

THE
Medical and Physical Journal.

VOL. XVIII.] DECEMBER, 1807. [NO. 106.

Printed for R. PHILLIPS, by W. Thorne, Red Lion Court, Fleet Street, London

Case of an enlarged and tuberculated Liver, a Part of which having formed a pulsating Tumour in the Epigastrium, was mistaken for an Aneurism; accompanied with an exquisitely painful Enlargement of the Hip, the true Nature of which, also, could not be ascertained during Life; but was afterwards found to have been occasioned by an extensive Caries of the Joint. Communicated by JAMES MILLMAN COLEY, Member of the Royal College of Surgeons in London, and Surgeon in Bridgnorth.

SEPT. 2, 1806.—W. R. aged about 50, of a spare habit, and, till within a few years, accustomed to much vinous potation, complained of a pain at the stomach, to which he had been subject during the last six months. He remarked, at the same time, that about three years ago, he was severely crushed by a horse against a stall in a stable, which rendered him for some minutes unable to breathe. On recovering, he found the epigastrium bruised and painful; but he soon got perfectly well. Not conceiving this accident had any connection with the present complaint, which, from his description, appeared to be spasmodic, he was recommended to take pills of zinc and opium; to live temperately, and to observe some dietetic directions that were given him.

After this, he became affected with symptoms of *pyrosis*, for which were ordered suitable remedies.

The pain continued to increase, accompanied with soreness about the epigastrium; and on applying there a gentle pressure with the hand, a hard tumour was very distinctly felt. It was difficult to say what this tumour was; but, at this time, I imagined it to be a part of an enlarged and diseased liver.

Oct. 10.—On this and the preceding days, the patient noticed a pulsation in the tumour; which did not materially interest him, as he supposed it to have arisen from

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the heart having changed its situation, since he could not feel it beat against the side as usual. I felt the pulsating motion myself on this day, while he was standing in an erect posture, and found it to correspond with the artery at the wrist in point of frequency; but the action of the heart could not be perceived in its natural place of pulsation at the side. These circumstances led me to think that he had been mistaken in observing the motion of the heart on the left side formerly, and that it must have originally been misplaced; a circumstance that has not only been suspected during life, but has been ascertained on dissection afterwards. (Abernethy's Anatomical Lectures.) This idea, however, proved to be erroneous; since, on placing the body in a recumbent position, the vibration of the heart was readily discovered in the natural situation.

A fortnight after this time he remarked, that on walking hastily the pain was much increased; and that he was obliged to stop suddenly, being unable to proceed for several minutes. His respiration was not affected, and the pulse at the wrist was natural but weak.

At this period he was more minutely examined, in a consultation with my father and another medical friend; when we were all of opinion that the tumour itself was either aneurismal, or that aneurism existed in some artery within the cavity of the abdomen.

Dec. 18.—The tumour in the epigastrium had increased to the size of an adult fist; and the pulsation, which had now become strong, felt in every part of it, as though it were situated immediately under the integuments.

May, 1807.—Till this month, he continued in nearly the same situation; and was in the habit of using temperate exercise, to the extent of four miles in a day, once or twice in a week, without much inconvenience. He was now seized with a complaint, which confined him to his bed during the whole remainder of his life. It began with a spasmodic pain in the right hip, which was tender externally; and, in a few days, this tenderness extended down the thigh in the course of the *tensor vaginæ femoris*, accompanied with inflammation, swelling, and excruciating pain. At the same time, a fullness was perceivable within the capsule of the joint; and as the pain became more deep-seated, I suspected inflammation in this part, as well as in the fascia on the outside, on which account several leeches were applied at two or three different periods; but they did not contribute to lessen the pain or inflammation. Repeated blistering produced no better effect. The
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pain was at length so violent, as to require internal remedies. He took gr. jss. of opium, and gr. xv of cicuta, every eighth hour; and afterwards gr. vj. of opium at bedtime, which only disordered the head and stomach, affording him no relief. With as little success were afterwards administered large doses of camphor, with opium, guaiacum, and ammonia; also ol. terebinthinæ, and various other articles*. No applications relieved the pain through the whole course of his illness, but fomentations and poultices.

The hip, at length, became of an amazing size, and the thigh was observed to be much shorter than the other. The inflammation spreading downwards, was accompanied with œdema; and the whole leg and foot partook of the same kind of inflammatory tumefaction.

Three months having now elapsed from the period of his first being confined to bed, the same species of œdematous swelling, which existed in the right leg, had likewise formed in the left, reaching from the foot up to the pelvis. This swelling, particularly in some parts of it, was nearly as hard, shining, and tense, as the tumefaction which characterises *phlegmatia dolens*; and continued to increase, notwithstanding the exhibition of digitalis, mercury, and other very powerful diuretics.

During the period of his confinement till his death, the pulsation in the epigastrium grew daily more feeble, till at length it was scarcely to be felt; and, for the last two months, he made no complaint of pain or tenderness in that part. As he lay constantly on his back, I took frequent opportunities of examining the left side, and always found the heart beating in the natural situation, but as low down as between the sixth and seventh ribs. At last a mortification, purely from long-continued decumbiture, took place upon the back; and this ended in a large spreading ulceration, with which he died soon afterwards, on Sept. 25, 1807.

While the tumour in the epigastrium was the more important part of this man's complaints, we availed ourselves of opportunities of consulting the most intelligent of our medical friends. Among these may particularly be men-

* It was very extraordinary, that of the many medicines he took, the only one which was found capable of giving ease and producing sleep, was the inspissated juice of hyoscyamus, administered in large quantity; but this effect wore off in the course of three or four nights, although the dose was so much increased, as to induce a violent diarrhœa.

tioned Mr. Sandford, of Worcester, a surgeon of great scientific knowledge and experience, who took great pains to investigate the nature of the disease; and his opinion of the case was, that the pulsating swelling described, either constituted an aneurism, or that the pulsation was occasioned by a tumour or indurated gland, producing unequal pressure on some arterial branch; or that both affections might exist, and act upon each other*. The case was afterwards represented by my father to Dr. Darwin, of Shrewsbury, of whose very superior judgment he entertains the highest opinion; and the Doctor had afterwards an opportunity of examining the man personally. He was also of opinion, that the case was aneurism; and prescribed remedies for the management of him accordingly.

MORBID APPEARANCES DISCOVERED AFTER THE DEATH OF THE PATIENT.

I. Dissection of the Abdomen.

The abdomen being laid open, the first thing of importance presenting itself was a large mass, partly white, partly brown, and of irregular surface; filling up the whole epigastrium, and extending preternaturally into the left hypochondrium. This was found to be part of the left lobe of the liver, the whole of which, together with the *lobulus Spigelii*, were so much diseased, as not to have the least resemblance to a liver in its healthy state. There were several morbid adhesions between this part and the diaphragm, which being separated, as well as the different ligamentous attachments naturally existing between them, exposed to view the *vena cava hepatica*. Over this vessel a ligature was applied, close to the tendinous centre of the diaphragm, for the purpose of preventing an effusion of blood; and this it did completely. I now got the liver fairly out of the abdomen, when it appeared two or three times as large as in a natural state. The whole of the left lobe was full of tubercles, the largest of which did not exceed in size a hen's egg; and some were as small as

* At the time W. R. was examined by Mr. S. it is somewhat remarkable, that he happened to have a patient labouring under what he conceived to be the same disease; and, by his request, the two patients were brought together, and were themselves entirely convinced of the supposed identity of their cases.

common horse-beans. These, to the feel, were of various solidity, apparently in degree proportionate to the respective bulk of them; the smallest being incompressible with the fingers, while the largest were very soft. On the margin and concave surface of this lobe, and on the *lobulus Spigelii*, (which was also tuberculated) the minute vessels were gorged with blood of a dark crimson hue, and in some places approaching to black; indicating very active inflammation. But these vestiges of inflammatory action were confined to the duplicatures of the peritonæum enveloping these portions of the liver; and were probably occasioned by the increasing distention of the contained tubercles. These were the appearances on the outside.

A division was next made through the diseased portions of the liver, for the purpose of examining their internal structure; but nothing more could be observed than an irregular white mass, for the most part soft, and resembling the caseous contents of a scrophulous tumour. There was a disagreeable odour emitted from the incisions made into the tubercles, somewhat resembling what is perceived on puncturing the intestines; and here and there was observed an oozing of purulent matter, particularly on pressure being applied. The only vestiges of organization, or of life, were the blood-vessels, branches of the *vena portarum* entering into, and of the *vena cava hepatica* going out of the liver; the rest was one confused mass, white and soft throughout, except in several places tough ligamentous substances, the remains probably of obliterated arteries and veins. The right lobe exhibited few marks of disease externally; these consisting of several tubercles, of various colours, some white, some yellow, and some of a crimson tint; all distinct, and situated towards the left side. The internal appearance and structure were perfectly natural, except the different portions occupied by the tubercles; and the gall-bladder, full of healthy bile, was free from disease. Both the omenta were sound, as well as all the other abdominal contents, which have not been mentioned above. Within the abdomen were contained about three pints of yellowish serum.

I brought home, for the purpose of making a preparation, nearly one-fourth part of the liver, being that portion of it forming the tumour in the epigastrium, and appearing at one time to constitute the principal part of the disease; and this weighed two pounds and a half: consequently the whole must have amounted to ten or twelve pounds.

II. Dissection of the Hip.

To ascertain the nature of the painful and distressing disease in this part, an incision was made through the great glutæal muscle, down to the capsule of the joint. This was found remarkably tense, being pressed upon in every direction by a cheesy kind of substance, adhering firmly to it, and contained within the joint; and, on the outside, exhibiting the appearance of a large tumour, of a very firm texture. This mass was partly hard and partly soft; its internal structure being chiefly formed of coagulable lymph and purulent matter, variously interspersed. In proportion as it approached towards the capsule, it was more firm, having there the appearance of perfect organization. Several large fragments, and innumerable spiculae of bone, resembling exfoliations, were observable through every part. There was no head, neck, nor trochanter, to be found; these being all absorbed, and the upper extremity of the thigh-bone, to which they had originally been attached, was rough, and separated from the periosteum for the space of one inch downwards. The thigh, as before mentioned, was some inches shorter than the other. The dimension of the enlarged capsule, with this mass of disease adhering to it, was about six inches by four. The acetabulum ischii was free from disease.

REMARKS UPON THE ABOVE CASE.

1. Dissection shewing that the aorta, and all its immediate branches, were free from disease, we were directly convinced that our opinion was erroneous, respecting the existence of aneurism. The strange and forcible pulsation felt in the epigastrium, can, however, readily be accounted for. By the systole of the heart, we know that a quantity of blood is uniformly propelled from the left ventricle into the aorta; but this vessel being already distended with arterial blood, a dilatation takes place, which is proportionate to the additional quantity thrown in, and synchronous with the action producing it. The artery feels the distension, and by its inherent elasticity, the contained fluid is driven through its ramifications over the whole body; to return by the venous system to its original source. Hence, nearly, the full force of the heart was continued even into the *abdominal aorta*, raising it against the superincumbent *liver*; and through the substance of this, in parting a regular pulsation from the portion of it, which lay directly over the artery to that forming the tumour

mour in the epigastric region, and pressing against the integuments of this part. Hence the simultaneous stroke of the heart, and of the supposed aneurismal tumour. Possibly also the hepatic artery, or the short horizontal trunk of the cæliac artery itself, or both, may have contributed, as was suggested by Mr. Sandford, to form this deceitful pulsating motion.

Whenever cases of this nature have occurred; they appear always to have occasioned a contrariety of opinions; so that one may very justly say with Morgagni (*De Causis & Sedibus Morbor. Epis. 39, Art. 20.*) that it is not equally easy to avoid being deceived sometimes, when a body of some extent, which strikes against the hand, may either be a dilated artery, or a tumour lying upon an artery, which is not dilated. In proof of this observation, the same excellent writer, who was also a very experienced surgeon and profound anatomist, relates a case of what eventually turned out to be a suppurated jugular gland, being supposed by himself to be aneurism. (*Loco citato.*) Peter Tabarranus mentions, how greatly he was deceived by a pulsating tumour in the epigastric region, of the size of a fist, which he imagined to be a true aneurism; but which proved, on opening the body, to be nothing more than a schirrous tumour in the mesentery. (*Obs. Anatom. ed. 2, n. 9.*) So also the pulsation in the neck of Severinus's patient having puzzled many surgeons, and led them to pronounce it to arise from aneurism, was subsequently discovered, as he himself had predicted, to be occasioned by the action of the carotid artery under a bronchocele. (*De Recond. Abs. Nat. lib. iv. cap. 6.*) Hence Morgagni says, this circumstance, which every body sees so plainly that nobody can deny it (the pulsation of an artery), happening sometimes even in the external parts, holds surgeons in suspense, whether the disorder be aneurism or not. (*Loc. cit.*)

The same author relates a very singular species of pulsation, which proceeded from a spasmodic affection of some part of the alimentary canal, compressing the neighbouring blood-vessels. In the epigastrium was perceived a large hard body, striking and vibrating against the hand with great force; and resembling a large aneurismal tumour, which every now and then doubled its pulsations. Many surgeons had told the patient that the disorder was aneurism; but Morgagni observes, that it was much more easy to say what it was not than what it was. On examination, he discovered that the pulsating motion in the tumour,

mour, compared with the action of the heart, did not correspond: and hence he was enabled with confidence to say, that there was no aneurism. (Epist. 39, Art. 18.) An abscess in the mediastinum, though a rare disease, has been found to exist; and has also been mistaken for an aneurism, from its having formed a tumour with pulsation, in or about the middle of the sternum. (Lond. Med. Jour. Vol. II. p. 405.)

In the case I have related it was remarked, that before the man was confined to his bed, the heart's motion was felt sometimes in the epigastrium, and sometimes against the left side, according to the posture he happened to be in. This, I imagine, was owing to the liver, a weight of ten pounds, when he was erect, operating by its gravity upon the diaphragm, which was thus probably drawn down; and as the pericardium is naturally attached to that muscle, the heart would, of course, descend also. Hence the apex of this viscus would strike against the diaphragm; but, in a decumbent position, it would rise, which it probably did; and thus we perceived its action (the impulse being feeble), vibrating somewhere, near to the seventh true rib, but not striking against it.

The pain in the tumour, from hasty walking, during the time of its formation, was induced probably by the increased action of the vessels, in the part consequent on muscular exertion.

On considering the diseased state of the liver, it might appear singular that jaundice was not present. It happened, however, that the gall-bladder, and the ducts, subservient to this part and to the liver, were all along in a natural state; and as the bile, secreted in the right lobe, found a ready passage to these ducts, and hence into the duodenum, no absorption of it into the blood-vessels did, or was likely to take place. The organization of the other lobes was so far destroyed, that it is probable no bile had been secreted in them for a considerable time; no vestiges of that fluid being obvious on dissection, and the *poli biliarii* being annihilated and confounded with the general mass.

Diseases of the liver, much resembling the one I have described, are probably to be found related in other medical works, besides those I have mentioned; but the collection I have recourse to, though pretty considerable, only enables me to refer the inquisitive reader to the following:—Ed. Sandifort's *Exercitat. Anatom.* lib. ii. cap. 8. M. Baillie's *Morbid Anatomy*, 8vo. ch. ix.

2. To any one acquainted with the nature of caries of the hip-joint, it need hardly be observed, that the considerable retraction of the thigh in the present case, was owing to the action of the great muscles arising from the pelvis, and inserted into the *os femoris*, drawing up this latter part: a circumstance which invariably occurs, when the head of this bone, or the acetabulum, is destroyed.

The appearances on dissection, left no doubt as to the cause of the violent and unremitting pain in the hip, experienced by the patient. For the natural and healthy actions of this part being destroyed, and the capsule being amazingly distended, to allow of the formation and growth of the disease within; it must happen, of course, that great pain and suffering would be the consequence. Although the joints, in a healthy state, are capable of bearing the most violent motions without pain, yet, in a state of inflammation, they are well known to be most acutely sensible.

The remaining separated portions of the *os femoris*, as yet unobserved, may have constituted the spiculæ and fragments of bone diffused through the tumour; or they may have been formed by the arteries of the periosteum, or of the capsule, during the period of inflammation; as happens in other parts, when the natural action of the blood-vessels is altered or diseased. Are not the portions of bony matter found in *fungus hæmatodes*, and imparting the peculiar crackling feel, both on the outside, and when the diseased part is laid open, formed by a similar process?

Queries proposed to those Medical Gentlemen, who have Opportunities of observing the Epidemical Ophthalmia, which has long prevailed in the British Army. By GEORGE JOSEPH BEER, M. D. Imperial Oculist to the University and Institutions for the Relief of the Poor of the City of Vienna, Member of the Royal Society of Sciences of Gottingen, and Honorary Member of the Bohemian Humane Society of Prague,

THE various reports which begin to circulate on the Continent relative to an Epidemical Ophthalmia, which has committed such dreadful ravages among the British soldiers, cannot but make a deep impression upon a person who,

who, from his vocation as physician, exclusively employed in the treatment of the diseases of the eyes, in a populous town like Vienna, is peculiarly situated to appreciate the advantages of sight; and who is daily under the necessity of undertaking the painful task of declaring a number of unfortunate victims blind, without possibility of relief. This consideration alone, will justify me in venturing to propose some important questions to the British physicians, who are intrusted by their Government with the treatment of this epidemical disease. These questions will enable me, perhaps, though at a great distance from the places where that dreadful evil rages, to make some useful proposals, which may tend more quickly to moderate its violence, and finally to eradicate it.

How happy should I think myself if I could, in this manner, not only contribute to save the eyes of a part of the British army, but even, perhaps, acquit a share of the great debt which Germany has contracted with England, for the incalculable benefits of vaccination!

The questions, upon the exact answers of which depends the possibility of acquiring a precise knowledge of the Epidemical Ophthalmia which rages among British soldiers, are the following:

1. How long is it since this epidemic has first made its appearance?

2. In what country was it first observed?

3. Has any peculiar cause been observed to which this disease may be attributed, either in those places where it first made its appearance, or in those where it propagated itself afterwards?

N. B. In answering this query, particular attention must be made to climate, to situation, to the changes of temperature, to the nature of the dust which is thrown in the eyes, to the water which is used daily for washing the eyes, to the articles of food, to the various dresses which are in contact with the head; for instance, neckcloths, head ornaments, hats, caps, and the like, and still more particularly to the manner of living of the inhabitants; and, lastly, to the insects found in those places.

4. Does this epidemic remain fixed in one quarter? or does it spread gradually in the surrounding places? and if so, in which direction?

5. Is the propagation of the epidemic (if it really take place), a consequence of certain changes of the atmosphere? for instance, of damp weather, of violent winds?

6. Has the epidemical ophthalmia raged hitherto always with

with equal violence? or has it shewn sometimes evident remission?

7. If those remissions have really been observed, in what weather have they occurred? and has the same state of the weather always been found to produce the same remissions?

8. Is it likely, or has it been ascertained, that this ophthalmia is contagious? and what are the circumstances which facilitate and accelerate the contagion?

9. Has there been hitherto any remedy for this disease, praised by the vulgar as a preservative, or even acknowledged as such by physicians with some degree of foundation? and what is it?

10. Is the course of this epidemical ophthalmia quick or slow?

11. Does any difference, in the rapidity of its course, manifest itself sometimes in various individuals?

12. Has it been observed that this disease attacks principally a certain class of constitutions (organisms), or only particular habits, whilst it spares others? or does it attack every individual who comes near enough to the sphere of its action, without difference of temperament, of age, of profession, and of rank?

13. As it is, however, impossible that every individual constitution could be attacked with equal force by this epidemical disease of the eyes, because every external effect must be relative, it is asked, which constitution suffers most violently, and in which is it most dangerous?

14. Is this ophthalmia always or only, in some subjects, attended with a general disease of the whole frame?

15. Does that constitutional disease (if it exist) manifest itself before the ophthalmia, or only during its course? and in which period of it?

