, as it contains the most essential characters of this affection. This will appear alike probable, whether we consider the phenomena of the disease, the causes, or the effects of remedies; and we shall afterwards see, that the opinion derives all the support from the dissection of bodies dead of fever, that could reasonably have been expected."

In pursuing this inquiry, the author begins with showing the analogy between fever and inflammation; and from the various symptoms, appearances on dissection, and authorities of the best writers, infers the probability that fever is only inflammation of the brain. We regret much that our limits will not permit us to be as particular as we could wish on this most important part of the work, but we must either transcribe the whole, or satisfy ourselves with a mere epitome; for throughout the whole, the author has paid as much attention to brevity as correctness. We shall, however, take some notice of the concluding part of the chapter, as most easily divested of the train of reasoning.

After showing the errors of Hippocrates, Erasistratus, Asclepiades, Themison, Galen; of Avicenna, and the Arabian School in general; of the chemical extravagancies of Paracelsus; the Archæus of Van Helmont; the mechanical theories of Borelli, Willis and others; the spasms of Hoffman, afterwards adopted with some little variation by Cullen, the lentors of Boerhaave.—"Of the hypotheses now mentioned, some are merely conjectural, founded on the supposition of a state of the system which has never been demonstrated to exist. Of this description are the *error loci* of Erasistratus, the *corpuscularian* doctrine of Asclepiades, the *humoural* doctrines of Galen and his followers, the *chemical* principles of Paracelsus and succeeding chemists, the *lentor* and *obstruction* of the mechanical sect, the *laxity* of Cole, &c. Others take up some one prominent and conspicuous symptom, and consider it as constituting the primary and essential part of the disease; such as the excess of heat, the profuse secretion of bile, the spasmodic constriction of the skin, or the debility or rather inability for muscular exertion; all of which are effects or consequences only, and not primary links in the chain of phenomena of fever."

The opinions concerning the local seat of fever are next stated: and after the mention of those modern authors who have acknowledged their ignorance of the subject, yet admitted the early affection of the brain, Dr. Home's interesting case of himself, is transcribed from "Medical Facts." On this the author, with great justice, remarks, that if such a physician could admit, that under inflammation of the brain, he felt all the symptoms usually attributed to low fever, the probability is, that they are the same disease; and this is confirmed by the history of an epidemic low fever, described by Dr. Home, which prevailed among the British troops in Flanders. In all these cases, the first symptoms were dulness of the intellect, which increased in many

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till the disease ended fatally. The patients were not bled, on account of the general marks of debility. Only the bodies of two were opened, and the brain of only one, which was found in a state of suppuration.

" Here, (says our author) is an instance of epidemic fever, of the *low kind*, exhibiting after death unequivocal marks of previous inflammation in the brain. But what were the symptoms in this individual case?—Were they such as to distinguish it from others of the same epidemic, indicating in a peculiar manner the presence of topical inflammation of the brain, according to the ordinary characters laid down of this disease?—By no means. " The patient had been," Dr. Home says, " in one of these slow fevers for a month; and was first seized with a vomiting and purging, which yielded to a vomit and injections. He lingered in this fever, sometimes complaining of a small pain in his head, till he was sent to the hospital, where, continuing two days in a low way, he was seized with slight convulsions, and expired."—In no case of fever, probably, could there be less reason to look for disorganization of the brain, than in the one before us. No raving, nor violent pain in the head, no redness of the eyes, not even delirium, is mentioned among the symptoms.

" Dr. Home, in his comment on this case, remarks, " that if we are to judge by all the symptoms, the brain was the principal seat of disease; but we dare not conclude, " says he," that every brain was affected in this manner. In this case, we see the substance of the brain converted into pus (and that too of no short standing, since the sinuses were so many), without any sudden or pressing symptoms. What shall we say," he adds, " of matter formed in the cerebellum, where the least disorder has hitherto been looked on as mortal? It overturns the doctrine of the schools."—It certainly does so, and not only with regard to this particular point, but to the whole doctrine of fever. It proves, with others, that inflammation and suppuration may take place in the brain, with scarcely any of the symptoms commonly assigned to phrenitis; without any, in short, but the mildest symptoms of fever. From the event of this case, it is probable that, had other dissections been made, similar appearances might have presented themselves. Yet we are not at liberty to infer, for reasons already stated, that such would have been generally, or even frequently, the case. When, however, we consider how rarely, in comparison with the whole of fevers, the state of the brain has been examined after death; and how often, in the examinations which have been made, decided marks of inflammation have been perceived, a strong ground of suspicion, at least, is afforded, that the inflammation here was not merely an accidental occurrence, but the primary cause of the febrile symptoms, or rather the disease itself."

A short chapter follows on the diagnosis of fever, which the author has no difficulty of showing, never fails to be attended with affections of the sensorial functions. This is admitted by all authors,

authors, and is said to be the only invariable symptom from which the following conclusion is drawn.

" In conformity, then, with the view of fever above given, we should consider it as a topical affection of the brain, founded in inflammation; in a word, as a variety of *phrenitis*, the essential characters of which it contains. The term *phrenitis*, however, is objectionable, as expressive of delirium or alienation of mind, which, though a very frequent, is not a necessary nor constant attendant on fever. The term *encephalitis*, as implying merely inflammation of the contents of the cranium, seems more appropriate, and is sufficiently comprehensive to embrace every variety of the disease.