16. What is the intensity and the duration of that constitutional disease?

17. What are its principal symptoms and periods?

18. Is it attended with considerable febrile symptoms?

19. Is the fever under the influence of which the constitutional disease takes place, continued, remittent, or intermittent?

20. If a constitutional disease accompany this ophthalmia only in some individuals, what is in general their habit?

21. What is the succession of the morbid symptoms, which are observed from the beginning to the end of the ophthalmia?

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N. B. The undersigned begs particularly the medical gentlemen, to whom this question is proposed, to pay the greatest attention to the species, the duration, the intensity, and the seat of the pain, to the various degrees of derangement of the functions of the eye, viz. to the state of the power of sight during the ophthalmia; to the various developements of light before the eye; to the aversion to light, &c. in one word, to all morbid phenomena in the eyes and surrounding parts, which collectively have some influence upon the sensations of the patient?

22. What is the succession of the morbid phenomena, which takes place from the beginning to the end of this ophthalmia, in the organic substance and form of the eye?

N. B. To render the answer to this question perfectly satisfactory to the consulting oculist, it is necessary to describe, with the utmost care, which parts of the eye are attacked at the beginning of the ophthalmia, and to know whether the inflammatory action begins in the noble and most subtile parts of the eye, viz. in the retina, choroides, iris, and so forth, and proceeds from the internal to the external parts which surround the eye; or whether at first the external part of the eye, viz. the eyelids, the conjunctiva, the sclerotica, and the cornea, are attacked by the ophthalmia; and whether, consequently, the direction of the inflammatory action propagates itself gradually from outwards to the inside of the eye?

In answering this question, it will be particularly necessary to examine whether, in the course of the ophthalmia, a true suppuration occur, and in which part of the eye it takes place, or whether this ophthalmia follows the course of a merely adhesive inflammation; or, lastly, whether visible extravasations of lymph, or pus, take place in the chambers of the eye, which gradually acquire an organization, and produce unnatural adhesions of the different parts of the eye; for instance, of the uvea with the capsule of the crystalline lens, of the iris with the cornea, &c.

23. Is blindness the invariable consequence of this disease? or is there any example of patients undergoing it, without losing the power of sight?

24. If this last sometimes happen, we ask, under which treatment is the eye most easily saved; and under which treatment is the sight most often, most easily, and most quickly lost?

25. Is the sight lost by a complete destruction of the globe

globe of the eye (*colliquatio, disorganisatio*) or by the disorganization of some parts of the eye? and which are those parts?

26. In the last case, viz. when the sight is lost by the destruction of individual parts of the eye, is the blind subject still capable of some perception of light? and in what degree?

27. With those individuals which are happily cured, that is to say, those who still enjoy the faculty of seeing, does any defect in the appearance and the form of the eye remain?

28. Is the recovery usually slow, and with what symptoms is it attended?

29. Does the recovery require any particular treatment, in order to avoid a relapse?

Vienna, November 6, 1806.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE supporters of febrile contagion and quarantines, may argue that we owe our present exemption from mortal epidemics to the strict enforcement of quarantines? but will they say quarantines have been so performed as to keep all febrile contagion from this island, in every instance, (allowing it for the sake of argument to exist,) or *could be* so performed? Will they affirm quarantines have kept it from America, or the West Indies? Do they not know that fevers were much more extensive, mortal and frequent in the earlier ages of the world, when there were no quarantines than they are now, and can they not turn their attention to the existence and application of the *other* causes of fevers, than their *ideal* contagion?

1. If Gentlemen thought much upon the subject, they would most clearly see the strictest enforcement of quarantines, *could not* keep febrile contagion from the island if it existed: for if every ship, and every article which came in it, were subjected to forty days, (I might say *forty weeks*,) purification, febrile contagion, (according to the account given of it by those writers who have most supported it,) could not be taken away from such ship: but many ships, and in many articles, which, (according to the language of

of the contagionists,) have come from places at all times, which could not but have imbrued them with contagion. And a febrile contagion, (supposing as I before said, any to exist) which wants nothing but a *certain state of the air* to make it as dreadful as any imported from abroad, constantly exists in every part, (that is, in every county, every city, and almost in every town) of our own country; nay, I perhaps might say, we can scarcely turn ourselves in any house, without meeting with it. I apprehend, no just thinking and well-informed medical man, will maintain, these are ideas to which the strict reception of, and reasoning upon, the febrile contagion, doctrines will not lead us!

2. America and other countries were as strict in enforcing quarantines, as we have been when they were most grievously afflicted with fevers; which the advocates for contagion have no reason not to call contagious, so long as they are advocates for febrile contagion.

3. The most extensive and dreadful fevers, (such, for instance, as the febrile contagionists would call the *most dreadful contagious fevers*,) happened at a time when mankind had comparatively no commerce, no intercourse, and no communication: and surely the advocates for quarantine will allow, no communication ought to be more effectual in preventing the spreading of fevers, than the most strict enforcement of quarantines?

4. If Gentlemen would but turn their attention to the *other* causes of fever, or rather to the *only* causes of fever, they would soon see fevers, whether epidemic, endemic, or sporadic, might be caused *without* contagion; and then would soon perceive they *could not be* produced by contagion.

In the time of Morton and Sydenham, I find a fever sometimes inclined to be continued, and sometimes remittent a clearly intermittent, and not very unfrequently conjoined with a rheumatic or pneumonic inflammation, or with coma, was common in the kingdom; sometimes as a sporadic, sometimes as an endemic, and sometimes as an epidemic: indeed I have no doubt it was this fever, which was frequently called the plague itself.

I will not at this distance of time, and at this instant, pretend to specify all the causes of this fever; but I must remark, that in its seasons of prevalence and cessation, it greatly resembled the American and other fevers, and that Britain at that time, with respect to the common causes of fever, (independent of contagion,) was much more similar

to America than it is now. Such places, as in America, have been most attacked with fever, have been near the fountains of bad air, a moisture, or both, just as they have been in Britain, in Egypt, in some of our settlements in Africa, in the West Indies, and in Bengal, and other parts of the East Indies, &c.; those places have suffered from fevers, in proportion as those sources of bad air and moisture were productive, and commonly only in those seasons in which they were productive, i. e. in America and Britain, chiefly in autumn, and towards the latter end of the year:—but have too sometimes suffered, when the usual sources of bad air or moisture did not appear to have been more than usually active.

We see from examinations like this, then, that there are two distinct sources of bad fevers, viz. the fountains of putrefaction, &c. and moisture conjoined with the annually unhealthy seasons; and sometimes different from these; (this, I think, the advocates for contagion will allow.) Now, before I saw Mr. Noah Webster's valuable work, I believed this other source of fevers was one which produced nearly the same result, (viz. *bad air*,) and that it often was a volcanic eruption, or some other terrestrial expiration; but I am of opinion, the facts adduced by Mr. Webster, render this beyond all doubt; though I confess he does not seem to have made very clear, or always very right inferences from his own facts; and has, perhaps, on that account, given some *slight* ground for that abuse, which I see has been heaped upon him by the celebrated Dr. Haygarth: abuse, which, however, according to my judgment, is as cruel as injurious to literature and to society, and is in fact, in all very essential respects, as *unjust* as any that I ever saw applied to a literary character.

The bad air, which formerly gave rise to the continual aggravation of fever in this country, seems to have been owing, (independent of that caused more immediately by the season,) in a great measure, to the great quantity of undrained land, which then was in it, to the small unventilated houses formerly used, and to the crowded dirty state of the metropolis: drainage of moist land, in private farms, was little practised; the great fens, in the counties of Cambridge and Lincoln, and to the East of London, were left to nature; and the metropolis, till the great fire, was in a great part of it, a pile of huts huddled together, and very dirty. But the bad air, which occasioned an irregular and more extensive epidemic, seems to have come chiefly from some terrestrial expirations; this, however,
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was frequently joined with the bad air above noticed, and some from other sources not yet particularized. That terrestrial expirations have caused much disease in this kingdom, as well as in other, is evident from many circumstances; but especially from the great eruptions which have taken place in mount Hecla, and the diseases which have immediately followed, though sometimes preceded them, from black snow, from such eruptions having reached sooner in summer, from the quantity of fish which have died on the British Coasts, and in the Baltic, and from the remains of Volcanos being still visible in Scotland.

The way in which my latter assertion is proved by these facts, is, perhaps, more just than at first sight obvious: it is this,—the eruptions of mount Hecla having been great and numerous, have sent into the air immense quantities of morbidiferous gases;—and that these gases might reach Britain, is shewn by snow made black by them reaching it *in summer*; and also by epidemics breaking out.—When epidemics, or neighbouring endemics, have followed volcanic eruptions, they have by many been attributed to them; but Mr. Webster has very culpably been accused of attributing them not to the eruptions, but to the cause of the eruption, when they have happened *before the eruption*,—as morbidiferous gases usually exhale in great abundance, *long before* an eruption takes place. The prodigious quantity of fish, which has died near the time of some terrestrial explosion, has usually been attributed to the concussion and disturbance of the water; but it has clearly been occasioned by the effusion of lethiferous gases into it. The remains of Volcanoes, in Scotland, prove we have had noxious terrestrial expirations, nearer home than mount Hecla is.

If the expressions contained in this, shall appear too concise, I will endeavour to be more full afterwards.

I am, &c.

THOMAS ALDER.

November 2, 1807.

Account of an extraordinary Cure of a Wound of the
INTESTINES.

[Extracted from the Philadelphia Medical Museum.]

THE following account of an extraordinary recovery from a wound of the intestines, was sent me some years ago by a relation in London, to whom it was given by a friend; but no information was afforded as to the author, or by what means the paper came into his hands.—As, however, the author has adverted to his connection with the Radcliffe Infirmary, Oxford, I have concluded it might be useful to publish the case, as its truth may be perhaps established by this measure.

JOHN REDMAN COXE, M. D.

IN the evening of the 26th of September, 1775, I was called in great haste, to James Langford, a young man in the 21st year of his age, who had been maliciously stabbed with a knife in the left side of his belly. The wound was between two and three inches in length, running from the left *os ilium* obliquely upwards towards the navel. I found him lying on the floor, weltering in his blood, with a large portion of his intestines forced through the wound; and I learnt, from the unfortunate youth himself, that, as soon as the wound was inflicted, the bowels began to appear; and, by the time I got to him, which could not exceed ten minutes, I verily believe, that the full half of the intestinal tube was protruded through the opening. This I attributed, in some measure, to the fulness of the stomach; for, immediately before the accident happened, he had eaten a very hearty supper. The wound at first bled freely; but the *hemorrhage* was soon restrained by the pressure of the prolapsed intestines, which were, to a great degree, distended with air; and from this circumstance I was flattered with the best hopes that they had escaped the assassin's knife; but, to my great disappointment, it proved otherwise, as will appear most evidently from the sequel of this narrative. Examining his pulse, I found it was exceedingly low, quick, and interrupted; his skin was all over cold and clammy, and he laboured under great languor, anxiety, and pain about the *præcordia*. He likewise complained of a disagreeable tingling and numbness of the whole thigh, leg, and foot, of the side wounded; and acquainted me, that he dropped on the floor, in consequence of the inability of the limb to support him, and

(No. 106.) L1 not

not from any faintness, as might have been reasonably expected, from the loss of blood, or through fear, to which, indeed, he seemed an utter stranger. I ordered him to be conveyed to his bed in an horizontal posture, lest the raising of the body might encourage a farther descent of the parts, which still remained in the *abdomen*; and a fomentation of port wine, with warm water, to be got ready immediately, out of which a double flannel should be wrung, and applied directly to the prolapsed intestines, and renewed occasionally, to prevent them from getting too dry, as well as to preserve, as much as possible, their natural heat. The reduction of the displaced bowels was begun, with laying the patient's legs over an assistant's shoulders, who was desired to kneel upon the bed for that purpose, with his back towards him, and then the legs were brought forward as far as to the hams. By these means, the lower parts of the body were elevated, and, in consequence, the weight of the bowels falling back towards the chest, counteracted their further protrusion. While the patient continued in this position, I endeavoured, with my hands, to force the bowels back into their proper place; but soon found, from the quantity of them protruded, together with their great inflation, that a larger, or more extended pressure than my own hands could afford me, was necessary; and not thinking it prudent to employ any of the bystanders in so hazardous a task, lest, by their inexperience they might handle the bowels too roughly, I sent for two of my fellow-labourers in the care of the Radcliffe Infirmary, to my assistance. As soon as they came, the reduction was again attempted; one of us directing that portion of the bowel which was last protruded, while the two others made a gentle, regular, and circumscribed pressure from all sides towards the opening. But this endeavour not succeeding, convinced us, that it would be much safer to enlarge the wound, to facilitate the return of the prolapsed parts, than hazard the necessity of handling them too much, or exposing them too long to the circumambient air, either of which would, in all probability, have proved fatal. This being done accordingly, by continuing the wound in the same direction upwards, about two inches, the exposed bowels were easily and soon returned into the *abdomen*. We then brought the edges of the wound together, and kept them by the suture called *gastrophagia*, leaving a proper opening in the most depending part of it, for the discharge of the blood or matter which might be collected in the cavity; and afterwards
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it was dressed in the usual way, lightly, and almost superficially, with an anodyne poultice over all.

The regimen enjoined him, with respect to diet, was only gruel, panada or sago; with barley water or thin gruel to drink; and the medicines were the following:

R. Mannæ. Ol. Amygd. D. anna ʒss. Aq. Alexit. simp. ʒi.—Nucis moschat. ʒi.—M. ft. haustus quamprimum sumendus et quartâ quâque horâ repetendus donec alvus responderit.

R. Decoct. Pectoral. ʒviij. Ol. Lini ʒij. Tinct. Thebaic. gt. xl.—ft. enema quovis tempore infundendum si dolor abdominis urgeat.

27th. Visiting him early the next morning, I found the night had been spent in great restlessness and inquietude, notwithstanding the clyster had been thrown up according to the direction. He was exceeding low; his skin felt still cold and clammy; his pulse weak and fluttering; he complained of frequent chills, and an oppressive tightness of his belly, though the wound had discharged considerably a thin, serous humour, which had wetted the bandage quite through. Nor was the tension of the *abdomen*, at this time, sufficient to account for the oppressive pain he complained of; from whence I concluded it to be spasmodic.

The dressings were removed; and I desired my apprentice to foment the part with an infusion of the emollient flowers, for a full hour, and to take particular care that the stupes were applied of a very moderate warmth; often having observed, that this manner of applying them, when an inflammation was either to be resolved or prevented, was more effectual than when the heat has been greater. This observation, upon a little reflection, will be found agreeable to reason; for as great heat proves an astringent, on the contrary, a moderate and kindly warmth relaxes, and, by promoting a free perspiration of the parts to which it is applied, sooner effects the end proposed. The wound was dressed as before, with the addition of two ounces of the species procataplasmate de cymino to the poultice; and, as the draughts he had taken had not produced any motion of the bowels, it was thought proper to inject the underwritten clyster, as soon as it could be prepared:

R. Decoct. pro Clyst. ʒviij. Ol. Lini. ʒij. Elect. Lenitiv. Mel. Solutiv. ana ʒss.—ft. enema.

This, in about half an hour, occasioned a very copious discharge of *faces*, together with a good deal of *blood*; some of it congealed into lumps, the rest fluid. This circumstance

cumstance did not fail to alarm my apprehensions of the imminent danger of the lad's situation, as it was no longer to be doubted, but that the bowels were wounded in some part of them; but what part still remained a matter of conjecture. When the clyster had done operating, he took this draught:

R. Sperm. Ceti, (Mucilag. Gum. Arab. Solut.) ℥i. Aq. Alexit. Simp. ℥iſs. Ol. Amygd. D. Syr. de Meconio ana. ʒij. Tinct. Thebaic. guttas x.—M. ft. haust.

Late this evening the fomentation and dressings were again renewed, and directions given, that he should take one of the draughts, with manna, oil, &c. as first prescribed, at three o'clock in the morning; and to repeat them regularly every fourth hour, till they had had their desired effect.

28th. He had got but little sleep in the night, though he had lain something quieter, with short, but interrupted slumbers intervening. His pulse, and all the other symptoms, were much in the same state as yesterday, excepting a general soreness of the *abdomen*, of which, at this time, he made great complaint, and more particularly about the wounded part. The whole belly was full and tense; and, when I struck it with my finger, it returned an *emphysematose* sound. The discharge from the wound was increased; it had stained the bandage of a deep reddish-brown colour, and was of a disagreeable smell. The draughts he had taken had not yet moved him; therefore, I desired they might be continued, according to the general direction; and that, in case any stools should come off, to put them by, separately, for my inspection. By the time I made my evening visit, he had had two motions; in the first there was a good deal of fluid blood; with the last, but little, no more than to give it a tinge. He was evidently relieved by the evacuation; was calmer and more composed; his pulse was rather more up, and his skin warmer. He said, he found himself lightsomer; and he was not so tight, and thought he breathed with more freedom. When I came to loosen the bandage, I was greatly surprised to find it daubed all over with the discharge; but, as soon as the dressing was removed, there was no evidence wanting to assure me, that this discharge was in part *fæcal*, not only from the colour and smell of it, but likewise from the sharp pain it had occasioned in passing through the wound. My hopes of his recovery now began to fail me; however I resolved to persevere, and act as though I was sure of success. After dressing, he was ordered to
take

take the anodyne draught, and to begin again the manna draughts, with oil, early in the morning.

29th. Before I came to visit him, he had had another motion; and the nurse informed me, that his night had been better than any of the preceding ones, he having slept, at different times, full three hours. His pulse was stronger, but remitting, and his skin inclining to perspire. The tongue was foul, and the water clear and pretty high coloured. In the stool, which had come off this morning, I did not find any blood, or in any he had afterwards during the time of his confinement. The wound had discharged a great deal, and was more inflamed; and the edges of it looked thick and ill-natured, and were ready to separate from each other. The tension of the belly still kept up, though I did not perceive that it had at all increased. The opening draughts were continued, one in six hours only, through the course of this day, which kept him sufficiently open; and the anodyne was repeated at ten o'clock this night.

30th. This morning, things wore but a melancholy aspect. His night had been restless, and his head confused, and he talked sometimes incoherently; his pulse was increased, though exceedingly irregular, and the skin felt hot and dry; he was thirsty, and complained of a great tightness, particularly about the region of the stomach; his countenance was hollow, the eyes being sunk, with a deadness in them not easily to be expressed. The wound had discharged very much, and it was extremely offensive. The edges of it were inverted, much swollen, and separated from each other considerably more than the preceding day. He likewise complained of a sharp, burning pain, deep in the wound, but could not express precisely where. As soon as the wound was dressed, the anodyne clyster was administered; and I desired, that he might have a small bason of the infusion of mint, with a knob of fine sugar, got ready for him as soon as possible, and that he would sip it down as warm as he could. At two o'clock this afternoon, he was seized suddenly with a most violent vomiting, and brought up a large quantity of bile. This I the more wondered at, as he had never made the least complaint of sickness, or *nausea*, from the time of his accident; for every thing he had taken, had sat easy upon his stomach. What he had brought up was of so dark a colour, that I imagined it was mixed with blood; but, upon a careful examination of it, found I was mistaken. When the vomiting was over, the nurse gave him a little more or
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the mint infusion; and, soon after, he fell into a sound sleep, which continued more than an hour. In the evening he was hot and uneasy, complaining of thirst, and a pain in his head; his pulse was increased, and his skin felt dry. The wound had made a prodigious discharge, which I observed always to increase, in proportion as the bowels were more or less loosened by the medicines he was taking; and, from the violent efforts of the *abdominal* muscles in the time of his vomiting, most of the stitches in the wound were broken, so that you might plainly see into the cavity of the *abdomen*. After dressing the wound, twelve ounces of blood were taken from the arm, and the anodyne draught was given to him soon after.

October 1st. I learnt, from the people about him, that for a few hours, after he had taken the *opiate*, he lay composed; but soon after midnight, he awaked in great hurry and confusion, complaining of his stomach and bowels, accompanied with convulsive twitchings of the tendons; and that, about five o'clock this morning, he brought up another large quantity of bile, which gave him great relief; for afterwards he lay perfectly easy, and got between two and three hours sleep. At nine o'clock, when I made my morning visit, I found him much refreshed, and without any kind of complaint. His pulse was full, but much steadier than it had been any time before, and his skin was open. The water he had made was turbid, though still high-coloured. The wound, indeed, made but an indifferent appearance; the edges of it were very sloughy, particularly the tendons of the oblique muscles, and so far receded from each other, as to make it necessary to divide the remaining stitches. The lower part of the wound, or that next to the *illium*, was beginning to digest, and the inflammation and tension of the belly to abate. The opening draughts, made a little warmer, were continued, which kept the bowels constantly and gently open. In the evening his pulse was rather increased; and I found that, some time in the afternoon, he had brought up a little more bile, though without any previous complaining. After dressing, I directed more blood to be drawn, and the *opiate* to be repeated.

2nd. The nurse acquainted me this morning, that her patient had had a very quiet night, and had slept many hours without intermission; that he had taken a sufficient quantity of nourishment, and that it had sat well upon his stomach. I found him cheerful, without any complaint, except that of hunger. His pulse was steady, his skin soft and

and open, his tongue getting cleaner, and his water beginning to break. The discharge this morning from the sore, was exceedingly offensive, and when I had taken off the dressing, I was really astonished at the horrid appearance! The wound was burst open, in such a manner as to assume a circular form, and was rather more than three inches in the least diameter of it. In the base of this dreadful opening, there was nothing to be seen but the circumvolutions of the small guts; and how this amazing breach was to be restored, I could not easily conceive. Had any one taken a view of the wound at this time, who was unacquainted with the real progress of it, he must naturally have concluded, there had been a great loss of substance. The patient was dressed with thin pledgets of very fine unformed lint, moistened with the oil of the flowers of the *hypericum*, luke-warm, laid first upon the exposed bowels; afterwards the cavity was filled up lightly with the same sort of lint, dry; the edges were covered with a moderately warm digestive, and the whole secured with the uniting bandage; which bandage had been used from the very beginning, to prevent, as much as art could prevent, the impending mischief.

3d. Appearances this morning were very favorable; he had slept well most part of the night; his pulse was perfectly quiet, and his skin moderately open. The water was become better coloured, and had made a fair separation; so that, from this time, all signs of fever, inflammation, and pain, its concomitant, entirely ceased: nor did there ever arise any alarming, or even disagreeable symptom, afterwards; but every thing went on in an easy, regular way. The wound digested kindly, and was constantly dressed twice a day, as the quantity, and indeed the quality, of the discharge from it required. The opening medicines were repeated occasionally, and his nights secured by a few drops of the Thebaic tincture.

In a few days, the sloughs from the edges of the *abdominal* muscles separated, and left the sore so largely open, that I could easily discover from whence the *faces* made their *exit*, which was from the middle of that part of the *colon* that lies between the left kidney, to which it is attached, and the upper part of the *sacrum*, where it empties itself into, and forms the *rectum*.

It was exceedingly satisfactory and pleasing to observe, from day to day, the progress nature made in renovating this formidable breach, and her means of accomplishing it; for, after a little time, the surface of the intestines

looked florid, and began to pullulate, throwing up small grains of flesh from every point. These *granules*, daily increasing, united with each other, and after filling up the intervals between the circumvolutions of the bowels, became one uniform surface; which surface meeting with that of the raw edges of the integuments, they both adhered together, and became one continued sore. As the wound incarned, the *fecal* discharge lessened daily, and about the twenty-second or twenty-third day, entirely ceased. I now allowed him chicken-broth, milk-porridge, calves-feet-jelly, &c. The wound was dressed once a day with dry lint only, and in seven weeks it was completely healed.*

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

PLEASE to insert in your Journal, the following case of successful operation for the cure of Femoral Aneurism, by tying the iliac artery, as recommended by Mr. Abernethy, with the exception of making use of only one ligature round the vessel.

CASE.

Mr. Archer is about forty years of age and general good health; did not discover any unusual appearance of indispotion, until about four months ago; from which time he has observed the aneurismal tumour increase considerably; and,

* In the 49th Volume of the Philosophical Transactions of London, page 238, we have "An account of a very remarkable case of a boy, who, notwithstanding that a considerable part of his intestines was forced out by the fall of a cart upon him, and afterwards cut off, recovered, and continues well." By John Nedham, of North-Walsham, Norfolk.

"The intestine cut off measured fifty-seven inches, by a string applied to the outer surface." The accident happened the 3d of January, 1755. On the 7th of May, the boy walked seven miles to dine with the surgeon—was perfectly well, and walked back again the same afternoon.

See also Mosely's account of the recovery of a young negro woman, after great protrusion of the intestines, from the Cæsarian operation performed by herself. And another case, more extraordinary, related by Mr. John Bell, of a soldier wounded by a halbert, who recovered, after walking a considerable distance with the protruded intestines wrapped up in his shirt, and placed in his hat.

and, at the time of the operation, which was on the 29th of August, it was about the size of a large full grown apple.

The patient experienced so little inconvenience from the operations, that I did not make use of the lancet more than once, and then more from caution than necessity. On the 8th of September, the sutures were detached; on the 21st, the ligature came away; and, on the 24th, the patient was dismissed cured, and can walk a mile with the assistance of a stick. The tumour is decreased more than one half; and, from the first moment after the operation, the circulation of the blood was completely adequate to the purposes of the limb, which continued its natural warmth and sensation.

This instance of successful practice, added to those which have already been mentioned, must, with every dispassionate mind, recommend its adoption.

Here then, too, is a proof of one of the most deplorable maladies of the human constitution, and one of those which formerly admitted of no relief, submitting to the controul of our art; and, in this instance, an individual has been snatched from inevitable destruction, an affectionate father restored to his family, and a worthy member to society.

I do not mean to arrogate any undue praise to myself in relating the above case, but to shew to the world how rapidly our profession is advancing, and that the capability of performing the most complex and difficult operations is not confined to the metropolis.

I am, &c.
THOS. TOMLINSON.

Birmingham, Oct. 24, 1807.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

WITHOUT paying any flattering encomium on T. Y's talents, I must confess I was highly gratified by the perusal of his Letter, in No. 103 of your Journal. I think it denotes candour and liberality of sentiment; and as I perfectly agree with him on the points hinted at, I shall beg leave to suggest a few short remarks on the present state of medicine, and the respectable fraternity who have the ho
you

nour to practise the Art. Medicine is undoubtedly arrived at a surprising pitch of perfection, and stands at the head, in my opinion, of the other sciences; for when I compare it, how infinitely do they fall *short*, when contrasted with the healing art. While the sciences dive into the mysteries of natural philosophy, and display the wonders of nature, medicine (collectively considered) has for its object the health of mankind. It explores that vast, that complicated machine, the human frame; and, by its powers, is often able to prolong life, by resisting the ravages of disease. It certainly confers lasting honour on the men, who have been indefatigable in their pursuits to bring it to this state of refined improvement; but, as always will, I am afraid, be the case, there are speculative characters in the world, who would, if possible, subvert the present practice of this enlightened day, and substitute the hypothetical conceits and confined systems of their own imaginations. And these unexperienced projectors in medicine, instead of delivering their theories to the world with clearness and perspicuity, promulgate their systems with such a pompous display of scholastic learning and hypothetical reasoning, that they are almost as unintelligible and obscure, as the most abstruse propositions of Euclid, to one who is not acquainted with that science.

Now, though as T. Y. justly observes, the studied formality and ridiculous garbs, that used to be the common habiliments of the profession in former days, are almost totally abolished as useless and unnecessary, yet, I think, there are other oddities *now* amongst the profession, that are almost equally disgusting, which T. Y. has not mentioned; for instance, a pompous reserve characterises one; another affects a morose supercilious behaviour; a third habituates himself to a singularity of manners, merely for the sake of being what nobody else is; a fourth puts his face into such singular contortions, even in common conversation and at the bed-side, that actually I should think must excite risibility in the beholder. Such gentlemen must recollect, that science is not concentrated in a black look, nor vast professional knowledge in a supercilious reserve. No! True learning inculcates, or ought to inculcate, affability of manners, complacency of behaviour, and a desire to inform and instruct others, rather than endeavour to concentrate every thing in self. But I would, by no means, wish to insinuate that this is *general*. The practitioners of Medicine I revere in the highest manner. These are only the foibles of a few, compared with the

bulk

bulk of the profession; and, therefore, it would be unjust and illiberal that a whole learned and useful profession should be blamed for the follies of a few. As to the intended reformation in the practice of medicine, it will be productive, I think, of the greatest utility; for when we reflect on the prostitution of the practice of medicine, of late years, in this metropolis, it is truly lamentable; not to mention the swarm of empirics that infest this town, how many individuals have taken upon them (without any qualifications) the responsible characters of medical practitioners, and consequently tampered with the lives of thousands—so easy was it to become a Doctor.

But now I sincerely hope, by the exertions of the Medical Reformers, that empiricism and ignorance will be banished from the profession, and science no longer abused, and effrontery and assurance countenanced. I shall encroach no further, but submit these few short remarks to the perusal of your readers.

August 7, 1807.

Dr. BELLAMY's Case of Diseased Bladder.

[Continued from Vol. xvi. pp. 141—149.]

YOU will please to observe, that ever since his confinement to bed, he fell off in strength very fast; indeed, much quicker than could be expected for even a weakly man; therefore, extraordinary for so stout a person, after only two days in bed. I saw, as he lay, and even the day before he took to bed, when last he came to my cabin, a droll unaccountable state, which I rather referred to drink; a kind of half muttering, with weakness, looking pale, and a degree of deadness of the eye. I say this state of apparent debility, possible as it is to be connected with subsequent disease, and the possibility of new appearances, if the mortification be from influence of typhus, yet was more reasonably referred to drink, and laying in bed; for why did not that prostration and disease advance? On the contrary, he decidedly got better, after the abscess broke; acquired a little appetite, and had no sign unequivocal of fever, nor the least inconsistency, thirst, restlessness, heat, or one affection of the system worth notice; but, for so strong a man, is paler, weaker, softer, and more reduced, than is usually to be accounted for by an abscess. All this was referred to being in bed, previous
absti-

abstinence, and having now only a spare appetite; obliged to live low, while abscess forming; and since I have prompted him to take more, is rather indifferent; though all the house materials are regular. Decidedly no fever, pulse moderate, neither full, hard, quick, nor strong; nor has he had the least sign of inflammatory diathesis: on the other hand, he has not had that prostration and feebleness of pulse, to shew apprehension of typhus. I wished to see pulse firmer and fuller; therefore, to promote strength, and digestion of wound, gave the bark, encouraged him to eat, &c.; yet, with all this, he has continued pale, and with rather a deadly eye, a white tongue; and always, when he got up for a few minutes to have his bed made, or being in a particular posture to be dressed, was quite giddy and half faint; this every day last week, at which he always expressed his surprize; explained to him, by me, to long laying in bed; yet I have had others lay twice as long, and of weaker constitutions, and not feel any thing like such degree of vertigo and faintness; but as all this might be placed to the simple cause mentioned, it gave no uneasiness; particularly as he slept well, took courage, and thought himself better; and I thought so too (I speak of the abscess) till the water found its way through the perinæum, &c. As he ate tolerably, and the wound was so healthy, he was reading greater part of the day, and talking of getting up soon; which I intended he should, so soon as the poultice was left off, which I expected in a few more days.

Now, we know that typhus is a very insidious, and sometimes slow approaching disease; the patient unwell, and can hardly tell how long, probably a week; still is so unwell as to complain, which he has not done, of pains, oppression, restlessness, &c. Let us, however, remember, that he has been laying near two patients decidedly diseased, of no inconsiderable typhoid infection; recollect, also, the fetid breath, the action of mercury was so quick and lasting upon him: at the same time, let us bear in mind the preventive power of bark, which he has taken three or four days; this would check, on one hand, what he might lose on the other; in short, how are we possibly to account for the serious and sudden change of appearances, but by reference to the cause of low fever, acting on locally diseased parts? We know that, under such fever in particular, old wounds break out; blisters often ulcerate, and recent wounds will partake of the general disposition for gangrene; yet I cannot bring myself to think, that

that such sudden change, both general and local, could take place from fever, without having previously distinctly seen that fever existed.

Now, on the other hand, is it not impossible to explain mortification of a part, or parts, and then refer all constitutional symptoms of debility to the influence produced on the system by gangrene of some important part? for it must be some important part, to produce such symptoms all at once; for do we not see a whole limb run into gangrene, and yet the patient only loses strength gradually; but here we have all the prostration, and every thing but hiccup and delirium, attendant on a sudden change, induced by mortification of intestine, or stomach, or bladder, or other great organ. But can we have it in a patient almost at death's door, who was as well yesterday evening before eight o'clock, as he has been this week past? I say now we have putrid symptoms, and gangrene of a viscus, probably without previous inflammation, or, at least, without the usual signs of such inflammation to disorganize it.

I have shewn that he has never had the least sign of inflammation, either general or local, since the formation and opening of the abscess, and even that abscess formed full of matter, without a rigor, or any usual precursor of inflammation, fever, &c. How then is this organ, the bladder or other, so disorganized?—On the whole, I must conclude that it is either typhus quickly brought to an acme, after having been latent some time, or else it is distinct mortification, and I fear of the bladder. But the mystery here is greater than admission of typhus, because where has been the previous inflammation?

He continued as well as usual all yesterday, eat and drank in common, made water occasionally in a small stream; but he said not so small, with more ease, and quicker done; though, when the desire came, he could not retain it, but only a sense of a drop or two came through perinæum. This ease he referred, in part, to use of the bougie in the morning; which only left a little soreness, as is usual. The wound looked exceedingly well in the evening, a little acrid pus, somewhat filled up, and contracted.

I proceeded to act on the principles yesterday spoken of, but could not succeed with the stilette of the elastic gum catheter, which was not sufficiently flexible to conform to the necessary curvature through the strictured parts, nor to be insinuated through the obstructions: it

was

was well oiled, and I employed a little force, though far from severe, and the patient scarce minding me. I gave it a second trial, after bending it like a catheter, but was equally unsuccessful; and although the patient did not particularly complain, I gave up its application, and proceeded to try the catheter, both as a sound to feel it in the perinæum, and as a bougie. At this time the bladder was empty, though he had not made water since 2 p. m. and had taken fluids. The catheter passed in with the usual degree of force; always a little pus, and a small quantity of blood, came out. I passed the handle over to the right groin with a degree of pressure, so as to lay it down a little; and it gave the sensation, as though it were *embraced* by the bladder. The patient spoke a little of pain, and the operation being longer than usual, he felt a little exhausted; but I cannot convince myself that any unusual force, or, at furthest, any force liable to do harm, was applied.

Could a small catheter do more harm than a bougie? Is there any particular evil in passing a bougie or a catheter, when the bladder is empty? Yes, you will say, because you may touch the coats; but is not the bladder divided in Lithotomy, and other necessary and accidental divisions of it, with impunity? Did I not only, yesterday, read of puncturing it with a trocar, when in a high state of inflammation and distension, and the trocar retained in it a whole week? Was there any particular evil in passing the stilette of the elastic gum catheter? It did not go further than the arch of the pubis, and no particular force or pain was given. Yet I allow, from the combined efforts, it was not unlikely to have inflammation follow; I even began to think I should have to evacuate him, if I followed up, as I intended to do, the principle of exciting a degree of inflammation; and as I hoped the consequent healing process, by retention of a bougie, or now by that of the catheter; but on the whole I preferred this view to an operation, and so confined the catheter pretty deeply inserted in the bladder, right in the centre of the pubis, by a tape. Dressed, poulticed, and gave the bark, and left him at seven, p. m. Saw him again at nine; found him just settling in bed, after being on its edge to make water. I had left word, should he want to make water, to withdraw the stilette. He was never left by one or other of my assistants, and the catheter was not to be drawn without my knowledge; for I had even an idea of keeping it in all night. He had a moderate desire to make
water

water for about five minutes; the assistant begged him to put it off till I came, but it became so pressing, he could not. The stillette was withdrawn; he sat on the edge of the bed; not a drop of water came through the catheter, but he absolutely passed the whole (a half pint) by the sides of that instrument, in a tolerable stream, but gave great pain and straining, yet not one drop went through the perinæum; however, with this exertion, he felt very faint, and on my arrival, just as he lay down, a violent rigor, equal to that of an intermittent, came on, lasted with violence half an hour, and moderately an equal length of time; but has never to this moment, ten A. M. 1 Feb. been followed by heat or reaction of any kind. I begged him not to be alarmed, and withdrew the catheter; it came out with the greatest ease; and all the time it had been in (about two hours) he had lain as easy as usual, felt no pain, but a sense of fulness of the instrument; expressed no desire to have it withdrawn, or any one symptom or uneasiness, till the desire to make water. A little blood came out on withdrawing the catheter; we suspected the reason of urine not passing through it, was coagulated blood, but there was not a bit of coagulum in the strainer.

Is it not wonderful, therefore, that the urine should flow by the sides of the instrument? Is it possible, with the little force applied, that the catheter went through the bladder? The force applied could not do this under common cases. Is it probable that the bladder was previously half dissolved, soft, and giving way by ulceration, &c.? Then, surely, he would have felt some pain, by the point of the catheter going into the abdomen; and urine would also, in part, have gone through: likewise, while inserted, the least touch seemed to bring it up; whereas, by going through, it would have passed on too freely. But I have stated facts. This rigor was then a mystery; how much more so now? Rigors usher in formation of matter when so violent, slighter rigors precede inflammation; and also even severe ones may precede fever of typhus kind, but never known to harbinger gangrene. If matter was to be the consequence, catheter had nothing to do with it, nor the fever of typhus, but as introductory to fever of irritation; though not common, and very uncommon to be so violent for inflammation; yet I dreaded that accident, and apprehended I had excited too much, fearing I should have to reduce a patient already weak.

For these few days past, and this evening in particular, when first dressed, he spoke of debility and giddiness;
and

and more so to night: put a plenty of clothes over him, gave opium gr. ij. applied a fresh poultice, &c. My mind was made up for excess of inflammation, which I expressed, and assistants also thought; a quarter of an hour after, he rejected the contents of the stomach, and with it the opium, no doubt; he felt faint, the pulse rather weak, being not yet completely over the cold fit: left word to keep stomach empty at present, but to repeat opium gr. ij. if restless, in pain, or distressed. About half past ten, he had a copious well formed stool, passed his urine, but not through perinæum: he got out to do it, as he could not manage it in bed; felt faintish, weak, and low; then slept a few hours, and apparently at ease, but no reaction, even of heat. About twelve he had a copious loose stool, and made water out of bed, and was more asleep. Dressings were re-applied, and he appeared to fall asleep again; pulse about ninety, and tolerably good; no apprehension in the least entertained, or expressed to me by assistant, when I had a report at midnight, though I was very minute in my enquiries. He passed the middle-watch apparently at ease, and mostly asleep, no groans, or complaint; but when he awoke was faintish, and pulse very weak; it gradually sunk; and was reported to me at four A. M. to be very weak indeed, scarcely perceptible at times, yet no sense of absolute danger intimated to me; all this very strange! Gave up my fears of inflammation, but little dreamt of gangrene. He had neither stool nor urine all that watch; and assistant reported that, on the whole, he was all that time nearly as he found him; (observe there was a different assistant every four hours); that even pulse, at one A. M. was nearly as weak as when he came off watch, and not the least idea of danger was conveyed to his mind about him. He gave the opium gr. ij. at half-past one, because he was rather restless; but, lo! in the morning, about seven, first assistant represented, to my great surprize, the extreme prostration, particularly of the pulse; that it absolutely was not to be felt, but at times; and, above all, he confirmed this phenomenon, by state of the wound; the dressings had slipped off, and he saw the wound absolutely livid, and approaching to gangrene, though he did not then so express it; made no confession, but merely said, and, "Sir, the wound looks blackish, very nasty indeed."