" Must not fever, therefore, in future, be removed from the class of *universal* diseases (if there be any such), and ranked with the PHLEGMASIÆ, or topical inflammations, of nosologists? Like these, its characters are to be sought in the condition and feelings of the part affected, and in the state of its peculiar functions. Thus, in every proper fever, we shall find, in addition to the ordinary febrile symptoms of hot skin, irritated circulation, foulness of tongue, thirst, and deficient or irregular secretions,—pain in the head, generally of the throbbing kind, and extending along the continuation of the brain that is lodged in the channel of the spine; increased heat of the head, easily perceived on compressing it with the hands, even though the body and extremities be cold; unusual throbbing of the arteries in the neck and temples, suffusion of the eyes, and an altered expression of features easily to be perceived, but difficult to be described; together with disturbance of all the functions immediately belonging to the brain, as the *voluntary* and *mental* powers (both of which are always greatly weakened), and *sensation*, which, at different times and in different stages of the disease, is subject to be exalted, depressed, or otherwise depraved. If to these be added, irregularity in regard to sleep and watching, which, though common to many other diseases, belongs in a peculiar manner to the state of fever, we shall have characters always sufficient to enable us to detect the presence of fever in the system, affording at the same time the clearest indications of its nature and seat."

The last chapter, in the present volume, is on the various remedies for fevers, as they refer to the preceding doctrine.

If any thing can reconcile us more satisfactorily to the boldness of our author's theory, it is certainly the decisive authorities he produces in favour of early blood-letting. Though these are pretty generally known, and though it is scarcely necessary to mention any other names than Rush and Robert Jackson; yet it certainly does not redound much to the credit of the present practitioners, that two such names, so well supported, have been so little attended to. The only difficulty that stands in our author's way, is the decision of Dr. Fordyce, against the practice. We admire Dr. C's candour, we are unwilling to call it partiality, on this occasion; but

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we are much at a loss to know what attention he can pay to the practical remarks on fever, of one who determines so pointedly the constant inutility, and sometimes absolute fatality, of early blood-letting in fevers. Allowing that Dr. F's practice was principally confined to London, the same may, we apprehend, be said of Dr. Clutterbuck's, and instances on record were equally open to both; they, however, may have been multiplied since the decease of the former.

We have given the spirit of this work with as much accuracy as our limits will admit, and we should feel ourselves very ungrateful were we not to acknowledge the obligations we are under to the author. Whether we consider his patient industry in the innumerable authorities he has produced, the satisfactory manner in which he has turned them to the support of his doctrine, or the candour with which he meets every difficulty and objection, we must admit, that we rarely meet with a question of so much importance treated with so much judgment, or with so regular a process of inductions from well founded facts. What adds much to Dr. C's merit, is the boldness with which he attacks a popular doctrine, and maintains one which leads to a practice always condemned, if unsuccessful, and too often undervalued, when attended with a most desirable issue.

As the present volume contains only one part of the work, it is with pleasure that we give the author an opportunity of explaining himself in some particulars, which to us are not satisfactory.

We cannot help wishing that the work had commenced, if not with a precise definition, at least with some definition of inflammation. That the brain is invariably affected in fevers cannot be questioned, and the stomach also. In short, *vires imminutæ* are in every part indisputable, excepting those of the absorbent vessels, which Dr. Clutterbuck has not failed to remark, are increased. But whilst we admit that the actions of the brain are altered, we are not perfectly satisfied that genuine inflammation always takes place. Even if we admit with the Author, that increased action is sufficient to constitute inflammation, we shall still be under the necessity of dividing inflammation, as Mr. Hunter has done, into different species, according to their sensible properties; and this is the more necessary, as Dr. Clutterbuck had admitted, that different, and even contradictory remedies, may be required under different states of inflammation in the brain.

"Topical inflammations, (we are told) are thus not only often relieved by increasing the actions of the system generally, but by stimulating applications to the part itself. These, by exciting the actions of the part still further, and perhaps also by diminishing at the same time its excitability with regard to the ordinary and healthful stimuli, seem, as it were, to induce fatigue in it; and, when the application is withdrawn, the action falls below that which is essential to inflammation, and approaches that of health. This is well illustrated in the case of inflammation produced by burns

burns and scalds, which, in many cases, appears to be as successfully treated by stimulants of the most active kind, and even by heat itself, as by the application of cooling remedies, or of actual cold."

We cannot easily see the coincidence of the two facts here placed in illustration of each other. In scalds and burns, it is very certain that the parts recover themselves, however contradictory the treatment may be; but in most cases, we suspect that the applications have only a temporary effect; perhaps, in some instances they may interrupt, and in others facilitate the curative processes of Nature. But if topical inflammations, which have become chronic or habitual, are to be removed by stimulating remedies, we should impute such cures to the checking of an *error loci* of the ancient writers, or the superseding one action by another, according to the Hunterian theory. Or if we call every increased action inflammation, it will, as was just remarked, be absolutely necessary to define, as far as possible, the nature of the inflammation, since our practice must be regulated by it.

We should remark that every new action, however salutary, is attended with something like inflammation. If a slough is to be separated, the process is first an increased number and volume of the sanguiferous vessels. If suppuration is to take place, it is ushered in by the same process. Even ulceration is found invariably preceded by inflammation, as the previous blush on the integuments shows. In all such cases some increased action is necessary for the new process, and it is the business of art to prevent that action from being carried too far. In fever, however partial the disease may be, it must be admitted, that ultimately almost every part is affected; that is, that an almost universal change of action takes place. Not only the functions of the brain, but of the stomach, the skin, and often of the kidnies, are altered. That the head is very early affected cannot be doubted, and when this affection proceeds no further than to hebetate the senses, or to render the mind insensible to all external objects, this is considered by all physicians as a most desirable event. In fever, therefore, as a new series of actions is to take place in so important an organ, the attention of the physician should always be directed to that organ; and the least symptom of action being increased, so as to endanger its structure, should be watched with the most anxious care. If the cause which induces the fever suddenly invades a person in high health, the danger must be proportionate; and if the body has been from any cause previously heated, we perfectly agree with our author and those practitioners who urge early bleeding as a most important remedy.

Till we see the rest of this performance we are unwilling to say more. Perhaps we are already premature in the objections we have offered. However this may be, we cannot help congratulating the medical student on the acquisition of so valuable an addition to our stock of knowledge, on a disease which requires, on all occasions,

casions, a promptness of decision, only to be acquired by practice, or by the support of that authority which is derived from such works as the present.

Observations on Morbid Poisons, Chronic and Acute, &c.

By Joseph Adams, M. D. &c.

(Concluded from Vol. xvii. pp. 567—574.)

On the subject of Sivvens our author is very minute. Besides an exact description of seven cases, which came under his own observation, in different stages, we have the accounts of most of the writers on the subject. From an examination of the ancients, particularly Celsus, as well as those surgeons of the middle ages, whose writings have been produced to prove the antiquity of the venereal disease, it seems satisfactorily proved, that sivvens is one of those local morbid poisons which has occasionally appeared, though never to such an extent as in a country where the custom has prevailed of smoaking with one common pipe. In the subsequent chapter, Yaws is described with not less minuteness. These are the only two diseases that have hitherto received a name, and can be confounded with the venereal. The peculiar marks by which they may be distinguished are carefully pointed out, after which the important subject of the anomalous Morbid Poisons is commenced.

This chapter comprehends a very enlarged view of such diseases as have been confounded with Syphilis; by which it appears, that the descriptions are all of them either deficient, or when sufficiently minute, that they are not applicable to the true venereal character. All the cases which yielded to acids are shown to come under one of these descriptions. Mr. Abernethy's "Account of Diseases resembling Syphilis" are next examined, and each is referred to its respective class, according to the arrangement in Dr. Adams's former edition of Morbid Poisons. This part of the work is highly important, and we regret much, that our limits will only admit a transcript of the conclusion which is, comprised in the form of Aphorisms.

"Whenever we see a sore in these parts without pain, and scarcely distinguishable from mere excoriations, we should content ourselves with the most simple applications, and without any internal remedies.

"If the sore heals firmly for some days, or if it continues stationary, or spreads only superficially, without pain, we may be satisfied it is not venereal, or that it has not yet acquired a venereal character.

"If attended with pain, we may suspect a morbid poison of some kind.

"If the inflammation is considerable, and the disposition to ulcerate rapid, or slough should have commenced, we shall probably have fever at the same time. In all these cases we must attend only to the general and local symptoms, as in ordinary cases, by allaying the inflammation and fever. "If

"If the fever and ulceration both continue, our prognosis must be unfavorable; but the longer we delay the use of mercury, the greater will be the probability of success from it.

"If the disease is not soon relieved by mercury, we have reason to fear it will be exasperated by it; and if we find this the case, we must refer to those remedies which have been before suggested.

"If slough should have commenced, and its extent appear to be considerable, the probability is, that as soon as it is cast off, the part will skin over without granulation.

"If granulations follow the rapid separation of a slough, we must consider the case as common mortification.

"But it may have arisen from inflammation, excited by the presence of a morbid poison; we must, therefore, carefully examine whether any ulcer remains where the slough has not taken place, and watch its progress, so as to ascertain its character.

"If the slough is superficial, and the part from which it is separated looks particularly clean, that is, retains the crude surface of separation, neither skinning nor granulating, we may expect a succession of sloughs along the surface; and in the early stage of such a disease we shall gain nothing by mercury in any form.

"If, as the inflammation subsides, or after the slough is separated, we find, instead of healing, a hard and somewhat painful ulcer, without any restoration of parts, we may be certain of a chancre.—In these cases the sloughs will generally be small, almost circular, and about the size of a beginning chancre.

"If the ulceration should be slow, and without the character of chancre, the fever somewhat abating, we have every reason to believe the disease will cease spontaneously, or that as soon as the constitution is become familiar with it, that it will yield to mercury.

"This, in addition to what has been said of the soft wart and the thick lipped ulcer, will, I trust, be sufficient for every practical direction in the treatment of primary anomalous symptoms.

"But whilst there is this certainty in distinguishing primary, it must be admitted that secondary symptoms are by no means so readily ascertained. It is but justice to add, that these were the only cases in which Mr. Abernethy was undecided; and we cannot be too grateful for the number of instances he has produced, and the descriptions he has given, imperfect as some of them may be.

"The difficulty of distinguishing secondary symptoms, seems to arise from our associating so much the idea of copper spots in the skin, with the secondary symptoms of syphilis. We should recollect that all eruptions, whose inflammation is slight, and whose progress is not rapid, must begin in this manner. Even in the exanthemata, if we watch carefully, we shall discover something of this kind as the eruption commences. The appearance arises only from the transparency of the cuticle, which exposes the

slightly inflamed cutis underneath. In those morbid poisons, which have not a certain course to run, the progress is so slow, that this copper spot is more circumscribed and permament. It is of different complexions, according to the degree of inflammation, which in syphilis is so trifling, as at first only to produce a slight separation of the cuticle, which continues to be formed again for some time, before ulceration or even scabbing takes place. The same happens in many other morbid poisons; nor ought we to be more surprised, if we cannot distinguish these eruptions at first, than at our incapacity, in their early stages, to distinguish small-pox from chicken-pox."