I started up in a moment, and found as described before, decided, apparent, or rather well advanced gangrene; no pulse, skin rather cool, though as much as most
persons

persons natural heat, but not so hot as he ought to have been under common circumstances of least degree of inflammation, so contrary, indeed, to what I had expected, of a very high degree of it; face not sunk, the eye rather so; intellect clear as ever; a little mutter in the manner of speech, as if his mouth was dry; great thirst, tongue moist, but blackish.

This is a most inexplicable business, to have undoubted signs of general and local mortification, without preceding inflammation. If from fever, that has never been well marked till now, that it is very distinctly of the putrid kind, all at once; the local gangrene could never cause such symptoms so suddenly; and what could induce the local gangrene? If we look back to the case, nothing but the prostration of putrid fever. No, depend on it, the local state is the effect either of fever, or the mortification of some great viscus. Then the mystery is, has such mortification of viscus taken place, without preceding inflammation? Yet, on the whole, I take it for certain, that the local appearance is the effect either from fever disorganizing those parts in particular, because previously wounded.

Great and inexplicable are the difficulties. All I did with instruments would lead to inflammation, and that seemed indicated by the very severe rigor. But, no; it now appears that the rigor was the effect of sudden solution, and breaking down of the circulation and tone of the system, of which there was not much remaining, as seen by the general disposition ever since his illness, and by the abscess forming, without the fever of inflammation or rigor; but either as a deposit, or falling down of matter from elsewhere on a weak part;—begun to treat immediately as for gangrene and typhus, and considered that there was more than usual debility, a little mutter, &c. from the strong sedative force of opium, admitting he had retained three grains; for I believe it will be allowed, that there are habits on which opium will, at once, act sedatively, though generally first by stimulus, and consequent sedative affection, from over excitement, as from spirits, wine, &c.

This is a mere suggestion of the moment, but has nothing to do with the indications now to be pursued; for allowing all the general symptoms to be accidentally induced, we have eye-witness of local gangrene. Applied fermented warm cataplasms every two hours; camphor gr. iij. opium gr. ij. altern. 4tis horis; strong wine fbj.

(No. 106.)

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infus

infus. cinchon. ℥j. die.; in short, to take of bark as much as his stomach could bear, eighteen gr. camphor, and six of opium, in twenty-four hours. He began immediately, and continued this course tolerably well till afternoon, when he began to reject the bark, and soon after the wine and camphor; and uncertain if even the opium, or any thing of consequence, was retained; and he had every sign of exhaustion. In the evening, after the action of vomiting, he had three hiccups, apparently from the acidity of the wine, and emptiness of the stomach as to solids; but by what was retained, which might be three grains of opium, nine of camphor, vin. and cinchon. aa. ℥iv. not the least heat or re-action was produced, nor any alleviation whatever of prostration; on the contrary, he fell very gradually weaker, the pulse indistinctly to be felt like a thread for a few beats, at intervals, and chiefly when he had coughed. Observed he had complained of it, though seldom heard by me; he has said, "this nasty cough tears me." It is that peculiar cough which frequently attends putrid fever; a sort of convulsive act, for a few respirations, denoting anxiety and oppression of the chest, rather than a pathognomonic cough. It has now distinctly increased; he pants it out, as it were, but spits sometimes a thick whitish mucus, of a fetid smell. I considered, by the little I had seen and heard of it before, that he had a little attending cough of the prevailing catarrh, and most of the spitting to depend on the influence of mercury. There was scarce any alteration all the day or night, but a slow increase of the gangrene, with a proportionate spreading of the erysipelatous redness around, and some more small vesicles, even on the scrotum; no fœtor from the sore or body, but by night had lost a great deal of the almost natural degree of heat, the only satisfactory appearance hitherto remaining. Remember, as I said before, there was no hiccup as a formed symptom, nor delirium; the eyes a little more dead, the tongue moist, but collects a black sordes. He took some tea and a bit of bread for breakfast, and at dinner a small bit of animal food; in the evening, half a pint of sago.

I pronounced great danger from the first; scarce a probability of recovery; and knowing, that if not better by the morning, he would be worse, or dead: rather, however, thinking, that if he lived till the morrow, with mortification of the viscera, (concluding that the bladder alone was not sufficient to occasion such symptoms) that there-

therefore death would quickly follow, or else he would recover, by being greatly relieved, and from the extent of the gangrene.

I dressed him at two in the morning of the 2d instant, thought the wound looked a little better, some little sign of redness, and absence of the general blackishness, and dryness on the whole; yet the surrounding redness is increased, no alteration of symptoms, and I wonder, being so very low, that he has existed so long: greater part of the time no pulse, and when to be felt, is at least 110; the loss of heat is now extended to cold clammy sweats, and great softness of the skin; no absolute delirium, the eyes mostly fast, little twitches; on the whole is declining, and there is no hope.

Now a new idea arises; still has not made a drop of urine since the night before, and yet has never expressed or felt the least desire; nor is there any fullness of the abdomen, or region of the bladder, but quite flat, soft, and flabby, and without sensibility to pressure; in short, there is a common absence of all pain, and it is remarkable how little he has had since the abscess broke, except when dressed or probed, and straining to make water; yet he has taken, since the period mentioned, full three quarts of fluid, though I have corrected his desire for drink, which was very earnest till noon yesterday. This is a very inexplicable circumstance in pathology; for if the bladder has lost all tone by gangrene, why does not the urine flow involuntarily; and if in it, surely must give pain and fullness; if not mortified, it only remains to suppose that it flows into some other cavity, that the parietes of the bladder are broken, and so as it enters the bladder, it falls into the cavity of the abdomen, or of the pelvis. In the former, it could not be without producing fullness and pain, unless, as previously supposed, the bowels are also gangrened. In the pelvis, I think it could not be in so great a quantity, without giving a sense of fullness, especially on the rectum, and some pain, unless those parts also are gangrened; and in either it must produce fullness. But no, all is slack and soft, as if quite empty. We may allow this, that the general contents of the abdomen are mortified; and as he is a large man, and bowels long since well cleared out by abstinence, &c. so water to that amount may be in the interstices of intestines, without producing a visible fullness. We may, to be sure, go further in our ideas, and suppose that there is no secretion of urine; that is to say, the emulgents, or kidneys, or urethers,

urethers, or all are impervious; then it must be from gangrene also, else there would be great pain, sense of pressure, fever, &c. without you go back to a total annihilation of the emulcents before, and where they are given off, and so that all the fluids concerned are taken up into the circulation; no secretion of urine being made therefrom, part of the fluid so to be excreted may be in general circulation, the rest in the intestines; which are unable, by gangrene, to throw off their contents, having been so long without evacuation; when last, both were ample, and the stool very watery. When I speak of fluid to be drank, I mean that he has retained three quarts, having allowed for vomiting and waste. Taking all these circumstances together, it is plain there can be no water in the bladder; and it is highly probable that viscus is gangrened, and probably broken; which may have happened in three ways, by the breaking down of gangrene, or by ulceration and highly probable state long previous, and likely existing coëval with the disease of the urethra, now by really putrid diathesis giving way in those weak ulcerous parts, and afterwards fully mortified. Third way, is the possible rupture of it by the catheter. This is possible, but not very probable; for there was no unnatural force, nor, I believe, awkwardness employed; yet moderate force upon a part previously ulcerated, and hastening to gangrene, might effect it; for gangrenous solution must have been advancing some days insidiously, as seems confirmed by the general disposition to debility, head-ach, faintness, vertigo, and a peculiar cough; for it is absolutely impossible to impute the date of the cause of these sad effects to the period of passing the catheter; and if it could, then surely there must have been inflammation first.

It may be divided thus; that there has been all along a slow insidious approach of gangrene, from ulceration of the bladder, first; communicated since to the system in the form of typhus, very indistinct, though till at this time; and on the bowels also by proximity. Then also we may condemn, and say the catheter assisted the catastrophe; not by repeated irritation, but by helping to break through the most diseased parts; and thus also, and the only way in which I can account for it, the water not coming off through the catheter, but by its sides; because it might have gone through the bladder, the length of the strainer into the abdomen, and yet fit so nicely, that most of the urine should, at that time, flow by the urethra; and, in confirmation of this disorganization, remember the pressure
of

of necessity constantly to make it, especially at the time of the catheter being in; and I scarce doubt that at both times after, when he had stools, that most of the urine then flowed involuntarily, and for the last time; because its cavity since became obliterated. Also, at these two last times, a partial tone might exist to evacuate the water; and part might escape through, where the catheter had been. Dissection alone can decide.

To my great astonishment, he survived through the night of the 2nd of February, with the following circumstances:—From eight to twelve, almost a continual short cough, bringing up great quantities of thick, and rather blackish fetid mucus, with scarce any power to spit it out; and though a very slow, yet a certain progressive advance to death; the general fœtor and flabbiness of the flesh increasing, face sinking, eyes seldom open, no power of speech or deglutition; and when not coughing, a severe action of the stomach to eject great quantities of highly fetid, thin, black fluid; evidently not only the contents of the stomach from the great quantity of it, but also of the intestines; and I have now, fully to my mind, explained the absence of urine, tension, or fullness of abdomen, and lower region, on the principle of want of absorption; and that all the fluids received, have been kept in the small intestines and stomach, and become black by mixture of bile, the secretion of gastric juice, and that of the intestines, as well as of the first formed fecal matter in the first intestines, and so much more putrid by the hasty strides; or, you would say, complete state of malignancy, and solution by gangrene.

The putrid exhalation has become so strong these last thirty hours, as greatly to affect all the attendants; and one man now fainted away, when breathing over him. Nothing could be got down; and, indeed, it would be only temerity to attempt it. The ulcer in perinæum is quite dry, and positively for a considerable extent taking in the anus, and quite dead and soft, like a part cadaverous, for a week.

Cleanliness is persevered in as much as possible; no urine or stools, but a horrid stinking matter exudes from the penis. At two A. M. the 3d of February, the desire, as well as power to cough, ceased, and shortly after the vomiting; he must, at least, have thrown out, or rather bubbled, and occasionally poured out, to the amount of two quarts. As the cough, &c. ceased, to our great surprise, a great heat, full that of ninety of Fahrenheit took

place over the whole body, except very sparingly on the part, and the pulse rose to at least the standard of health in a weakly person; but quick, yet not so quick as when last felt, previous to this, and now about 100. This heat, &c. lasted till four, giving a scalding sensation, and very little moisture; it then relaxed to about eighty, and skin became soft; at six, it was at seventy, and skin greasy, very moist, soft, and putrid like; as even also a blister, which was applied to the sternum, at the early part of the oppressed breath, and short cough; kept open ever since, and did arise not badly, though very slowly; it is now very pale, livid at the edges, and very fetid; the whole a deplorable and extraordinary case.

Had there been the least return of strength, or power of body or mind, the least favourable change in the appearance of the wound, from this accession of heat, unusual and extraordinary as it, might first seem to be, I should have been still disposed to hope, catching at any the least gleam of crisis, or force of nature; but it was next to impossible; therefore, we reasonably concluded it to be the last effort of the circulation, or perhaps the last necessary act of it, independent of any attempt to relieve it; to be considered as a simple effort of the laws of the animal economy; the circulation being now principally obstructed in the large vessels of the internal circulation of the viscera, the heart was sarcharged, was excited to its last strength, and threw an unusual proportion of blood into the extremities and surface; and the veins getting filled without power to empty themselves, and the heart less able every moment to exert itself, though more required so to do; of course a great quantity of blood was detained on the surface, and communicated the heat spoken of. From six it gradually abated, and pulse became imperceptible, and the whole appearances reverted to the previous state of prostration, and sinking.

There appeared, in the first instance, a little more susceptibility to pain on pressure of the abdomen, and to heat of the poultices; but as soft and loose as before. At nine he began to take long gasps, and at ten breathed his last, after a little contortion of the face and hands; and after a highly distressing picture of the struggles of a stout man, in the vigour of life, against as fatal, as it was sudden, unexpected, and to me still, inexplicable case.

He had been rather addicted to dram-drinking; and by being at sea many years, probably had a degree of scorbutic diathesis; but I never knew him ill except of a cold; always

always florid, stout, and strong; no carbuncles, or œdema; nor pains, or discolourations; usually indicative of a diseased liver, or of other viscera, nor of scurvy; his breath always fetid, but I think rather from bad teeth; on the whole, a man, even with the previous state of the affection of the urinary organs, on whose life I would have insured in preference to most.

I shall proceed now to try the question between all the external marks I have related, and the reasoning, observations, axioms, and rules of diagnosis on which we are taught to act; but which I fear in too many instances are blind guides. I may be told this is a single case; but it is such a one, so totally adverse to our presumed knowledge, that while I beg the favour of the medical public at large to criticise on it, and hope to leave through your publication a rational, if not a demonstrative evidence of the non-agreement between cause and effect, taken either from the principles of pathology now admitted, or from others, which may be in the understandings of the learned. I at the same time beg to advance, that experience alone is the school, the test, and only solid foundation of what we should take upon ourselves to say *we know*.

I fear I shall become a greater sceptic than ever in dogma; and that painful as the thought is, and costly to poor human nature; yet that we can be useful to others, only by the collected resolutions, hereafter formed by minute observations in our individual practice; that systems are to be followed with caution by all, and not in the least by those who have not bought their knowledge from practice, consequent on collective, acquired, information of their art, which may be demonstrated; except in the most simple self-evident affections, where indeed nature needs us not, and we had better stand by only to observe; removing what is in her way, and giving warning of danger. I think this case to be on the whole so striking, that it strikes at the very fabric of the first part of theoretic medicine; namely, inflammation. The introductory guide, and companion of most diseases, and of the principles of practice we thence deduce.

Inflammation in all its points of view, of cause and effect, is, I fear, now only the pretended illustration of the infirmities, which come under the care of the physician. It is to be earnestly sought after, but much to be feared, that it ever will be so learnt, to be in medicine, what anatomy is in surgery. I may be told by some, that theories are formed from the accumulated evidences of past experience; some

of them may ; but parts even of those may be deficient^a let alone others which are mere phantoms of the brain and deductive reasoning, as it is called ; but the very best are formed from the results of men of different ages, different capacities, and opinions ; besides the errors of representation, which obscure them. A system should be the work of one man, from his actual sight, and not allowed to be established but by dissection in all organic affections, and in more general affections as of fever, by almost invariable success ! The constant change and variety of theories, and modes of obtaining the same end, especially in general disease, leave it the opprobrium of medicine to have quackery for its essence ; that nature, I mean unobstructed nature, and without drugs, might do as well, and, perhaps, did better in the days of Hippocrates and Sydenham, than in those days of boasted perfection.

To put aside a great part of the objection of one man's inability to form an entire system ; I answer, let the profession be more divided, let him direct his inquiries to one, or a few particular points. He who shall establish a clear, applicable system of inflammation, will deserve the first laurel, and will pave the way for another to be crowned for his elucidation of fever. Can the same then be equally clear as an Occulist, Lithotomist, Dentist, &c. If I am to lose a limb, let me have a good Anatomist, who has performed no operation but amputation. But some men have such vast capacities, that they are equal to all intuitively, and will even audaciously promise a positive cure to the silly and credulous.

I believe it will be allowed, at least so I have learnt, as well as read, that to confess ones ignorance, is the first step to truth, and to follow that confession up with curiosity and ingenuousness, is the surest way both to know ourselves, and others ; without which we can never be truly useful to them ; nor should we rest satisfied in our own minds, who are so particularly bound to the duties of humanity.*

Appearances

* The state of the patient up to 8 P. M. of Feb. 2, presented nothing new, or unexpected, except the survival of him ; but with, if it be possible to conceive it, a diminution of strength ; this, however, is certain, that we scarce can see a patient weak, but he may become weaker ; and on this principle the medicines were continued ; the clammy coldness has increased, the face has sunk, there has been little twitchings of the muscles, and
some

Appearances on dissection, half an hour after decease, as quick as possible; because if the affected fœtor, and necessity of burial, and also more satisfactory for a true knowledge of the state of the parts, as near to the time of death as possible, so as to get close to the cause, and that no appearance might be imputed to changes taking place after death, often leading to fallacious conclusions: this is particularly the case in respect to marks of the mortification. I observed to my assistants, that already the effects of gangrenè were penetrating, or affecting the integuments, for there was a small space, a little blue and yellowish of the abdominal integuments, near the left ilium, and upper part of the thigh. I expected great fœtor so soon as the body

some muttering, but no distinct delirium; and only occasional slight hiccup, chiefly after taking the strong medicines. The cough has become much more troublesome, with heavy lifting and panting expirations from the chest, but with increased expectoration, and occasional vomiting, not only of medicine, but of mucus; blackish, thin, fluid, and some sago which he ate yesterday. No urine or stool, but some fetid matter, and even a few drops of urine from the penis, not the least food. Eye almost dead, tongue moist, but black, and is scarce sensible, and seldom looking about; no fœtor of notice. Pulse occasionally felt small indeed, a few beats after coughing, which is almost incessant, and highly distressing; no distension or pain of abdomen on pressure; all lax, flat, and soft; wonderful he has held so long! — Wound has not increased in size, or putrescence, and part of it is a little red, but the edges very bad; the lower edge has the confirmed black, dry sphacelus, no further extent of vesications, or erysipelatous redness. Continued every two hours, warm fermented cataplasms, and lint wet with brandy.

At 4 A. M. very large blisters to the chest on account of the cough and oppression, with the peculiar distressing breathing and expirations usual in putrid fever, but at 8 P. M. not the least sign of its vesication; fully confirming the great loss of excitability. Repeat as before as nearly as possible, but he has almost lost the power of deglutition, and the low delirium is far advanced. A truly melancholy and vexing case. Last night I thought by pressing a little heavier on the abdomen, and region of the bladder, he resisted, and seemed to cry out; a little of susceptibility of the parts supposed to be affected. But where is the urine? As I could do no harm, passed a catheter again on the ground of this little indication of pain; it passed easily indeed to what it had done, almost as it would do in a dead body; not the least evacuation followed, and to the touch all felt as it did on the night of fixing the catheter; it went as far as I could apparently distinguish into the flattened sides of an empty bladder. I occupied the degree of force then supposed to be applied, which to myself and assistants appeared to be quite moderate; also directed it to right groin, and passed it up by elevation of the hand gently, and yet so as not to have any idea of going beyond the bladder. Also passed the finger in the anus; catheter was felt at a little distance, exactly as it may be in an empty bladder; felt the prostrate gland not large, as well as I could judge; and in short all as before, when last examined: left in the catheter untied, without the stilette, may take its chance, as it can do no harm. Wet his lips, and expect death.

body should be opened, and said we shall find, I doubt not, a great part of the bowels in a state of gangrene, the bladder more so, and the stomach also partaking. All the integuments and muscles presented nearly the usual firmness and colour of health when divided. Adeps was firm, and of its natural colour; peritonæum was slightly inflamed, except the part which doubles over the bladder, all which not only united to it, but that most firmly, with very great thickening and layers of adhesions, by great increase of vascularity; very fluid, and minutely ramified, with innumerable vessels; the usual effect of adhesive inflammation, of longer existence than the date of the few days of his illness; I mean since the rigor.