A chapter follows on Leprosy. In this the various diseases, at different times, denominated Elephantiasis or Leprosy, are accurately distinguished. In the description of what our author calls the Elephantiasis of the ancients, or the Arabian Leprosy, we must not omit the notice of one very striking particular. Most writers describe the afflicted as peculiarly salacious, but this is so far from the case, that after a careful examination of all the subjects in a Lazar House in the island of Madeira, our author establishes it as a general law, that " when the disease attacks a male subject before he arrives at the age of puberty, he never acquires that state; and such as are attacked later in life, gradually lose the power of procreation as far as can be judged by the changes which take place in their organs." This chapter concludes with some general remarks concerning the source of that confusion of terms, Elephantiasis and Leprosy, which may be traced in profane and sacred writers.

The last chapter of this part of the work is confined to the controversy, whether the Itch arises from an insect or not. The conclusion is, that a disease somewhat resembling Itch is the effect of an insect, a figure of which is given; but that in the true Itch, no one has, hitherto, been able to discover any thing animated.

The second part is on " Morbid Poisons attended with Fever." The first chapter on the various causes of fever, contains some short remarks on the injury this branch of pathology has sustained by the adoption of the term Typhus, which has for some time been applied to every kind of low fever. The author's definition of fever follows, and the various causes which induce such a change in the actions of the economy are enumerated. The origin of Typhus fever among the poor during severe winters or seasons of scarcity, leads to a consideration of those affections of the mind, which induce similar effects; a short passage of which we shall transcribe.

" Thanks to an improved state of society these national calamities are rare, which is the more consolatory, as the remedy is not within the power of those who have the nearest view of the evil. Let us then all be cautious how we contribute to others within our own scope. Let us remember, that these are only among the impressions which impede the common actions of life, and which must, if continued, produce local or constitutional disease.

Above

Above all, let us reflect that these causes will be proportionate to the susceptibility of the subject to whom they are applied. The different periods of life render us susceptible to different impressions, which are varied according to the nature of our education or rank in life, permanent or transitory from the same causes, but most of all from the original dispositions with which we are born. The child is distressed if less praised than his equals; the youth if he feels conscious that his progress is slower; but most of all the man just rising to settled life, if his prospects are clouded, his character suspected, or his inclinations opposed in such a manner, that he is forced to forego what he conceives absolutely necessary to his future happiness. Under any of these circumstances the apprehension of disappointing his friends—that contracted view he has of life, which induces him to suppose that the eyes of all are fixed upon him, and the keen sensibility peculiar to his age, produce a conflict that has often proved fatal to the most ingenuous minds. From having seen this period so frequently fatal to young physicians, it is often suspected to arise from contagion. This may sometimes be the case; but those who converse with the commercial world on the subject, will find that the event is by no means uncommon in men of very different pursuits at that particular age.

"In the other sex these causes operate still more powerfully, in proportion as the constitutional irritability is greater, the view of external objects more contracted, and the necessity of preserving an unsullied reputation the more imposing. But in both it is much to be wished we could recollect, that the best are the principal sufferers. In both there are characters who would die at the suspicion of an act, which others would be proud of concealing, and almost indifferent to if discovered. A severe expression, to which a sense of duty prevented a retort, an imputation to which pride prevented a reply, have been considered as proofs of tame submission or guilt, and the repetition or want of explanation have proved fatal to the best of minds.

"'Tis the brain of the victim that tempers the dart!"

"We ought further to remark, that the various changes the constitution undergoes at different periods, though for the most part so gradual as to be but little observed, are sometimes attended with those difficulties which will end in fever. This is more noticed in females, but I doubt whether the change in men is not often more striking. At what is called the more advanced climacteric, a long continued hectic ends in a continued, though slow, fever, the issue of which depends much on external circumstances, and from which, if the patient recovers, he is afterwards congratulated by his friends on a renovation of health and youth.

"I have mentioned these among the causes of fever, which are continually occurring, some of which are, from their nature, too often unknown by the physician, and too little attended to by man-

kind at large. When some of these causes occur a in circle, whose habitation is rarely enlivened by the full rays of the sun—when it occurs at a season during which, those who have the happiness of a blazing hearth, are distressed at an open crevice, physicians well know, and have often deplored, the consequence. In large towns infectious air is the most common cause of fever among the poor, and the most alarming to the rich, as it is impossible to say by what means they may be exposed to it. But whilst we are thus cautious, let us not increase the exercise of that selfishness, which, where life is concerned, is too apt to predominate. Let us reflect, that, as these causes have been more accurately explored, they have been found less formidable, and that prudent courage consists in ascertaining a danger, pusilanimity in flying from it. The love of life, inseparably connected with its posession, has sometimes unnecessarily superseded all those charities, which to man can only render life valuable: or the severity of state policy has confined innocent victims to a charnel-house, from which they might have escaped with security to themselves, and without danger to their persecutors."

The second chapter is "on the Manner in which different Fevers supersede each other. Of the infectious Atmosphere, endemic effluvia, and pestilential Constitutions of the Air." The title of this chapter gives some idea of its importance, but the perusal enhances it greatly. Under the "infectious atmosphere," are comprehended those diseases which originate in cottages, poor houses, prisons, camps, or fleets; the endemic effluvia are confined to marsh miasmata or the filth of ill-paved towns, during a season of hot and calm weather; the pestilential constitutions of the air, are those epidemics which spread over a considerable portion of the globe. These last are, influenza, dysentery, and the true plague. These and the endemics are shown to be greatly influenced by the infectious atmosphere, and in many instances to be innocuous without it. From this cause, Dr. A. conceives that Cleghorn has confounded endemics with contagions, and Sydenham contagions with endemics. One important inference is drawn from the whole, viz. that a subject under the fever from infectious atmosphere is not contagious, and that in proportion as we prevent the causes of such an atmosphere, by an improved mode of living among the various classes of society, we shall be secured from the effects of endemic effluvia, and pestilential constitutions of the air.