So firmly and extensively was the bladder united to the peritonæum, the rectum, and surrounding membranes, that the bladder and adjacent parts, though the former had scarce a cavity to hold three ounces, nearly filled the pelvis; whose membranes were also highly inflamed. It was impossible to separate the bladder from the adhesions by the hand, and not readily by dissection, yet there was no hardness unusual to excessive inflammation of the kind, not the least approach to schirrosity in the substance, or coverings of the bladder; the whole of those parts exhibiting an actually existing highest degree of inflammation they could bear, without disorganization, and yet that disorganization had begun. Judging from these parts, he seemed to die at the very acme of increased action of vascularity; or, if you please, at the instant of the change of vessels breaking down, and yet that change not fully made, so as to say he died of gangrene of those parts; yet I shall shew by and by, that an incipient-state of solution did exist, but so partial, that I can be brought with difficulty to believe that he died of mortification; and on the other hand, the state of the parts give on the whole death from inflammation. Where were the marks on the skin, pulse, strength, &c. &c.? It appears I have given every external mark of putrescency, and not one, except the rigor of inflammation.

The wound in the perinæum was decidedly gangrenous on a sudden, and increased. Did all the symptoms of a general putrid state, arise from the condition of the wound? Why, after three days, did not the bladder and other viscera, partake of the apparent general atony produced in the system? If the wound was too small and insufficient to lead the viscera into the same state; why was not the wound led to partake of the same action of excitement

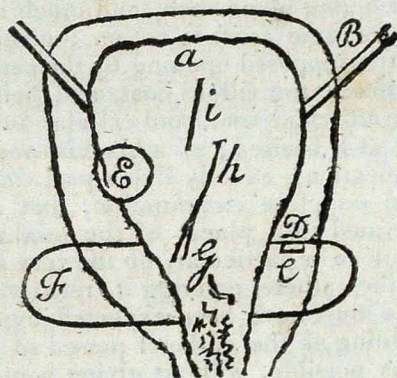
citement with the viscera? and why did not they in that high positive state of inflammation which they were found in, and which must have existed several days, (and judging by its effects of adhesion, &c. much longer than last week) influence the state of the wound, and the general circulation to the same state of excitement; to heat, pyrexia, fullness, and all the usually excepted symptoms of inflammatory fever? Two such opposite states of the system will not be allowed; but we may suppose this high internal inflammation, and chiefly of the bladder first to exist, and that the wound being least able to bear that active rise, rushed first into gangrene; but it did that instantly, and surely it was capable of first bearing a degree of increased action; but no, not the least ever took place; neither redness, fullness, heat, or pain. The poultices being applied every four hours, this would have been seen; and after all, let what date you please be given to the abdominal inflammation. Why? is the grand question, was not this made known by the common and very distinct marks, above all, perhaps, in abdominal inflammation? I speak now of what I have usually seen, always read, and been taught; viz. heat, quick, hard pulse, excessive pain, and in short, by pyrexia in general of the most violent kind: either way it is inexplicable to me. A man dies in a positive and most pointed state of asthenia to all appearances, and proved by the state of the wound; the indications of course were plain. Durst I bleed or evacuate in any way? Could I doubt administering cordials, tonics, and stimulants? And after this, I prove that the state of death of some of the most essential parts of the system, is existing inflammation. On the other hand, if I had found, as I expected, the bladder ulcerated, or broken down in substance, soft, livid, and in short, the usually extensive marks of gangrene in those who die of mortification of the abdominal viscera; how then explain mortification without previous inflammation? It is not like the gangrene of old people, or of the extremities, or solution of continuity from external violence. How then should I have said the circulation was destroyed, the vessels broken down, unless as some ages back referred to, and what I thought highly probable, from the effect of typhus gravior, or malignant fever, where the whole system gives way rapidly, to a cause not yet satisfactorily explained? If it be said after all, that he died of mortification, why was not the death of the wound, and parts adjacent, and that of the abdominal viscera, the bladder in particular, coeval? But I must

go on, to shew that if two actions cannot exist at once, I mean two opposite states of the system, *sthenia* and *asthenia*, that is, there is death, and proceeding gangrene of a part on one hand, and general inflammation and fever on the other; and such opposite actions, in parts so near each other as the wound and bladder, and the others not distant either by sympathy or circulation; yet, to shew that tho' the disease of a part did apparently overcome the production of the usual phlegmonia to sight and feel, before death; that actually two opposite states did, or had existed: whilst, internally, inflammation was going on most rapidly, one should rather think that the excitement of these great parts should rather command the local disease, and thus the whole system as usually admitted, partake of the diagnosis reasonably to be expected, and by which alone we can act.

The whole of the intestines were very fluid, indeed all their vessels distended, but especially the arch of the colon, which was also very full of air, and some fæces, as also a considerable space of the illium, but the end of the rectum from about six inches, was still more so, and surrounded with layers of adhesions, except in the part forming the anus; about an inch of which was thin, soft, and almost livid. In those highly inflamed parts of the colon and illium, there were numerous spots of purple, fast approaching to gangrene; and I observed that by the time we had done examining, (about an hour after death,) the whole highly red part of the illium had become almost an uniform space of purplish colour. I consider it as certain, that had the patient lived another day, positive and extensive mortification would have been exhibited; but I am now equally persuaded that the general appearances, together with the heat and smell (not in the least putrid) of the viscera, were those of high inflammation, and that the degree of mortification in those spots, were not such as could excite death by mortification; besides, we have had all the signs of prostration ever since twelve o'clock at night of the rigor.

The stomach was immensely distended with air, and about a pint of that blackish, half fæcal, thin, putrid fluid, of which he had vomited, and part of the sago he ate previous to the day of the rigor, but no distinct marks of inflammation. The liver, pancreas, and spleen, natural, the kidneys also; I mean in a general view of the whole; they were very large, ureters very pervious, but rather inflamed, and thickened; no urine in them, but a white purulent matter

matter in small quantity; completely pervious into the bladder, which was also quite empty, and clean; but it is likely that part of the matter these last few days from the penis might be from the ureters, rendered fetid, and darker by being mixed with the matter of the abscess. It would not be easy to convey an adequate idea of the state of the bladder, without a drawing; which as I am not able to do, (although one did accompany the first copy of the case,) I shall endeavour to excite in words alone.—The following out-line may assist.



State of the bladder, a longitudinal two-third section, parallel to its flattened sides.

a. The bladder.

B. The ureters.

C. The prostate.

D. Piece of prostate, cut off to shew the mouth of the seminal duct into that gland.

E. A large gangrenous spot of dark purple, but not soft or fetid.

F. Corresponding section of the prostate.

G. Marks of ulceration very thin, and blackish by gangrene, which corresponded to the external wound, and through which the urine had passed; being the seat of the old obstruction and ulceration.

h. The extent of the apparently forced opening, its mouth extending to the neck of the bladder, near the ulcerated parts, where the catheter is suspected to have passed.

i. Mark of the line of thinness in the corresponding one-third section, where the bladder was rather soft, and nearly broken through, half dissolved as if by ulceration;

yet

yet the coats were not corroded, the thinness seemed to proceed from the outside; this is on the anterior, and rather superior side.

REMARKS.

The large gangrenous spot had a corresponding discoloured spot on the external surface, but the villous coat was not the least broken by it, nor the part soft, or thinner than elsewhere. The whole villous coat was very thick, of a proper colour, and very smooth, except in the places of the rugæ; indeed its only unnatural state was that of thickness, about the 20th of an inch, and much more so at the neck, where its rugæ assist to act on the sphincter. The long line of the supposed opening by the catheter was immediately beneath the villous coat, and being laid open, exhibited the muscular coat, and cellular substance much disorganized, as if bruised; of a blackish-red, but not like that of mortification; exactly like a part violently torn.

It appeared on close examination, that at its mouth, near the ulcerated thin places of the urethra, there had been a large ulcer in particular, on the very spot in which the point of the catheter entering it, readily passed along, and the whole must have been expected by disease of ulceration, yielding as the catheter passed so readily; this, if admitted as possible, without giving pain, or the least anxiety, though retained two hours, explains why no urine entered the catheter when he made it along its sides. Not only the lining membrane of the urethra where the ulcerated spots are shewn, and beyond, towards the penis, full an inch more was destroyed; but in the membranous part of this canal, the whole substance was nearly corroded, especially of course at the very small point, where the urine passed through; but from the bulb of the urethra to full half way up the membranous part, the canal was thickened almost to schirrosity, large, &c. in proportion to the state of the bladder, and most firmly united to the muscles, and all surrounding cellular substance; so that it was difficult to separate it, or to distinguish one part from another. The whole bladder was at least four times its natural size when empty, and there was not one drop of fluid in it; in short, its size, and connexions with the surrounding inflamed appendages and surfaces, almost filled the cavity of the pelvis. The thickening was principally of the muscular coat, and I am within bounds to say three-quarters of an inch throughout, was the thickness of the vessels, except at the part denoted by the line, where it was about the usual thickness; it felt softish and
looked

looked very vascular, ready to break through from without inwards, but had no absolute gangrenous appearance. The neck was even thicker than the fundus, and absolutely cut like a piece of thick white tripe. The prostate gland still more resembled that substance in colour and solidity, and was full the size of a common egg.

I here finish a statement of facts; and I hope I have been able to convey all the ideas and observations which occurred to me during the patient's illness, at his death, and not one suggestion by retrospect of the whole. In so writing cases, and putting the whole down at once, we too often, I fear, turn to favourite notions, or force ourselves to appear consistent and wise; after nature, and the disease have said all they can to remove our difficulties, and give us, as we think, a distinct and clear apprehension of the whole. I confess my apprehension is not so bright; but I endeavoured to dispel its obscurity by minute daily observation, I have therefore preferred giving a copy of a Journal, as a fair ground for the judgment of others. Such forms of recitement, it is well known, cannot have that correctness of expression, or methodized language necessary to please those who read rather for words than facts. I therefore trust that the criticism I court will be only extended to the latter.

Plymouth, October 14, 1807.

Remarks upon a Case of Hydrocele, which terminated fatally.

EVERY medical man must have observed, that extraordinary Cases do now and then occur, which in their outset, appear not to require any great skill or judgment to conduct for the safety of the patient; yet, in their progress, from some unknown or accidental circumstances, a sudden change takes place, baffling every endeavour and every art, and that their termination is sometimes as fatal, as their progress has been rapid.

So, on the contrary, cases, which in their very commencement appear to require both judgment and experience to manage for the safety of the patient, shall do well, with very little, and sometimes without the smallest assistance from art; nay, that they frequently end favourably, in spite of every obstacle, under the very worst kind of treatment from ignorance and quackery. In one
case

case the attending party meets with undeserved censure; in the other with unmerited praise: The multitude judge from the event, and if an operation turns out unsuccessful, the operator will be commonly blamed; for they are incapable of discriminating between the post hoc and the propter hoc; and any attempt at elucidation is looked upon by them, as only done to vindicate what they judge erroneous practice; but suffer me to ask, who would practice surgery, if its professors were amenable to obloquy, whenever their endeavours were not crowned with success?

I beg leave to exemplify the first of these Remarks, by the relation of an uncommon case; of successful cases there are plenty on record, but there is naturally a reluctance about the human mind to relate unsuccessful cases, from fear of incurring the censures of ill-nature, or of ignorance.

An elderly man (about 67 years of age) consulted me concerning a large swelling which he had in his scrotum, on the left side; upon attentively examining it, I declared it to be a collection of water; he then said he had been informed so before, and had been advised to have it let out. From his conversation I learnt, that he had shewn it to several people, empirics as well as regular practitioners, who mostly agreed, that it was,* to use his own expression, a watery rupture. It had been forming for three years, and had been gradually increasing, and was now become extremely troublesome from its weight and magnitude, occasioning a constant aching pain in the loins. I recommended the drawing off the water, and he immediately consenting, I punctured the anterior part of the tunica vaginalis, and drew off half a common chamber-pot full of pale yellow serum. From a state of pain and uneasiness he became instantly easy, and expressed great satisfaction. I dressed the puncture superficially with a morsel of lint, and a bit of adhesive plaster, and suspended the parts in a bag truss: and having done this, I expected no further trouble about it.

The puncture was made in the afternoon (29th. of October) and the patient remained perfectly easy for several hours; however, pain came on in the night, and early in the morning he sent for me. I found him up, and complaining of excessive pain in the loins, and at the bottom of the scrotum, which appeared a little inflamed. I ordered him to bed, gave him an opening draught, had the parts fomented with an antiseptic fomentation, a soft poultice

poultice of linseed meal applied; he soon got relief in his back from lying in an horizontal posture; but the pain continued at the bottom of the scrotum; by the evening of this day, the inflammation had rapidly extended itself over the whole scrotum, and there appeared a spot, about the size of a six-pence, sphacelated on the right side, and, it is worthy of remark, that the mortification began at a considerable distance from where the puncture had been made. The man became extremely agitated and alarmed, and, at my desire, Doctor Leith of Greenwich was called in, who after emptying the bowels, prescribed bark, opium, &c. and allowed him wine; the fomentation and poultices were assiduously continued. We went on this way until the fourth day; but, notwithstanding all our endeavours, the sphacelation continued increasing, and by this time had extended over the whole of the integuments and cellular membrane of the scrotum, which was much distended; but not very painful to the touch, and the cuticle had peeled off in more than one place; he had had one, and sometimes two motions every day; he had a very weak quick pulse, and a dry furred tongue; wine, bark, and opiates were liberally administered. On the fifth day, the mortified parts began to slough, and the tumefaction over the scrotum began to subside; but now the mischief had extended itself to the pubes and to the penis, which was much swollen, and the prepuce began to sphacelate. As this was altogether an uncommon case, and the family wishing all the assistance they could get, the attendance of Mr. Ashley Cooper was requested, who obligingly came to us at night. He recommended the parts to be fomented with hot vinegar; the poultice to be made with yeast; to continue the bark, &c. and also to give him 10 grains of pulv. ipecacoan. comp. which was repeated in the morning. From the quantity of wine, brandy and opium, that the patient had taken, he passed a night with tolerable ease, and towards morning slept a good deal; but as the effects of these went off, he sunk rapidly, and died between ten and eleven at night, on the sixth day.

From the rapid progress, and fatal termination of this case, I confess, that I was not without apprehension, that there was something more about it than simple hydrocele, and, perhaps, that it might be complicated with hernia, or diseased testis, and therefore I was very solicitous to examine the parts; and having obtained permission, I did so. From the dissection, however, I learnt lit-

tle. There was about two spoonsfull of whitish coloured coagulated serum in the sac; there was no hernia; but the bag extended quite up to the abdominal muscles; the testicle lay at the bottom where it was attached, and appeared undiseased, except partaking of the inflammatory appearance of the surrounding parts; the tunica vaginalis itself was much thickened, and corrugated, and the vessels on its internal surface were much distended with blood, and appeared as if they had been injected; the cellular membrane of the scrotum was full of serum and air.

This man unquestionably must have been of a bad habit, but he appeared hearty for a man of his years, and went constantly about.

It is one of those unhappy and lamentable cases which no human foresight could prevent; nor I believe any surgical skill alleviate or avert; the mere narrating, however, of an unfortunate case is of little use, unless we can draw a lesson from it to regulate our future conduct and practice; and this one ought surely to serve as a caution to the younger part of the profession, never to undertake any operation, however trifling it may appear, without the approbation of some professional man of established reputation to sanction their proceedings; for surely nothing can be more easy than puncturing a distended tunica vaginalis, and yet in the case above related, how unexpected, and how fatal was the termination.

I am, &c.

J. L. GREEN.

Lewisham, 7 Nov. 1807.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

FROM practical experience as well as minute investigation of the affinity peculiar to the various diseases incident to the human body, I am not disposed to coincide with Mr. Shearly in the opinion relative to the analogy subsisting between Cancer and the "*Fungus Hæmatodes*;" the former, no doubt, is an extreme, or species of scrophula, generally constitutional, *et sine causa externa evidenta*, tho' it is possible the disease might be brought into action by,
or

or in consequence of a blow, so as to affect the glandular system, yet the instances are few, and not sufficient to substantiate the conjecture. The variolous inoculation is well known to produce the effect, by rousing the latent seeds of scrophula into action, contrary to the opinion of many eminent professors, who maintain, that it is not capable of producing any other disease, than that of its own nature or kind. As it is necessary to be explicit, in order to be understood, must observe, that I write to convey the idea, that, generally speaking, I cannot conceive that cancer is ever produced by a blow, or any local injury, without the system being previously affected by scrophula, which leads me to observe, that the fungus hæmatodes is essentially different, and produced from different causes, though the sanative or healing process might be accomplished by the same means. I do not recollect that modern surgery affords us this disease, under its present Grecian dress, "*fungus αιμαλωδης*;" probably, a close application to the perusal of the late Nosological authors, might tend to illuminate the mind, now obscured by ignorance; the disease, I presume, is somewhat similar to *eccymosis* or *ecchymoma*, produced (not like cancer, from immoderate pressure, or contusions; there is a consequent rupture of one or more of the small blood vessels, which, instead of being diffused, and taken up by the absorbents, the quantity being too large for absorption, is confined; coagulation takes place, and should there be a "crack" or small fissure externally, a part of the coagulated blood will make its appearance, and thus assumes the form of fungus "*αιμαλωδης*," conformably to the term made use of. But, after the present imperfect investigation, what affinity, or analogy, is there between cancer and this coagulated effusion of blood? As the mode of treatment was something similar to what has been recommended, and used in cancerous complaints, it does not imply, that the fungus should partake of the same nature; by no means, it is well known, that *arsenic*, in various forms, has been, and still is used in a variety of diseases, diametrically opposite to cancer, as the ague, whooping-cough, cum multis aliis.

Whatever authority or sanction the name of Hey might carry with it, I have seen repeated instances, under my own observation, of the disease being effectually cured without having recourse to *arsenic*; yet, as it is an efficacious remedy, I shall not further comment upon its applica-

tion; the following, which is one case adduced out of many, will be sufficient to corroborate my assertion.

About two months since, a man of the name of *Lees*, a horse-dealer, applied to me, respecting a violent contusion received upon the *patella*, occasioned by a fall from his horse, on his return from some fair. On examination, I found the knee considerably tumefied and contused; upon which, leeches were applied. The next day found the general swelling much abated, and the *patella* was surrounded with a large tumor, to which was applied a strong solution of *muriated ammonia* in vinegar, which was not productive of much benefit. The distended tumor broke, and a portion of the coagulated blood presented itself to view; and ever attentive to the operations of nature, being frequently an unerring guide, as Hippocrates justly observes, "*Νεσων φύσις ίαλει*," rendered assistance by enlarging the opening, and extracted the *coagulum*, which weighed about four ounces, a hard compact substance. As to its "organization," I shall wave an opinion. The edges of the wound were retained by adhæsiive plasters, and the cure was complete in about ten days.

The good Effects of Carbonic Gas in Mortification.

The beneficial effects produced from the external application of charcoal, the basis of carbon, in a state of combination, generating fixed air, has long excited the attention of practitioners, particularly Mr. Sandford of Worcester, in conjunction with the late Messrs. Russell and Jeffreys, with whom it was customary to apply fermenting mixtures to sphacelated or mortified parts. From the successful practice of these gentlemen, I have been induced to try the same means, and fortunately for my patients, as well as myself, with equal success, which the following case will bear ample testimony.

James Groves, a person employed by the factors in this town and Birmingham, to carry parcels, &c. to and from the above places, met with an accident by falling over the shafts of a waggon, lying in the road, which lacerated his leg in a dreadful manner, particularly the inferior or lower part of the *gastrocnemius externus*. Many days had elapsed previous to making application to me; and from inattention on his own part, the limb had become perfectly livid with inflammation and swelling; the wound sphacelated, discharging a putrid and highly offensive ichor. From the very advanced age of the man, being in his

his 70th year, I was apprehensive either amputation would be requisite, or death the consequence: however, from mature deliberation, it was thought proper to try the effects of carbonic gas, administering inwardly plenty of red port; the wound being well covered with fine powdered charcoal, ordered a cataplasm of strong ale grounds mixed with oatmeal, to be applied, and to be repeated 4tis horis; previous to which, to wash the wound with aq. ammoni; in the course of two days the inflammation and swelling had disappeared, the sloughs began to separate, and healthy granulations made their appearance; but as the offensive foetor still continued, persevered in the same plan two days longer, and mixed with charcoal fresh yeast; at the expiration of which, the wound assumed a different aspect, the sloughs were completely separated, the putrid discharge corrected, healthy granulations produced, also a bland and well digested pus; merely simple dressings are now required, and the wound, though extensive, is filling up, and no doubt will be cicatrized much sooner than could have been expected in a subject unfavourable from age and infirmities.

In an extensive surgical practice, I have witnessed the good effects of the acetosa hort. in similar cases, but more particularly in scrophula, either the leaves made warm and applied to the ulcer, or in the form of cataplasm, where there has been an evident deficiency of the vital principle. The practice of oxygenating indolent ulcer is of ancient date, but not less deserving our attention; no doubt, the many boasted cures effected by *Empirics*, have been by the liberal use of the *Oxyd of Mercury*.

J. W. WEAVER, Surgeon.

Walsall.

To the Editors of the Medical and Physical Journal.

“Omni tulit punctum, qui miscuit utile, dulce.” HOR.

GENTLEMEN,

THE design of the “Remarks,” which appeared in a former Number of the Med. and Phys. Journal, was to inculcate the sentiment of our celebrated Latin poet, which I have adopted for my present motto, as it applies to controversial subjects; also to reconcile the views of Practitioners

tioners to an alternate mode of treating the same cases under the circumstances of constitutional variety, and to ameliorate, in some degree, the asperity which is too often manifest in Disputants, whenever a collision of sentiment prevails.

My principal attention, when I mentioned "new Theories in Medicine," was to the late discovered mode of treating Burns and Scalds, together with gouty Inflammation; which has been so widely opposite by different practitioners; but as, by repeated experiments, indubitable instances of success have attended either method, owing, perhaps, to the different temperaments of the respective patients; does it not afford a sufficient argument of its kind, why the question in point should in a great measure be at rest?

Together with these Remarks, I added an observation or two on the Vaccine Contest. Here I found, afterwards, I had trodden upon tender ground, and excited a neighbouring practitioner, a zealous champion in this important cause, and to whose indefatigable labours it is much indebted, to make some unfriendly comments on my Paper, to which I will now take the liberty to reply in order.

I have no objection whatever to the improvement Mr. RING has made in the well-known adage respecting the dead. But allowing what is said of them to be the "*verum*," instead of the "*bonum*," if it consists only in recapitulating their errors and prejudices, and holding up their memory to obloquy and contempt, when the individuals themselves are beyond the reach of self-defence; it reflects, in my opinion, but little credit upon the living. I think it would discover a more generous spirit in those who are liable to other imperfections, to draw a veil over their *real* or *imaginary* mistakes, and let them be buried in one common grave with their authors.

Mr. RING insinuates, that I classed "New Theories in Medicine" with the Vaccine Practice, as if incapable of distinguishing between theory and practice; although so plain an allusion was made to the late doctrine advanced, respecting Burns and Scalds, and gouty inflammation.—But I scarcely wonder at this mistake; for as soon as his *favourite* subject was only hinted at, his thoughts were so absorbed in it, as to overlook all that was mentioned before in the former part of the paper; otherwise, any reader, I think, without the acumen of Oedipus, the interpreter of the fabulous enigma of Sphinx, might have easily understood it.

I am further represented, indirectly, (if I mistake not) amongst other "obscure practitioners," as being only "a pretended friend" to the Vaccine Interest. But where does Mr. R. gather that from? Is it because I believed it to be a *general*, though perhaps not an *universal* defence against variolous infection? Has not the Royal College of Physicians, in their candid and judicious Report, advanced the same sentiment? Since, therefore, I am found in such honourable company, the opinion of an individual, however popular in this interesting cause, whether I am only a "pretended friend" or an avowed enemy to it, can affect me but little.

Another reflection is, that Mr. R. cannot think me a friend to improvement in the healing art, by wishing to suppress whatever tends to that end from the press. Here he very much mistakes the point. My partiality for the science in particular, and regard for the welfare of mankind in general, totally forbid such a disposition.* I am well aware, that the most valuable discoveries in the different branches of medicine, had to contend with much opposition at first, through the medium of the press, and laudable exertions have been made to overcome them; but, when reduced to regular and established practice, it should seem superfluous to maintain any longer contests on the subject.

I hope from this statement it will appear, that I am not so inimical to useful communications from the press, as Mr. R. wishes to represent me. What I have said respecting a repetition of the same controversial subjects in the Journal, was not my language *only*, but that of other Readers of your useful Miscellany. It is expected in Literature, that writers should furnish us with subjects new as well as old; and so combine the *utile* with the *dulce*, as the *crambè repetita* will always cloy. And it is presumed the extensive scale upon which some of your Correspondents practice (for they are not all "obscure practitioners") must afford them diversified matter of information, calculated to promote the improvement of medical science.

Since writing the above, which was intended for the last Number of your Journal, another Commentator has appeared,

* As well might one be said to be an enemy to wholesome food or generous wine, because he drops a hint respecting the intemperate use of either.

appeared, under the (probably fictitious) signature of P. O. who affects to be much at a loss to understand the meaning of my communication. But as any farther explanation may not, by *him*, be deemed "profound," he must rest satisfied with what has been said in my "Answer to Mr. Ring," where it is stated, *when* medical subjects may be considered as "controversial" or "practical."—And I am the more disposed to this, as he thinks proper to conceal his real name, and shoot his arrows in the dark; for I heartily approve the maxim of a celebrated author, who used to assert, when addressed by anonymous Correspondents, that "writers of no name, deserve no notice."

I am, &c.

Piccadilly, Nov. 10, 1807.

H. DAVIES.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

WHEN a work on any branch of science is published in these days, it is immediately seized upon by a society of anonymous critics, who have, for some years, constituted themselves a court of literary judicature. If the conduct of those learned gentlemen was tempered with candour and good nature, their labours would be highly praise-worthy, and would much assist the investigations of every studious man; but, I am sorry to say, that it too often happens that they are much more inclined to censure than approve, to cavil than discuss.

But let me here premise that this observation is meant in its utmost latitude, and not in the remotest degree levelled against any individual of those gentlemen, whose publication I am about to allude to, and for whom I entertain the purest sentiments of friendship and esteem, well grounded upon an accurate knowledge of their general professional erudition, and of the friendly disposition which one of them particularly has manifested towards me personally on repeated occasions.

In the third number of *the Dublin Medical and Physical Essays*, some strictures have been passed upon my translation of the *Pharmacopæia of the King and Queen's College of Physicians*. In this publication I am charged with error

ror and with ignorance; "on some occasions I have added to, in others I have deviated from or perverted the meaning of the original." I am not indeed so self-sufficient as to presume that any work of mine can be exempt from faults: to err is the lot of of humanity; and under a consciousness of this I would have acquiesced in any general charge, had not its weight, and its vital import to a work on which I have employed much labour and expence, aroused me to a more attentive consideration of those severe imputations. "I have added to, deviated from, or perverted the meaning of the original." But what is the proof that is adduced of all this? A passage or two quoted from the *College Preface*, which it seems *non verbum verbo curavi reddere fidus interpres*.—In this single part of the original work, which being no more than a vague, loose explanation of its general design, and therefore of but little consequence, I held myself perfectly at liberty to interpret it in a free paraphrastic version; but that, in so doing, I have perverted the important meaning of the original, is a charge which I must positively deny.—I am arraigned for having translated the passage, *Quædam experientiâ comprobata ad-jecimus*; in these terms, *we have added some new matters, being led to do so by the persuasive power of repeated and ratified experiments*. Here, to explain four words, twenty, forsooth, are employed: an unpardonable addition truly to the subject! But will any scholar say that, in this diffuse period, the meaning of the aforesaid four *comprehensive words* is perverted? In a similar manner have I, most fallaciously, rendered this passage, *neque verba usu sancita e loco detrudere semper audeamus*; "such terms, however, as convey *very* precise notions, and have been established by immemorial usage, are retained and preserved with inviolable respect." Here again, how is the meaning perverted? The only difference between the original and its translation is, that the former conveys a *negative*, and the latter a *positive* meaning. The preface literally informs us, that, the College have *not always dared to push from their places words that have been sanctioned by use*; the translation says, that *such terms have been retained and preserved inviolate*. The expressions may vary, but the essential import of the passage is the same.

I must take notice that, whilst the reviewer here prefers his accusation against me, he at the same time injuriously imputed to me a greater share of criminality than he supposes me to have been guilty of. I have said, *such terms as convey precise notions, and not at all such terms as convey*
very

very precise notions. The disingenuous interpolation of the particle *very* is indeed a gross perversion of *my* meaning, and which, at the same time, gives rather a ludicrous cast to the whole sentence.—But, upon the whole, why is any particular passage of this said preface selected for the foundation of a criminal charge? Let the *whole* of it be compared with my translation, and it will be seen that I have, in every period “added to” and dilated the expressions of the original; but I defy any Pseudo-Aristarchus to prove that I have thereby *perverted* its meaning.—And further, I cannot, from strictures such as these, avoid to entertain some suspicion that my reviewer is himself not perfectly acquainted with the rules of good translation.

The terms of art, especially in Chemistry, have of late sustained so many metamorphoses, as to render it no easy matter to understand them in their various transmutations. In the best dictionaries of the Latin language, the word *argilla* signifies no more than, as its etymology implies, a *white earth*, or *clay*; but in the language of Chemistry it signifies neither.—What is it then? In God’s name let it be argil, (see my appendix) or some such term, to end all disputes; assign some specific meaning to it, and in my next edition let it be so printed.

But with regard to the *cineres clavellata* not being properly translated potass, or pearl-ash, I am not inclined to yield so complaisantly, but will maintain the propriety of the version, (see the list of the *materia medica*.)

Whether, in the preparation of the *water of the sub-carbonate of kali*; the throat of the tunnel is to be *choaked with a linen rag*, or whether a linen cloth is directed to be *tied upon its dependent narrow orifice*, the language of the original does by no means clearly discriminate; nor is the choice of either of these modes of obturation of any manner of consequence in the process. But I will here incidentally observe, that, a little bit of clean *flannel* cloth applied in either way, would serve much better for the percolation of the fluid, being more spongy and permeable, than any linen cloth whatever.—And I will moreover, in direct opposition to the assertion of the reviewer, maintain, that my translation of this simple operation exhibits no “example of deviation from the original.”

In the process of distilling the *water of caustic ammonia*, the translation of the concluding part of the operation, when given into the printer’s hands, ran thus.—*Having first shaken the compound altogether, and carefully luted the vessels at their juncture, distil into a cooled receiver,*

er, and with a mean degree of heat, twenty ounces of the liquor. I am happy to reflect, that the perspicacity of my Reviewer has here led me to compare my translation of this passage with the original, and to detect its errors, which the reviser of the sheets, in their progress through the impression, could not discover, this page of the manuscript having been lost in the Printing-house, and therefore not returned to him together with the proof sheet.

The words *acetous, nitrous, resinous, &c.* I have always written *acetose, nitrose, resinose, &c.* as I think that form of orthography to approach nearer to their origin than what is generally practiced. I have adopted it not from any affectation of singularity, and am certain that it never can, in any possibility, infringe the laws of chemical nomenclature.

The ambiguity of expression which the Reviewer observes in my translation of the process for the distillation of the *sulphuric ætherial liquor*, must be imputed rather to the original than to me alone. This defect did not pass unobserved by me, but my business was to *translate*, not to *reform*; and that my translation fairly represents the original, such as it is, I do positively assert. The directions for the formation of this ætherial liquor, as they at present stand in the Pharmacopœias, are given in the following terms.

R. Spiritus vinosi rectificati, Acidi sulphurici, utriusque pondere uncias triginta duas. Infundatur spiritus calefactus ad gradum 120 retortæ vitreæ calori subitaneo ferendo aptæ, et continuo rivo affundatur acidum; commisceantur paulatim, et in excipulum refrigeratum distillent liquoris (what liquor?) *mensura* uncia viginti, calore subitaneo et satis valido.

Acido in retorta residuo si affundantur spiritus vinosi rectificati uncia sexdecim, iterum distillatione prodibit liquor æthereus sulphuricus.

If I might propose a form for the preparation of this fluid, which possibly might be found sufficiently clear and unexceptionable, I would offer it as follows.

Indetur spiritus calefactus ad gradum 120 retortæ vitreæ calori subitaneo ferendo idoneæ, et rivo perpetuo affundatur acidum; commisceantur lente; et, adhibito calore subito et satis valido, in excipulum refrigeratum distillent liquoris ætheris sulphurici *mensura* uncia viginti.

Acido in retorta residuo si denuo affundatur spiritus vinosus rectificatus ad uncias sexdecim, et iteretur distillatio,

tio, altera quinctiam exsurget portio liquoris ætherei sulphurici.

It was my original intention to have inserted in my Appendix this as well as several other proposed amendments of the Formulæ of this Pharmacopœia; but on reflection, I relinquished it, as it might be deemed an invidious measure, and a demonstration of arrogance, which I am ever most timidly anxious to avoid; and moreover, as any undertaking of that nature would have immoderately enlarged a book, already, in my apprehension, sufficiently voluminous.

The Reviewer now, "for the first time, reads in my translation, that hogs lard will *dissolve* in water;" and perhaps it may not be the last, if words shall continue to be applied in their proper signification. His conception of the term is confined to denote the perfect commiscibility, of saline substance for instance, with water, or with their proper solvent in transparent solution; but the term may, with equal propriety, be used in a more extended sense to express the separation and disunion of the cohering parts of any mass in any fluid that may be properly employed to cause such a *dissolution*.

When I had said, in the beginning of the instructions for the *preparation of hogs lard*,—*melt it*, &c. I might as correctly have said, *dissolve it*; but I varied the terms, perhaps with a needless nicety, to avoid a repetition of the same word.

I have given the ounce measure of distilled water, as containing 467 grans, whereas its real quantity is 457 grains. This is the mistake of the original; and who could suspect such an error in a work, in the composition of which so much time, and in the printing of which so much expence had been employed? I entered into no calculations.

My Reviewer now closes his strictures with a discommendation of *my style*. This is strange indeed after my solemn renunciation of all pretensions to the elegancies of style. For what tropes and metaphors can be invented to decorate a style employed to describe the composition of decoctions, electuaries and ointments? If my language conveys a clear meaning, it is sufficient; and into this I will not hesitate to provoke inquiry.

The Reviewer will please to accept my thanks for having pointed out a few typographical errors, the correction of which shall be duly attended to. I fear that some others, exclusive of the published list of errata, may yet
be

be found in the pages of this translation, owing to the precipitancy with which the work was hurried into its publication, and to my inability, through the importunity of my professional avocations, to devote that attention to it which its importance and utility demanded.

I am, &c.

THOMAS MORISON, Surgeon;

Eustace Street, Dublin.

Dr. DEWEES's Examination of Dr. OSBORN's Opinion of the Physical Necessity of Pain and Difficulty in Human Parturition.

[Continued from our last Number, pp. 450—456,]

IF it should be asked why pain occurs, for the most part, in labours that are so rapid as to employ but a few minutes? I would answer,

That the uterus possesses two distinct kinds of actions; the one regular and constant, and always tending to diminish its capacity, when its sides are distracted, or when the distracting force is withdrawn; it is capable of occasional and powerful augmentation; and, in a natural and unperverted state, is sufficient to effect the delivery of the child. Of this kind, is that action which reduces the uterus to its original bulk after delivery; of this kind, is that action which effects delivery among females in a savage state, and among those of Calabria, &c.; of this kind, is that action of the uteri of brutes, which relieves them of their burthen; of this kind, is that effort which expels the child after visible life has ceased in the mother*: this kind of action, or contraction of the uterus, is not attended with pain. This is called the tonic contraction of the uterus. The other action of the uterus is a spasmodic one, and attended with pain. This is a distinct action from the other; and in this instance dependent on it.

This last kind, or spasmodic contraction of the uterus, I am disposed to consider, for the most part, if not altogether, artificial or accidental to women; my reasons for thinking so are,

* Harvey, Baudelocque, &c.

First. No physical or absolute necessity for pain ever has been, or ever can be, demonstrated.

Secondly. Women in a state of nature are, for the most part, exempt from it.

Thirdly. If analogy will be allowed to be called in, I can urge, the exemption of brute animals from it, though possessing very similar conformation of pelvis, &c. to the human.

Fourthly. Many women, among those who, for the most part, have pain in their labours, are sometimes free from it.

Fifthly. If not being essential to delivery, as children have been born after the death of their mothers, by the tonic contraction of the uterus alone; and many women have pains in various parts of their bodies independent of the uterus; as in the jaws, head, knees, &c.

Pain is in very various proportions among women who are equally well formed; we generally find the women of the country more obnoxious to it, than those of cities; and the hard-working or laborious part of those in cities, more afflicted than those who live more luxuriously and indolently. Various reasons might be assigned for this difference; I shall however only observe, that, wherever we find that state of fibre which is termed rigid, we shall there find also, *cæteris paribus*, more pain during labour; with this state of fibre there appears to be connected, (or it may exist in this very state) a greater disposition in the system in general, or in the uterus in particular, to take on what is termed, inflammatory action;—and hence the utility of blood-letting, and that sometimes to a great extent, in those labours that are attended with rigid os uteri, or unyielding external parts. I have frequently seen this remedy act like a charm; it not only hastens the labour, by diminishing the resistance of the soft parts, but also, by the same means, abates pain, as there is now a lesser obstacle to overcome.

From what has been said, it would appear that the general effects of society and refinement, have produced certain changes on the human female constitution; and that these changes have produced their consequences; which consequences have given rise and continuance to pain and difficulty in human parturition.

I will now attend to Dr. O. when he considers “the peculiarities of the quadruped, and their operation in labour.”

“By the horizontal position of the quadruped, the parietes

rieties of the abdomen support the gravid uterus during gestation, in whatever situation the animal may be; the parts concerned in labour cannot, therefore, at any time, be exposed to the general influence of gravity; on which account, nature was not required to observe such strict laws, or be attentive to such minute deviations, respecting either the position, or capacity of the pelvis, the volume, or form of the head of the foetus, the situation or structure of the soft parts. Therefore the same, or very nearly the same axis is given the trunk, the pelvis, the vagina, and the os externum; nature has likewise made the head proportionably small, compared with the capacity of the pelvis; so that it may readily pass through in any direction; and the soft parts, having nothing to support, are of a loose texture, easily yielding to the pressure of the membranes, or foetus, and of course affording little resistance, and no impediment to delivery."

From the horizontal position of the quadruped pelvis, nearly the same consequences result, as in the human female; for the foetus in them neither will, nor can be made, to engage in the pelvis, until forced by the contractions of the uterus; this is precisely the case in women: and however widely the axis of the uterus, and that of the superior strait may differ before labour, we find a perfect correspondence immediately after, and this is all that is required.

Dr. O. supposes a great degree of rigidity necessary in the uterus, in order that it may support the foetus; and that this is one of the causes of difficulty in human parturition; but it can be readily demonstrated it is not necessary, even by his own words.

The head, he says, cannot engage by its gravity, since the axis of the uterus and the superior strait are not the same. If this be true, how can the head be exactly over the opening of the pelvis; and if it be not exactly over the opening of the pelvis, it must impinge on some portion of its margin; and if it does impinge on a portion of the margin of the pelvis, what great weight can the uterus have to support? Thus then we see, rigidity is not absolutely necessary; consequently, must not be considered as a cause, naturally productive of pain and difficulty.

Dr. O. admits, however, that the axes of the uterus, pelvis, and vagina, are not exactly the same in the quadruped: to what is the power given to make them correspond? It can only be to the uterus: and has not the human

man female the same agent? and does it not perform its duties equally well?

"The head of the brute *fœtus*," he says, "is proportionably small, compared with the capacity of the pelvis, so that it may readily pass through in any direction;"—but upon a strict examination, it will be found to bear the same relation to the different diameters of the pelvis, as the head of the human *fœtus* does to its pelvis; and in the latter, it is a well-known fact to accoucheurs, that, it might in general be larger without producing an increase of difficulty; but the Doctor certainly labours under an error, when he says, that the head of the quadruped *fœtus* may easily pass in any direction; since it is neither consonant with the structure of the parts, nor the mechanism of labour, as daily experience proves.