"Considering the events above related, and witnessing them, as Sydenham did, he may at least stand as well excused in confounding the sources of endemics, infection, and contagion, as the no less cautious Cleghorn, who boldly asserts, that "these tertian fevers have as good a right to be called infections as the small-pox, measles, or any other disease."—"For although," continues he, "there certainly is a peculiar disposition in the air to affect numbers in the same way, yet those who are much conversant with the sick are most liable to catch the distemper;" that is,

is, by the infected air they breathe they become diseased, and that disease is superceded by the more powerful impression produced by the endemic miasma. Thus the only difference in the error, between these justly celebrated writers, consists in one considering all these diseases as endemics, and the other as contagions. Had Sydenham practised in a remote part of the country, where the introduction of small-pox contagion can always be traced, or had Cleghorn treated intermittents only among a scattered peasantry, instead of a camp or military hospital, probably if neither of them had been confused by the infectious atmosphere, which the seat of their practice produced, both would have avoided their error, and posterity have derived still greater advantages from their labours.

" On this account it will be absolutely necessary, as far as possible, to ascertain the laws of an atmosphere, rendered infectious by accumulating the sick, and also the changes produced in the human body by the application of such an atmosphere. In order to distinguish this, which we have called *infection*, from epidemics, endemics, and contagion, we are to consider that, though contrary to the two first, the cause is to be looked for in the human secretions, yet for its production the accumulation of numbers of sick, labouring under any complaint, is sufficient. Thus, in its origin, it differs from contagion, which can only be excited by its own particular disease. The next question will be, Whether, when once excited, it can be communicated like contagion; that is, whether the secretions of an individual, labouring under the disease excited by the infectious atmosphere, can infect another person in a similar manner; or whether the presence of such an atmosphere, or the accumulation of numbers, will be necessary to produce such an effect?

" In this enquiry we must recollect, that the actions excited in the human body by this atmosphere, are not always similar, though hitherto we have not succeeded in discovering any difference in the properties of the cause which should lead to such a difference in the effect. The mildest form in which we see disease thus excited, is a general vesicular appearance about the hands and fingers, which is contagious in a degree, in some measure dependant on the situation of the subject to whom it is communicated. If to one of the children of poverty, among whom the cause has originated, the effect is pretty similar. If to one in better condition, a few solitary vesicles will appear, and soon disappear spontaneously. But as long as the cause continues among the former, the effect will remain, varying in different subjects, according to partial exposure and other accidental circumstances; sometimes assuming the appearance of *favus*, as described by Dr. Willan, or a scabbiness about the face and scalp, as mentioned by Dr. Jenner. The latter gives the general name of herpes, or herpetic blotches, to the whole; and perhaps if we call it *herpes pauperum*, we shall find this as descriptive a term as any appearance so general will admit. I sus-

pect that the moist itch, mentioned by Dr. Gillispie, is of this kind: for it is past a doubt, that a constitution engaged in such an action, may be insensible to infections and contagions. This has been well remarked by Dr. Jenner, in his vaccine experiments, and I can add my own most ample testimony to the same. Those who have had the largest opportunities, and improved them the best, describe a variety of other diseased forms which the infectious atmosphere induces. Among these are diarrhœa, dysentery, inflamed eyes, sore legs, and gangrenous ulcer. These, under an aggravation of the cause, are sometimes suddenly superseded by the worst form of infectious fever.

"In considering how far the subjects, thus affected, become contagious, we must then admit that such secretions, as can be retained in a substantial form, have the power of contagions. Not, however, with the uniformity of those well marked contagions, which may be justly called Morbid Poisons. The forms themselves are uncertain, and their effects vary not so much with the constitution of the persons exposed, as with other external circumstances. Thus all the varieties in small-pox are, as far as we can judge, independent of the degree of impregnation in the atmosphere, or concentration of contagion. Of the infectious atmosphere, on the contrary, we shall find these degrees inducing a corresponding affection in the persons exposed: in small-pox, whether we apply the contagious matter in a substantial form, or by effluvia, we produce the same disease, though in a milder degree. From infectious atmosphere the whole disease often varies with the form in which it is applied. And though we admit that these secretions, in a substantial form, may excite similar actions in another person, yet the enquiry still remains, how far the insensible secretion or effluvia, from a person under the infectious fever, is contagious.

"It is established beyond a doubt, that the infectious atmosphere may be so attached to many things long retained in it, as to infect those who are exposed to such things, when removed from the source of the atmosphere. But if these substances, generally called *fomites*, are imbued with the atmosphere from the *crowded sick*, the property thus acquired does not prove, that the effluvia from an *individual*, infected by such fomes, would produce the same effect. To ascertain this, we must refer to certain facts, their series, and order: and as the question will not admit of common experiment, on account of the subjects affected by it, we must trace with minute diligence such records as are well authenticated, and by the frequent recurrence of uniform consequences, form our decisions, till they are contradicted by subsequent events.

"The first consideration, in these cases, is the place in which an individual is infected. If two friends are in Newgate, and one of them under a fever; should the other be seized with the same, whilst attending upon the first, no one will pretend to ascertain whether he was infected by such an attendance, or from the same cause that infected his friend. We are next to recollect, that the effect produced

duced is in proportion to the degree with which the atmosphere is impregnated, or, as it is usually called, in proportion as the infection is concentrated, joined to the susceptibility of the persons exposed. Let us suppose, for instance, that the air of a prison is at first pure. The despondency and little ailments unattended to, under the general distress, vitiate this air so gradually, that the inhabitants are familiarized to it, and though none may be in high health, yet actual fever may not be perceived. A stranger is introduced from a pure air, and seized with fever, from his greater susceptibility. The air now becomes more vitiated from this greater accession of cause, and though the patient may recover, yet his recovery will not restore the air to the state in which he found it. The next person, therefore, that is admitted, is seized with greater violence, in proportion as the cause is greater, though his susceptibility may have been the same. The air is further vitiated as the same events are multiplied; at last the jailors are infected, though accustomed to a certain degree of infection; and strangers are seized with a suddenness and violence proportioned to the concentration of the cause, to their degree of exposure, and of their own susceptibility.

"In 1586, happened what is called a black assize at Exeter; the circumstances attending it are so remarkable, that it seems difficult in these times to conceive how the cause should have been so mistaken. A number of Portuguese sailors, taken prisoners at sea, were put into the common jail, where they remained some time before they all fell sick. The sickness soon spread through the jail, so that when the sessions arrived, the prisoners were many of them brought in hand-barrows to be tried. The mortality in the court was dreadful. But what I wish to remark is, that because the Portuguese, from being new to the prison atmosphere, were first infected, and by their numbers and consequent disease, no doubt, contributed further to vitiate the air of the prison, they are considered by Baker as having introduced an infection, which did not appear among them till they had been some days confined, without change of cloaths, in a "*deep pit and stinking dungeon.*"

"Of the black assize at Oxford, it is particularly said, that the disease and mortality, though affecting near 300 people, did not spread beyond those who were immediately exposed to its influence.

"In the black assize at Taunton, not only the court were infected, but many in the town; which was easily accounted for, because the infected prisoners were brought from Ilchester jail, and, it is unnecessary to add, the probability that the whole populace flocked to see them on their arrival.

"The last black sessions in the Old Bailey was held on the 11th of May, 1750. On the 13th, died Alderman Lambert; on the 14th, R. Cox, under sheriff; on the 17th, Baron Clark; on the 19th, Sir T. Abney, Justice of Common Pleas, T. Otway, barrister, W. Baird, ditto, W. Sharplop, and four others; on the 20th, the Mayor and eight of the Middlesex jury. All these individuals were

were seated in the course of an atmosphere likely to pass from the prisoners to an open window. The rest of the court escaped.

"At the assizes at Oxford, it is evident, by the history, that no one was infected but those who were in court, for their sickness was by some imputed to causes whith could only influence such as were present. In London, too, there is reason to believe that no persons were affected in the families of the deceased; because the list of deaths in the Gentleman's Magazine, which is very precise in marking all who died from this event, gives no account of any but such as were in the court; nor do the subsequent remarks on the calamity hint at any further extension of the infection. But we are not on that account to determine that such a fomes is, under every circumstance, innocuous beyond its immediate source, since we find, in two years after, a fever from the same jail was communicated to the families of the infected."

The manner in which the disease afterwards spread in some instances, and in others ceased with the persons first infected, is next traced; and the author having thus ascertained, with as much exactness as the subject will admit, the laws of this atmosphere, proceeds to show its influence on the endemics and epidemics. This produces an important inquiry into the Yellow Fever and Plague, the contagious properties of which are said not to be ascertained, and the causes of the disagreement among authors on this subject are minutely investigated. This part of the work is too important to be abridged, we can therefore only recommend it to the careful perusal of all those who are likely to be engaged practically in these formidable diseases.

The 3d chapter is on the Exanthemata; of this the small-pox, as the most formidable, and comprehending the terrors of all the rest, is most minutely described, and with the mode of cure is comprehended the treatment of all other acute fevers, the early symptoms and sources of danger being similar in most of them.

The last chapter, On Prevention, comprehends the various and prophylactic means for each class of diseases above enumerated. Inoculation, Variolous, and Vaccine, are candidly discussed; and whilst the author makes no difficulty concerning the security of the latter, he deprecates all restrictions on the former, till the public mind is better reconciled to so extraordinary a revolution. This, however, relates only to the metropolis, in which the disease is said to be always more or less epidemic.

Such is the nature of this work, of which, from the quantity of information it contains, we can give only an imperfect sketch. To recommend it to our readers would be superfluous, as the importance of the subject, and the abilities of the author, in this particular branch of the science, are both well known to the medical world; we shall just remark, that, besides the quantity of other useful matters contained in the work, we feel highly obliged by the perspicuity with which three subjects are treated, each of which have so much divided the writers of the present day, as to convince us that

that they have not clearly understood each other.—The language and theories of Mr. Hunter; the true discrimination of the venereal disease, and such as have been confounded with it; and the precise history and character of the vaccine vesicle.

An Account of the Practice of one of the Physicians of the Westminster General Dispensary, and of the Western Dispensary, from the 20th of May, to the 20th of June, 1807.