The soft parts in the brute, he says, "are of a loose texture, easily yielding to the first pressure of the membranes, or *fœtus*, and of course affording little resistance and no impediment to delivery." But the Doctor admits they dilate; so they do in the human subject, and in a state of nature with as much facility; and this is all that is necessary.

Dr. O. asserts, that it is from this peculiar structure of the soft parts of brute animals, that a laceration of the perinæum never happens; and also, that it is owing to the rigid structure of the human subject, that it frequently happens with them.

These assertions of Dr. O. like some others already noticed, are rather unqualified, since it has happened with the cow and the mare, as I myself have witnessed, either from the extraordinary size of the *fœtus*, or its bad situation. That it is not an unfrequent accident in human parturition, is admitted; but it is the effect, in general, of ignorance or inattention, agreeably to the Doctor's own confession. But if it be admitted that this takes place in human parturition, even under the most cautious management, (for Dr. Denman has acknowledged it having happened under his care) what does it prove? most assuredly not what Dr. O. wishes; on the contrary, it is another support to the position, that the changes produced on the female constitution by civilization and refinement, are the causes of pain and difficulty in human parturition; and that this artificial state of the perinæum, whereby it is endangered from the passage of the child, is a corroboration; for who is there to guard the perinæum of the American

rican squaw, or the wandering Arab? yet we hear not of this accident among them.

After following Dr. O. through his principal arguments, it will be proper to advert, for a moment, to his conclusion.

"By this sketch of human and comparative parturition, it is evident, why this operation, under the most favourable circumstances, or natural labour, must in women be attended with much more pain, difficulty, and delay, than in any other creature."

Here we find the Doctor again asserting more than he has proved; for if his words, "under the most favourable circumstances," mean any thing, they must imply—that human parturition must, under all or any other circumstances, be attended with pain, difficulty, and delay; this, I trust, has already been shewn, is not the case.

The Doctor then adds, "it remains now to be explained, why laborious parturition never did, or can occur, in the quadruped."

"It is well known that the great and genuine cause of difficult and laborious births, is the deformity of the pelvis, or the disproportion of its cavity to the volume of the child's head; and that this deformity is caused by a disease peculiar to the human subject, called in infancy rachitis, and in the adult state mollities ossium." Dr. O. might have gone farther and have said, that this disease is not only peculiar to the human subject, but to them only under particular circumstances; he has mistaken a consequence for a cause, and by doing this, he has deserted his original positions; namely, that the erect form of the human female, and her peculiar form of pelvis, (independent of disease, and the inflicted curse) were the physical causes of pain and difficulty in her labours. In attributing pain and difficulty to rickets, he appears to forget there are other causes for them; and from its being a disease peculiar to man, draws a most unwarrantable conclusion, "that laborious parturition never did, nor can occur, in the quadruped."

Dr. O's argument then stands fairly thus: the cause of pain and difficulty in human parturition, is rickets; rickets is peculiar to the human subject, therefore, no other animal can have a painful or laborious labour:—or thus, no animal that is not subject to rickets, can have a laborious or painful labour; no quadruped is subject to the rickets, therefore no quadruped can have a painful or laborious labour.

The absurdity of these premises and conclusions are too glaring to need further refutation. I grant, and I believe it universally obtains, that the quadruped is not subject to the disease just spoken of, but I will by no means agree that this exempts them from painful and laborious births; they are by it only freed from this cause of them, for I have seen, the cow particularly, in extreme agony many hours, from a bad position of the head, notwithstanding Dr. C's bold assertion, "that it is proportionably small, and may pass in any direction."

From what has been said, I trust, it has been made appear, that pain and difficulty are not physically necessary.

DR. MOSELEY'S *Account of a recent CASE of HYDROPHOBIA.*

THIS afternoon, at three o'clock, Mrs. Metcalfe, No. 23, Compton Street, brought her son, Mr. Frederick Michael Metcalfe, to me for advice, at my house in Albany, Piccadilly.

He informed me, that he was attacked about four o'clock yesterday morning with a difficulty in swallowing any liquid, which he first perceived when he attempted to drink some porter, the remains of half a pint, which he had on the preceding evening. He said, when he put the pot to his mouth, something rose in his throat, and choaked him. He swallowed, as he thought, about a tea spoonful, and then was seized with a trembling, and cramp in his arms and legs, and a sensation of pricking, as if pins, or needles, were run into his flesh. His appetite failed him on Saturday last. Yesterday he ate a small piece of mutton, which made him sick at his stomach. He has eaten nothing this day; though he said he could swallow any thing, except it were in a liquid form; but has no desire for food. He said he was attacked on Thursday last with a violent pain in his right arm, from his shoulder to the ends of his fingers. This pain left him on Saturday night. He rubbed the arm with hartshorn and oil, and wrapped it up with flannel, on Saturday.

Mrs. Metcalfe informed me, that on his seeing any liquid poured out for him to drink, even before he takes hold of the pot, or cup, he begins to tremble, and the
choaking

choaking seizes him. She said, in attempting to drink, he becomes convulsed, his eyes look glassy, and he stares in an unusual and frightful manner.

The Case thus clearly demonstrated, I desired Mrs. Metcalfe to go with me into another room. I did this that I might not alarm her son, by questions necessary for further information. Neither Mrs. Metcalfe nor her son had the slightest suspicion of the cause, or the nature, of this dreadful calamity.

I asked Mrs. Metcalfe whether her son had been lately bitten by any dog? The very question so much alarmed her, that she was for a few minutes in a state of distraction. When she was able to speak, she exclaimed, with a loud shriek, that he had been bitten in the hand by a dog in the summer. As soon as she became calm, and composed, we returned to her son.

On interrogating him, he informed me, that in the beginning of July last, there were two dogs fighting desperately in the street opposite his mother's house; and he observing one of them had one of his eyes torn out, and the other dog likely to kill him, endeavoured to part them; but on taking hold of the dog he wished to rescue from the fury of the other, he received a bite from him on his right hand. Two of the dog's teeth penetrated the outside of the hand, but the palm of the hand was considerably wounded. This wound was dressed with Friar's balsam and poulticed, and was cured in a week or ten days.

I examined his hand.—There was a small degree of redness remaining, but no heat, or pain, where the wound had been in the palm of his hand, and no vestige whatever, on the outside where the teeth had been. There was nothing observable in his throat, differing from its natural state; nor any increase of saliva. Pulse 88, rather feeble, and not quite regular. He had no thirst. He told me his choaking seemed to him as arising from wind; and that he always discharged a great deal from his throat whenever he attempted to swallow. He said he took some dillseed water last night, and thought it relieved him; but never could get down more than a tea-spoon full at a time, and that with great difficulty. In one attempt to swallow some of this water, he was so choaked and convulsed, that he would have fallen into the fire, his mother told me, if she had not saved him. I gave him some water in a pint pot twice; each time he swallowed about a tea-spoon full, and both times was choaked, and convulsed, with a wild staring in his eyes, and a trembling all

over him; and immediately after the effort of swallowing, he made a hideous noise. The second time I gave him the water, I was much alarmed; I thought it would have occasioned a fatal convulsion. It is impossible to describe a sound; and I can compare the noise he made, which was from repeated spasmodic contractions of the organs of respiration, to nothing but to that sort of stifled barking which dogs sometimes make, when disturbed in their sleep; or to the hoarse, short barking of a drover's dog. When he took the pot in his hand, he fell into a tremor, held down his head, and was in great distress; he kept the pot in his hand a few seconds before he could summon courage to lift it to his mouth; after which I took it from him, as from his agony he could not hold it. He bore the sight of the water in the pot, while it was in my hand, when it was not offered him to drink; but when I brought a large bason filled with water, and put it before his eyes, he seemed frightened; and when I agitated the water near him, he was instantly attacked with what he called "*the wind rising in his throat*," trembling, and that hoarse, faucial noise before mentioned. He entreated me not to order any medicine for him in a liquid form, as he said he could not take it; and the attempt, he was certain, would kill him. He said he could swallow any solid substance. I put this to the proof; and, as he had been costive for several days, I gave him four aperient pills, which he swallowed one at a time, but with some difficulty.—He had now been with me three quarters of an hour, when he and Mrs. Metcalfe left Albany, with the best advice I could give, and walked back to Compton-street. From his appearance, and conversation, no person would have thought there was any indisposition about him. His voice and speech had suffered no alteration. He was in the eighteenth year of his age; a very fine youth in mind, as well as in person. His humanity here was his misfortune. With what grief did I see him depart from Albany, with his poor mother, knowing, as I did, that he had but a few hours to live! I visited him at eight o'clock in the evening. Pulse 110, and very feeble. I gave him some water. In attempting to drink, the usual consequences,—choaking, wildness in the eyes, and the noise in the throat, followed. The pills operated about nine o'clock, several times. About ten o'clock he became so violently convulsed, that four young men, his brothers, could scarcely keep him in his bed; but he made no attempt to bite any person. He began also to foam at the mouth, with white froth.

froth. The quantity of this froth was so great, as to require many towels and handkerchiefs, in wiping it from his mouth. At this period he likewise became delirious at intervals, but at times in his perfect senses; and complained, though in a very warm room, of being cold, and begged to be kept warm. In this condition he continued until one o'clock on the following morning, when, from his violent convulsive exertions and struggling, he was entirely exhausted, and remained calm and quiet afterwards.

He expired at a quarter before two, 18 weeks from the time of the accident; 46 hours from the commencement of the *hydrophobia*; and ten hours after I first saw him.

BENJAMIN MOSELEY.

Chelsea Hospital, November 9, 1807.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN the Medical and Physical Journal for September last, p. 210, Mr. Wawn, of Newcastle, has been so obliging as to make some remarks upon "the new method of stopping teeth," noticed in my last publication upon the Diseases of the Teeth; and as the objections which that Gentleman offers to this practice are so very proper, I shall take the liberty to state the result of the success, which I have known to attend the method proposed.

Mr. Pepys was the gentleman from whom I first received the idea of stopping the hollow cavities of teeth, by using the fusible metal; and, at the same time, he shewed me two or three teeth in his own mouth, which, for a considerable time, he had preserved in that manner. Since then, I know that he has performed this operation for several of his friends; and Mr. R. Phillips, of the Poultry, an accurate chemist, had a tooth preserved in this manner for a long time. I must observe, with respect to myself, that excepting (*ex capite*) in order to shew the mode of performing this operation, in illustration of the subject, in the course of my Lectures at Guy's Hospital*, I have never practised it.

* We are happy to be able to announce, that it is Mr. Fox's intention to deliver his Lectures in the course of the spring; but that, for the perfect re-establishment of his health, he intends to pass the winter at Dover. En.

The cases in which the fusible metal can be used are so few; and as it is not easy to persuade persons, not acquainted with chemical processes, to have a substance, appearing like melted lead, poured into their mouth, I have never undertaken to make use of it in my practice; as gold leaf, or fine tinfoil, may be injected so successfully, and be retained very securely for many years. On these accounts, I only noticed it in my work, as the plan recommended and successfully practised by Mr. Pepys; and, therefore, I must observe, that I do not advocate any plan of my own.

The teeth, in which Mr. Pepys has used it, have been those of the lower jaw, in which the caries has been in the centre of the crown, having the sides perfect; and, also, the caries has not been so deep as to have rendered the nerve bare, or so much exposed as to be painfully affected by the temperature; for certainly, although the heat, at which the metal goes into fusion, is only that of boiling water, and will remain fluid, at a less degree of heat, yet, if the nerve of a tooth be very sensible, the excitement likely to proceed from so much heat, would occasion great pain.

Now, in all these cases, the nerve was not in that state; and, I understand, that the sensation on the tooth, was not greater than that which is often felt by incautiously putting some article of food into the mouth, when it has almost immediately been taken out of the pot. Likewise, Mr. P. always defended the mouth, by placing some linen on each side of the tooth, over the gums and the lips, lest any portion of the metal should drop; an accident which, if it did occur, could only scald a little; but it would prevent the success of the operation, by causing the person to draw away the head suddenly.

Having thus defended the mouth, he wipes out the cavity of the tooth, and then introduces a small quantity of powdered rosin, by means of a camel's hair-pencil; then, with a common scoop director, he pours in the metal, until the cavity is perfectly filled: the metal soon becomes solid, and in cooling forms a little button; and in this manner it has remained in some teeth for several years. The addition of the rosin appears to obviate Mr. W's objection, of its not being successful, by its loss of bulk, whilst it passes into the state of congelation.

With respect to Mr. Wawn's improvement, in the claw of the key instrument, I beg leave to observe, that I presume it is a very useful addition to that instrument.
Indeed,

Indeed, I believe it is universally the case, that every operator of experience has some improved, or favourite instrument, which he prefers to all others.

I am, &c.

JOSEPH FOX.

Dover, November 18, 1807.

Observations respecting a New Mode of Treatment in Glanders, Farcy, and Obstinate Grease. By JOHN ROBERTSON, Surgeon, Edinburgh; Author of the Practical Treatise on Cantharides, in Gleet, Leucorrhœa, and Sores; and Extraordinary Member of the Royal Medical Society.

IT is to be regretted that the Diseases of the Horse should have hitherto met with so little attention, and received so little benefit from the labours of scientific men. Their researches have often been directed to subjects of much less importance, even if the objects of these researches had answered their most sanguine expectations. I am, however, sorry to say, that without their being, for the most part, even conscious of what they wished to establish, brutal and unmeaning experiment upon living animals has too often occupied their time, while the diseases of this noble creature have been utterly forgotten; or, what is worse, left solely to the mercy of the murderous quackery of ignorant Farriers and Grooms; men who, from their situation in life and the nature of their profession, could not be expected to possess any knowledge of the operations going forward in the animal machine, either in a state of health or disease. Such men, however, have been permitted to superintend the treatment of every variety of disease, to which the Horse is liable. Influenced by the grossest prejudice, they, by the indiscriminate use of a few stale rules and ridiculously absurd prescriptions, have certainly been very successful in destroying the animal; but, from the information I have been able to acquire on that subject, their mode of treatment seems seldom to have served any other purpose.

As, for the most part, the diseases of the Horse are, particularly at their commencement, of an inflammatory nature, the only service these men ever did (and that, I believe, to have been more by accident than by observa-

tion, or the dictates of reason) was, on the approach of disease, to use the indiscriminate abstraction of great quantities of blood, or to administer brisk purgative medicines.

Now the consequences of inflammatory affections are always totally different from the primary symptoms; and, consequently, the treatment of each ought to be varied. These men, however, have treated all of them, in all their stages, nearly on the same principle. Much mischief has, therefore, been done to those useful animals; and, consequently, much loss has accrued to every country in which they exist.

Of late years, however, government has wisely appointed veterinary surgeons in the army (while private gentlemen have neglected the plan) which has, no doubt, contributed very much to the method of cure in these diseases, being conducted on more rational principles. This, of course, will in time be attended with greater success; these gentlemen being, in general, possessed of liberal education, and consequently uninfluenced by those prejudices which were inseparable from their predecessors—the farriers and grooms; and I have no doubt that, from their exertions, this branch of medical science will derive much benefit.

The books already published on this subject, both ancient and modern, seem to me very ill calculated to add to our information. What, therefore, we are to depend on, must be attention to the individual diseases of the animal; from which, I think, an entirely new, more rational, and useful system of veterinary surgery, may soon be obtained; as nothing of the kind, that can be relied on, at present exists.

The diseases of all animals, and more especially those of the same classes, I believe, nearly resemble each other in many particulars; and, if we reason from analogy, perhaps, without any material alteration, so far as regards general principle, that treatment which is applicable to diseases of the human species, may, in a great measure, be applied to those of the horse.

It was this mode of reasoning which led me to believe, some years ago, when I had been endeavouring to satisfy myself respecting the powers of cantharides, used internally on the living body, both in a state of health and disease, that many of those diseases of the horse, which were deemed incurable, might be alleviated, or entirely removed, by the judicious employment of this substance.

The

The same process of reasoning, which led me to employ cantharides in gleet, leucorrhœa, and ulcers, in greater doses, and for a much larger period than had hitherto been done*, without producing any of those dangerous consequences which prevented others from employing this medicine, and to which alone I attribute their want of success in the removal of these affections, convinced me that the properly regulated administration of them, in some diseases of the horse, would be followed by consequences equally beneficial, particularly in the diseases of Glanders, Farcy, and Obstinate Grease. Though attempts have been made to cure these diseases, none of the remedies at present in use, or the rules laid down by veterinary writers, can be depended on; particularly in glanders, where the disease is no sooner discovered than, from its infectious nature, the animal is instantly destroyed.

As leucorrhœa and gleet depend on a diseased action of the mucous membrane of the vagina and urethra, or of the glands situated immediately under them, in consequence of previous inflammatory action, so the disease of glanders in the horse, is a similar affection of the membrane of the nose; and as, in the former diseases, a complete cure may uniformly be effected, by the properly administered use of cantharides, so a cure of the latter, as well as of farcy and obstinate grease, may be effected by producing that degree of inflammatory action in the system, which is necessary to restore debilitated organs to their healthy function, and during which wounded surfaces are healed. So far, at least, as my limited opportunities have permitted me to judge, my encouragement has been such as to warrant the completest success.

I need not say any thing respecting the dose of cantharides for the horse, as in our own species; I have found it necessary to vary it, according to the severity of the disease and the constitution of the individual. I may, however, mention that, as a sort of general rule, about half a scruple of the powder made into a ball, may be given twice a day; gradually increasing the dose, or the same quantity thrice a day, to very debilitated animals; care being taken, at the same time, to watch the pulse, and, likewise, its effects on the urinary organs. If the last of these becomes distressing, the administration of a brisk purgative, or even general blood-letting; and, with either of these,

* See Treatise on Cantharides.

cloths dipt in warm water, and applied to the belly, are sufficient to remove its effects.

To the horse I would prefer giving the powder of catharides, rather than the tincture; as, in the form of a ball, we may more easily judge of the precise quantity actually swallowed, than we can by mixing it with soft meat.

In a subject of such national importance, it would yield me the greatest happiness, if the hints I have here thrown out, or any other exertion that lies in my power, should effect the completion of this undertaking.

I have long wished to institute a regular course of experiments on this subject; but, from professional engagements, and there being no regular veterinary college in this part of the country, I have not yet been able to put my plans in execution to the extent that I could wish; but I have communicated my views on that subject to several gentlemen, who may be in the habit of treating diseases of the horse, or may have acquaintances who have such opportunities; and all of them have obligingly and readily offered their assistance, in order to accomplish the object I have long had in view.

From the extensive circulation of your valuable Journal, I hope these remarks will be more widely known, than I can be expected to make them by any other means; and, if any gentleman will do me the favour to treat cases of the above description on my plan, and communicate the result to me, should they be successful, they will do their country an essential service.

No. 4, St. James's Street,
October, 1807.

Observations on the Propriety of adopting, in Great Britain, a Plan of Medical Police. By John Robertson, Surgeon, Edinburgh.

MANY attempts have been made by philosophers to account, in a general manner, with respect to climate, situation, &c. for the great mortality which prevails in this and in every other country, so far as these are concerned. But the little benefit that has arisen from their researches in this very important branch of science, is a convincing proof

proof that their labours have been unattended with success.

Although I have considered the failure of this important object with the deepest regret, I have not yet ranked it in the list of those irremediable evils, which hold human ingenuity at defiance; but have, for some time past, employed myself in collecting materials relative to it, which, if my success answers my expectations, I may probably be induced to lay before the public, under the title of "*A Plan of Medical Police*," in a more detailed, and consequently more interesting form, than the present Essay.