ACUTE DISEASES.		CHRONIC DISEASES.	
Synochus	8	Hypochondriasis	3
Typhus	6	Gout	1
Tertian	2	Gastrodynia	7
Rheumatism	4	Diarrhœa	4
Pleurisy	2	Dyspepsia	6
Catarrh	7	Palpitation	2
Puerperal Fever	1	Colic	4
Small-pox	1	Jaundice	2
Measles	3	Constipation & Vomiting	3
Hooping Cough	4	Dysentery	2
Acute Diseases of Infants	15	Hæmorrhoids	2
CHRONIC DISEASES.		Hæmatemesis	1
Asthenia	18	Hæmoptoe	3
Pulmonary Consumption	4	Worms	5
Marasmus	2	Tumid Abdomen	3
Cough and Dyspnœa	20	Scurvy	2
Chronic Catarrh	5	Cutaneous Diseases	8
Pleurodyne	2	Dropsy	5
Chronic Rheumatism	6	St. Vitus's Dance	1
Hemicranium	2	Epilepsy	2
Lumbago	3	Chlorosis	3
Cephalalgia	4	Dysmenorrhœa	2
Paralysis	3	Amenorrhœa	4
		Menorrhagia	3

Coughs and pulmonic affections, which at the latter end of the last, and the beginning of the present month, were both frequent and troublesome, are now declining; and seem to yield more easily to the medicines employed. As they are in a great degree occasioned by the variations of weather, so when the becomes settled, and the temperature of the air is milder, these complaints gradually termin . Another description of diseases now occurs, not so frequent or so general, but more formidable and alarming;

ing; the cases of fever which I have yet observed, have been, however, less severe than usual; some of them have already terminated favourably, and the rest appear to be going on well.

Some medical practitioners deny that the plague, the yellow fever, and typhus are contagious diseases; happily, in this country, we know little of the two first, except by report; in the latter, the most ample experience and collection of facts, sufficiently prove its contagious nature. We cannot, it is true, in every case ascertain that the complaint originated from communication with diseased persons; nor will the actual communication always produce fever; many predisposing causes are requisite; and the human constitution is evidently less susceptible of disease at one time than another. In the present Report, the first cases of typhus occurred in a woman, who had been exposed to considerable fatigue, in which state she was wet through, and wore her damp clothes during the day; she felt very chilly, and the usual symptoms of fever soon after came on. She lived in a close room; and her husband, who worked in the same apartment, in about ten days became also affected with fever; when I saw them, it had continued nearly three weeks, and was evidently typhoid; they had lain together in the same bed; and as the man was previously in a sound state of health, and knew of no probable cause for his illness, the inference would naturally be, that he had received it from his wife. Whoever has observed the symptoms of typhus, might readily suppose that the surrounding atmosphere, to an extent more or less great, particularly in a small close room, might become sufficiently impregnated with the particles continually exhaling from the diseased body, to infect others with a similar disease. Under certain circumstances, any fever whatever will become typhoid; and foul air, and putrid noxious exhalations may at any time generate it. Thus we find typhus fever breaking out in jails, in badly regulated hospitals, in camps, in prison-ships; and wherever a number of people are crowded together in a small place not properly ventilated; and any sound healthy person, remaining in such a place a sufficient length of time, varying in different people, will become affected.

Three of the other cases were in one family; the mother, a widow, had been in the country, and returning with her youngest child, found her eldest girl, aged 10 years, ill of a fever, which had continued about two weeks. The mother and the infant slept with this child, and they were both

both in a few days, seized with the symptoms of typhus; from which they are now recovering. The treatment which I have found most successful, has been, to keep the bowels open with small doses of calomel, repeated every two or three days; when the skin is very hot and dry, saline mixture and antimonial wine; and when this is not the case, bark and cordials; and wine where it does not increase the heat; opiates occasionally; and where the head is much affected, shaving it, blistering, and sometimes cupping, seem to afford relief. Amongst the class of patients which we generally attend at Dispensaries, it is extremely difficult to introduce cold affusion; the physician cannot always stay to see it done, and it is not safe to trust people indiscriminately with the administration of a remedy, highly potent and beneficial, but which, misapplied, would often be attended with consequences fatal to the patient, and prejudicial to a practice, the promoters of which merit immortal honour.

SAMUEL FOTHERGILL.

Southampton Street, Strand, June 25, 1807.

Account of Diseases in an Eastern District of London, from the 20th of May to the 20th of June, 1807.

ACUTE DISEASES.		Menorrhagia	4
Typhus	2	Dysmenorrhœa	3
Hydrocephalus Internus	3	Chlorosis	6
Peripneumonia	2	Leucorrhœa	4
Hæmoptysis	2	Dysuria	2
Rheumatismus Acutus	3	Vermes	1
CHRONIC DISEASES.		Rheumatismus Chronicus	10
Tussis	7	PUERPERAL DISEASES.	
Dyspnœa	3	Menorrhagia Lochialis	4
Tussis cum Dyspnœa	4	Mastodynia	3
Phthisis Pulmonalis	2	Rhagas Papillæ	5
Gastrodynia	5	Hæmorrhois	2
Pyrosis	1	INFANTILE DISEASES.	
Colica	1	Aphthæ	6
Vomitus	2	Pertussis	3
Enterodynia	5	Tabes Mesenterica	2
Diarrhœa	6	Vermes	3
Dysenteria	1		

Within a few weeks, three cases of hydrocephalus internus have occurred. This disease is often so insidious in its attack, and so secret in its progress, that it makes considerable advance before the nature of it is understood, or the

the patient is thought sufficiently ill to need any particular medical attention. Children are almost the only subjects of it. The leading symptoms are uneasiness and pain in the head, which are discovered by the child's frequently applying its hand to the head, and, in some cases, suddenly screaming. Nausea and vomiting frequently succeed this symptom; and in the more advanced stages, a dilatation of the pupil of the eye, and occasional strabismus occur, and serve more strongly to mark the disease.—Towards the close a coma supervenes, and the patient dies in an apoplectic state. The disease has therefore by some nosologists been denominated apoplexia hydrocephalica. Cases of this kind generally prove fatal; though it is probable that, if the complaint were attended to when its first symptoms appear, and medical assistance were called in more early than it generally is, the mischief might be prevented.

In every case where there is a large head and a florid countenance, and where great sprightlyness and vivacity are discovered, we should consider the child as strongly predisposed to the disease.

With respect to the mode of cure, it will occur to every skilful practitioner, that a different treatment will be necessary in different stages of the disease. In the early period of it, the application of a number of leeches to the head may arrest its progress, and reduce the inflammation, with which it frequently commences. With the same intention cathartics may be employed, and the general antiphlogistic plan of treatment may be observed. In the advanced stages of the disease, mercurials may be administered in different forms, and in such a manner, as will best promote a discharge from the glands of the mouth.

INTELLIGENCE.

A new method of curing those dreadful convulsions which carry off so many brave wounded soldiers, has been practised in the hospitals of Germany with great success. It was first resorted to by the late M. STUTZ, a physician of eminence in Suabia, and he was led to this important discovery from the analogy of a simple fact. M. HUMBOLDT had announced, in his Work upon the nerves, that on treating the nervous fibre alternately with opium and carbonate of potash, he made it pass five or six times from the highest degree of irritability to a state of perfect asthenia.

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The method of M. STUTZ, which has been employed with the great success in the German hospitals, consisted in an alternate internal application of opium and carbonate of potash. It has been seen that when thirty-six grains of opium, administered in the space of twenty-four hours, produce no effect, the patient was considerably relieved by ten grains more of opium, employed after having given the alkaline solution. This new treatment of Tetanus is worthy of attention.

There is now living at Marseilles, a girl called Rosalia-Zaccharia Ferriol, aged ten years, and born at that city, of French parents, who possesses all the characters of the Albinos. The colour of her skin is of a dull white; her hair is straight and somewhat harsh to the touch, and is of a shining white colour, as are likewise her eye-lashes and eye-brows. Her eyes are large and rolling, the iris being of a clear blue with red streaks, and the cornea of a bright and vivid red. The sensibility of the visual organs is very great, the child not being able to bear much light, that of the sun obliging her to close her eyes. This girl, though much deformed in person, enjoys good health, and has never been afflicted with any disease except the small-pox. She is very fond of high seasoned food, is lively and intelligent; the father has chesnut-coloured hair, and appears to enjoy good health; the mother is a brunette, strong, and neither her nor her husband have ever been afflicted with any severe disorder; she has had five children, who are all living, but never during pregnancy was indisposed more than women usually are. All her children have, except the girl above described, chesnut coloured hair, and are perfectly well formed.

A traveller has presented to the Museum of Baltimore, brought by him from the banks of the Missouri, an enormous tooth of a Mammoth. He says, that, while engaged with other persons in researches relative to the existence of mines in the neighbourhood of the river, they found a space of about a quarter of a mile of extent wholly covered, to the depth of six feet, with bones of an enormous size. He offers to procure for any person who will pay him for the expence and trouble, a complete skeleton of the Mammoth, fifty-four feet in length, and twenty-two feet in height. Each of the jaw bones has eight enormous grinders.

The second volume of the Botanist's Guide through the Counties of Northumberland and Durham, will appear early in the present month. In this volume a considerable number of British lichens are now, for the first time, arranged, according to the Methodus Lichenum of Acharius; a copious Addenda to the first volume is prefixed; and to render the work more generally acceptable, an Index of English names is added. This volume completes the Flora of those Counties, and will contain about 1880 species.

Dr. MILLER, Lecturer on Chemistry, at Edinburgh, has undertaken to prepare for the press, a new edition, in two volumes octavo, of Williams's Mineral Kingdom. He proposes carefully

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to revise the original, to expunge all extraneous matter, to correct and polish the style, and to add the valuable discoveries that have been made in the Science of Mineralogy, since the publication of that Work. Dr. MILLER has made an actual survey of all the principal Mines of the kingdom, and may be supposed well qualified to execute this undertaking in a scientific manner.

Mr. WILLIAM TURNBULL, author of the Naval Surgeon, announces a system of British and French Surgery, medical and operative. Containing the most modern improvements in the science; arrranged on Clinical principles, and uniting anatomical information, so far as is necessary for the two subjects of Anatomy and Surgery to illustrate each other. The whole enriched with Plates, and original delineations, and to form three octavo volumes.

The following is a list of all the Cities in France which contain a population of thirty thousand people and upwards.

Paris	547,756	Strasburgh	49,056
Marseilles	96,413	Cologne	42,706
Bourdeaux	90,992	Orleans	41,937
Lyons	88,919	Amicus	41,279
Rouen	87,000	Nismer	39,594
Turin	79,000	Bruges	35,632
Nantz	77,162	Angers	33,000
Brussels	66,297	Montpellier	32,723
Anvers	56,318	Metz	32,099
Ghent	55,161	Caen	30,923
Lisle	54,756	Rheims	50,225
Toulouse	50,171	Alexandria	30,000
Liege	50,000	Clermont	30,000

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The Code of Health and Longevity; or a concise View of the Principles calculated for the Preservation of Health, and the Attainment of long Life; by Sir John Sinclair, Bart. 4 vols. 8vo. 48s. boards.

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The Anatomy and Surgical Treatment of Crural and Umbilical Hernia, &c. &c. by Astley Cooper. Part II. Atlas folio, 42s. boards.

The Cause of the Yellow Fever, and the Means of preventing it in places not yet infected with it; by Thomas Paine. 1s.

A Description of Medicine Chests, with their Contents, as adapted to different Climates; to which are added a Catalogue of Drugs, &c. &c. 2s

To CORRESPONDENTS.

Communications are received from Dr. Jardine, Mr. Scammell, Mr. Smyth, Mr. Jenkinson, Dr. Bellamy, Dr. Edin, Mr. Ring, C. H. W. and A. F.