I have never been of opinion that a work ought to be completely abandoned, because it cannot at first be brought, in every respect, to a state of the greatest perfection; or rendered sufficiently accurate in selection and arrangement, to pass the fiery ordeal of those gentlemen, who style themselves *Reviewers*; and who, if they would, in general, give that encouragement to rising merit, which it really deserves, and which, from the nature of their employment, they ought to do, I am convinced the world would, at this moment, be in possession of many original and important observations, which might have done honour to literature in any age.

I am sorry to say that thus, by indiscriminately precipitating, in the same chaos, the most common uningenious productions of those I would call mere artists in literature, with the works of genius in pursuit of honest fame, must often injure, but never can benefit, their country by their exertions. On this account perhaps it is, that genuine productions are not often to be met with; so seldom, indeed, that if in every volume that has hitherto been written, a single original opinion could be found, our stock of information would be far greater than that which we at present possess.

I am well aware that the general arrangement of such a plan, as it may be necessary to follow upon this interesting subject, is replete with difficulty; and that the particular one which I have here indicated may, in many points, be susceptible of improvement; but, as it will ultimately be productive of numerous benefits, as far as health is concerned, it must soon become a subject of great national importance. If, indeed, even the life of a single individual is preserved by my exertions, I shall be contented, in the expectation that others, improving the principle, may at length bring my plan to a state of greater perfection.

Although,

Although, in the consideration of a plan of such importance, we are at first unable to accomplish all those views, which may be necessary to render it perfect, we ought not, on that account, to allow our exertions to become paralyzed for want of attempts; but, without resting satisfied with what has already been done, we ought, by concentrating every energy of our mind, either in more scientifically following the doctrines already sanctioned by public opinion, or in framing or adopting others, constituted upon principles more evidently calculated to alleviate human distress, to realize endeavours of such universal importance.

Many of my opinions, on this subject, must long have been familiar to every one; as several of those causes, which first induced me to think seriously about it, have been acknowledged sources of disease, from the very earliest periods of history; but so far as I am acquainted with the writings of former times, no author has been fortunate enough, either from incorrect statement of facts, or from deficient or erroneous modes of reasoning, to induce the legislative body of this country, to adopt a general systematic plan for their prevention.

The principal general sources of disease in this, and perhaps every other country, I believe, with very few exceptions, to exist in external, and for the most part removable causes; but, from our familiarity with numberless circumstances, which are unquestionably injurious to our comforts, and even destructive to our constitutions, we, in the common bustle of life, insensibly become so to overlook them, as scarcely ever to regard them in a just point of view.

The fenny counties of England, and other swampy grounds, most of which, though drainable, are suffered to exist—the local situation, and the particular construction of dwelling-houses—the sources of uncleanness, which, in every part of our island, obtrude themselves upon our notice, are all, (and perhaps the principal) sources of disease. In other countries diseases, most destructive in their nature, arise from similar causes; particularly in warm climates, where putrefaction almost immediately follows the death of either animal or vegetable matter. Even diseases must be expected to arise from sources peculiar to certain latitudes; and wherever disease is found to arise from any derangement in natural objects, or indeed from any general cause, it may, even in the present imperfect state of physics, though perhaps with difficulty, be removed.

moved. But as I propose to confine my observations to what principally relates to our own country, I shall not enter upon this part of the task: yet it is worthy of attention, and I hope other persons will be induced to consider it.

In earlier times, all these causes must have greatly contributed to the propagation and frequency of disease; and although history informs us of uncommon feats of strength performed by individuals, in former times, yet from this we can draw no conclusion, respecting the health of ancient nations in general. For I believe that, in every part of the world, the greatest proportion of its inhabitants have passed their lives in obscurity; and although employed in the most useful pursuits, their names and their diseases are equally unknown to us—they are only rare occurrences, magnified by tradition, that have been transmitted to us.

I may remark, that the great improvements which have lately taken place in the internal structure of houses, in several parts of our island, have not been the result of accurate reasoning, either on the part of the builder, or of the proprietor, but solely that of luxury.

If the poor alone were sufferers from the operation of such causes, the wonder would not be so great, that nothing has been done for their prevention; but the rich are often equal sufferers. I do not mean to say that they are so in every respect. They are not like those cold and hungry wretches, who, in general, experience a paroxysm of joy only, when in a state of intoxication; and who are obliged to hovel together in obscure cheerless garrets, hardly protected even from the severity of the winter's storm, or who are compelled to groan out their existence in loathsome cellars, and to breath an atmosphere impregnated with every quality that is destructive of human life; where, in general, moral principles are as much corrupted, as physical powers are destroyed; where the young of our own species are, at once, tainted with disease, and trained from infancy in the exercise of every thing that is vicious, who, if they had been placed in more favourable circumstances, and exposed to more favourable moral opportunities, might possibly have done honour to humanity.

Thousands of parents, in the situations here alluded to, whose principles, both moral and religious, have (if I may use the term) been starved out of them, distort the limbs, or destroy the eyes, of their infants, that they may thus be exposed in the public streets, and rendered objects for
exciting

exciting the pity, and means for extorting the money of passengers.

While the community, in general, can only survey the black outline of human distress, without even suffering themselves to attach to it that pity which is really its due, Medical Practitioners, particularly in large and populous cities, are daily, while prosecuting the duties of their profession, obliged to witness indescribable scenes of misery and wretchedness.

That the removal of many such nuisances, as I have mentioned above, the cause of all these calamities, should never have been thought of, particularly in Great Britain, where scientific research constitutes so prominent a feature of the national character, has to me often been a matter of surprize and wonder. The adoption of such a plan would not only contribute to the happiness of individuals, but to the increase of the public revenue; as the healthy state of a country is one of the greatest—is indeed the first—cause of its prosperity and affluence.

The wealth of all nations arises from their quantity of productive labour; and, therefore, whatever proportion of unproductive individuals exist in any country, not only is an equal proportion of wealth lost to it, but an additional proportion of its wealth is destroyed. Mr. Malthus has proved, that an increase, even of active population, would, at the present moment, be prejudicial to Britain. How infinitely more so must an increase of inactive population be, not only as affording no aid to the revenue from the taxation of labour, or of income, and as being burthensome to their respective parishes, but as more completely exceeding the means of subsistence!

In order to establish a proper plan of this kind, we must be guided by experience and induction; to which the recital of the following may, in some measure, contribute.

Sometime ago, I witnessed the situation of several poor families in one neighbourhood, rendered unhealthy by the earth at the back of the houses being piled several feet above the level of their beds. This, I may mention, as a solitary instance of *one* source of disease; and, I have no doubt, that many of my professional brethren are in possession of facts, equally strong in support of it.

I was called to visit a poor man, a weaver by trade, who, I was informed, had been for the most part confined to bed for several months, being unable to follow his occupation,

cupation, from a variety of complaints. His family consisted of a wife and four helpless children, who were destitute of every assistance, except what was given them by their charitable neighbours; and by this, with the addition of a scanty allowance (about 1s. 6d. or 2s. per week) allowed them by an institution, established to assist in the relief of the indigent, they were enabled barely to exist. In this state the father lay on a miserable couch, many of his joints unable to perform their office, from repeated rheumatic attacks, and frequent febrile exacerbations, and completely deprived of that nourishment which his situation required.

Several other families, in the same neighbourhood, were, from causes somewhat similar, reduced to a state of extreme misery. In some houses, the father and mother were confined to bed by disease, while their infant families were almost perishing for want of food, or compelled to beg for their daily sustenance in the common streets. In others, one or more of the children laboured under disease. The apartments of all these houses were small; they were not particularly remarkable for their dampness, but there was a rank and disagreeable smell, perceived by a person on entering them, which was much worse than that of a room in which sick people are, in general, assembled. I ordered these unfortunate people to be immediately removed to another house, better constructed, in every respect, than the former. The younger part of the family soon recovered; those advanced in life recovered slowly, and not completely.

These are sights which must, at all times, create in the feeling mind, the most distressing sensations, and ought to call forth every energy of our nature for their relief.

Therefore, I propose that a Medical Man, Clergyman, or other respectable person, in every parish throughout the country, should be solicited to give a report of the diseases peculiar to his respective district; alluding chiefly to such as may arise from general causes, and stating those causes, which seem to them to exist for them. As from these data, I conceive it would not be difficult to organize *a Plan of Medical Police*, and lay a basis for the removal of all the general causes of disease. Such a proposition cannot too speedily be carried into effect.

To Dr. WILLAN.

SIR,

IN your excellent, but unfinished work, on Cutaneous Diseases, I remark, that under the article Rubeola, you mention not having seen twice, in the same subject, the *febrile* Rubeola.

Although I admit the strong affinity subsisting between different RASHES, and the liability of medical men, sometimes, to mistake scarlatina and rubeola, especially when the former is attended with catarrhal symptoms; yet, I think, there are many exceptions to the general rule, having seen a mild and severe attack of rubeola in the same subject three or four times in the course of twenty years.

Last summer, the rubeola sine catarrho, appeared in a ladies boarding school at Clapham, and preceded by about a month the real disease. Mr. Hey, surgeon of Leeds, whose high professional character, if not personally, must be known to you. He has assured me, both by letter and in conversation, that this fact has occurred in his experience.

The enclosed case will, in some degree, illustrate what I have been endeavouring to explain, and which you are at liberty to use in any way you think proper.

I am, &c.

JAMES UPTON.

King Street, October 30, 1807.

CASE.

Harriet Anne Upton, aged nine years, came home from school last Easter holidays, in apparent good health. Two or three days previous to her return, and to the expiration of her fortnight's recess, she looked heavy about the eyes, had a short frequent cough, with all that *crossness* attendant upon children's indisposition; sneezing and tenderness of the eyes succeeded, and on the third day, the 14th of her being at home, a considerable rash appeared, with great fever, and sensibility to light.

Upon enquiry respecting her school-fellows, she told me that on the morning of her leaving school, a young lady sat next to her at breakfast, who had a rash upon her face and arms.—The eruption on my child was barely perceptible on the third day from its first appearance, and all the other symptoms subsided. Being fully convinced her
complaint

complaint was the rubeola, I took an early opportunity of calling at the school, and on the attending surgeon Mr. Gardner, from whom I learned, that all the young ladies there, had had more or less of a rash, but without much catarrhal affection, and that none of them required either medicine or confinement. He was, therefore, doubtful respecting the nature of the disease, though he at first considered it to be the measles.

My little girl, in less than a month after her return to school, was again affected with the rubeola, in nearly the same manner as she had been on the former occasion.

Report of the Diseases in Edinburgh, for October 1807.
By JOHN ROBERTON, Surgeon.

THE weather, during the greatest part of this month, has, in Edinburgh and its vicinity, been uncommonly sultry. The thermometer, in the shade, has seldom been below 50, and frequently as high as 60. In the neighbourhood of Edinburgh, new vegetation has consequently been very common. The barometer has, even in the space of twelve hours, undergone various and rapid changes, and we have had frequent very heavy falls of rain, particularly during the night.

Persons affected with asthmatic complaints have suffered severely, and rheumatism has been of frequent occurrence. Indeed, in such a climate as ours, the latter of these is, in general, pretty frequently to be met with, and although mercury has, among other remedies, been prescribed for it with considerable success, yet I have of late found arsenic succeed after every other remedy in common use had failed. I would, therefore, recommend this to the attention of the profession, as a practice somewhat new. Rheumatism ought, however, to be carefully distinguished from other diseases. I may mention that I have lately been consulted in cases of lumbago and sciatica, which had resisted all the applications usually employed for the removal of such complaints. But, on strict enquiry, I have often found that, in females, these very distressing pains originated from leucorrhœa. Although the discharge, in many instances, was in very small quantity, even so small as hardly to warrant the supposition that pains of such acuteness

were connected with it, yet, on the removal of the leucorrhœa, I have uniformly succeeded in curing them.

The most prevalent diseases, however, that have appeared for several weeks past, seem principally to have been among infants and children. These diseases have been chin-cough, diarrhœa, small-pox, and febrile complaints.

Dr. Cullen divides chin-cough into two distinct stages; the first, when the contagion which originally produced the disease continues to act; the second, he thinks, continues from habit, after the action of the contagion has completely ceased. It is unnecessary for me to enter into a thorough examination of his opinions on this subject; but I may observe, that the want of success, which has always attended the common practice recommended in this disease, evidently shews, that our knowledge respecting it is very deficient. Some indiscriminately prescribe the repeated use of emetics during every period of the disease; others have, for their favourite remedy, blisters; some again will have it, that alternate exposure to foul and pure air is the best remedy; and others treat the early stages of this complaint as they do a common catarrh, and, in the latter stage of it, they expose the patient to a constant and free circulation of fresh air. This last is probably at least as rational a practice, if not more so, than any of the modes mentioned above. The consideration of this disease certainly affords a fair field for successful investigation, and the physician, who can favour the world with opinions respecting it, of a more rational nature than those we at present possess, will do the community one essential service, even if he should effect no other purpose than merely to lead others to a still further investigation of the subject.

Diarrhœa, both in consequence of worms and without them, has likewise been common among adults and children, and smart purgatives of calomel and jalap have seldom failed of curing it.

I am sorry to say that, at present, and for several weeks past, the small-pox has been very common in this place and its vicinity; and that, in many instances, it has proved fatal. It is indeed lamentable, that stubborn prejudices should still operate in the minds of many, against the Vaccine inoculation. But there is another cause of a most diabolical nature, which has been lately put in practice here, by a number of individuals, for the propagation of the small-pox, and which I think it highly proper to expose.

expose. I am credibly informed, that many people, in the lower orders of society, actually make the propagation of the small-pox a trade; and by exposing their children as objects of charity in the public streets, while labouring under the most distressing stages of this loathsome disease, they work upon the feelings, and extort the money of passengers. The money thus procured, instead of being expended in purchasing necessities for their infants, is generally destroyed in revelry and drunkenness. So systematically have these people arranged their plans, that lately they have, in many instances, searched out respectable families where the cow-pox inoculation has been delayed, and, with an infant in their arms, affected with the small-pox, they have presented themselves to solicit charity at their houses. This has instantly been complied with, often to a considerable amount, rather than allow the chances of such a disease being brought into the family by the attendance of such visitors. The stratagem is again and again repeated, even to the same family, and renders the situation of such parents extremely uncomfortable. Were it out of the power of such people to obtain the inoculation of their children, there would be some excuse for them; but even this they cannot plead, for medical men, however much they may differ in their opinions in other respects, seem to agree in the discriminate inoculation of every description of children for the cow-pox. Were this, however, not the case, inoculation is performed on every one who applies for it at the public Dispensary, once every week, and attendance given every Tuesday and Friday. Thus, therefore, in neglecting those means, which are unquestionably calculated for the complete prevention of small-pox, they evidently show their motives. Now this is a species of disguised villainy, which ought to be punished in the most exemplary manner. Even stubborn prejudices ought not to be allowed to sway individuals in a matter of such universal importance, as the prevention of the small-pox. As the prejudices I have mentioned, principally exists among the lower classes of society, I think it desirable that a law were instituted, which would compel every parent, of the above description, to have the cow-pox inoculation performed on their children soon after birth, and, by this means, the lives of many children would be saved; at any rate, a law might be made to separate persons affected with small-pox from the rest of the people. Having mentioned the Dispensary, I ought, in justice to those gentlemen who are connected

with it, to state, that they are entitled to the warmest acknowledgements of public gratitude for their indefatigable exertions, and the very resolute and determined manner in which they have conducted themselves, in endeavouring to extend the benefits of the vaccine inoculation; a discovery, perhaps, the first in importance, that either the present or any former age can boast of. Formerly the small-pox carried off, in this city and its neighbourhood, several hundreds yearly; now, this disease is scarcely ever heard of, and that only, when the disgraceful bigotry of a few obstinate individuals, or the inhumanity and unprincipled conduct of others, induce them to exert themselves to forward the propagation of it. The former, by persisting in their determinations, as they call it, *never to interfere with any of the visitations of God*; the latter, by omitting no opportunity of deriving profit from whatever circumstances their ingenuity can suggest, even at the risk of the lives of their own infants.

Febrile complaints of the typhoid kind, even among adults as well as children, have been pretty frequent. In the present instance their progress is very mild for several days, and if they are attended to at this time, and a smart emetic taken, their progress is generally arrested; but, from neglect, I have lately known them terminate fatally.

Many other diseases, of different kinds, have occurred, which I have taken no notice of, and perhaps I may have omitted some whose prevalence has been considerable; but, when the present plan of giving reports of the diseases of Edinburgh has once been properly established, more correct statements of the prevailing diseases will probably be made. So far as I have gone, I have omitted no opportunity of making myself acquainted with the prevailing diseases. According, however, to an old established law of the public institutions of this place, no list of diseases, coming under the inspection of gentlemen connected with them, is allowed to be published in any form. The difficulty, of course, in obtaining that extensive and correct enumeration of them, and the treatment adopted in those diseases which are most generally prevalent about this city, must, on that account, be considerable; perhaps more so than in any other city or town in Britain. Information must, therefore, in such be wholly acquired from individual practice, and from that of those practitioners who may do me the honour to favour me with communications on that subject. To those gentlemen who
have

have already favoured me in this respect, I return my thanks; and I hope that, in addition to their assistance, other gentlemen will be induced to favour me with similar communications.

Thus situated I have, as nearly as possible, endeavoured to mention those diseases, with their treatment, which have been most prevalent for the month of October.

Chin-cough bears the greatest proportion, diarrhœa next, small-pox next, and febrile diseases the least. I sincerely hope that the small-pox will never after bear such a proportion in this part of the country, as they have done for some time past.

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

ACUTE DISEASES.			Gastrodynia	-	-	3
Catarrh	-	-	5	Colica Pictorum	-	2
Acute Rheumatism	-	6	Chronic Rheumatism	-	-	7
Synochus	-	2	Chronic Ophthalmia	-	-	2
Scarlatina Anginosa	-	4	Sciatica and Lumbago	-	-	3
Measles	-	6	Cephalalgia	-	-	4
Small-pox	-	8	Paralysis	-	-	2
Quotidian	-	1	Dropsy	-	-	6
Acute Diseases of Infants	12		Dysury	-	-	3
CHRONIC DISEASES.			Scirrhus Liver	-	-	1
Cough and Dyspnœa	25		Hydrocephalus Internus	-	-	1
Pulmonary Consumption	4		Worms	-	-	3
Hæmoptoe	-	4	Tumid Abdomen	-	-	2
Asthénia	-	10	Cutaneous Diseases	-	-	5
Jaundice	-	4	Chlorosis	-	-	6
Diarrhœa	-	5	Amenorrhœa	-	-	4
Dysentery	-	2	Dysmenorrhœa	-	-	2
Pyrosis	-	2	Menorrhagia	-	-	1
Dyspepsia	-	6	Abortion	-	-	2

Small-pox is still very general; and many children are also affected with measles and scarlatina. For some days past the weather has been cold, with rain, snow, and high winds. Catarrh, cough, and pulmonary affections, begin now to augment the practitioner's list. Some phthical cases, which had lingered through the summer and autumn, have had their usual termination accelerated, and some new ones have occurred.

I lately attended a very distressing case, where much obscurity prevailed as to the cause of the illness. William Farmer, a strong muscular man, whilst carrying a sack of flour, suddenly complained of general faintness, and pain and uneasiness in the stomach; persisting, however, in taking another sack, he sunk down under it, nearly insensible; in which state he was carried home, and immediately attended by a surgeon-apothecary, who attempted to bleed him, but no blood followed the puncture of the lancet. On the fifth day of his illness I saw him. He then complained, as he had done from the first, of great uneasiness in the stomach and abdomen; the latter appeared considerably distended, from the umbilicus to the pubis; and this, he stated, took place soon after his first being attacked, and had continued ever since. He had no use and little sense of feeling in the lower extremities, which were swelled from below the knee to the toes; and two or three large vesicles, filled with yellowish serum, had formed upon the feet. No evacuation from the bowels had occurred for two days; the urine passed from him without his being conscious of it, and was said, though it afterwards appeared not to be so, in considerable quantity. When any fluid passes off by dribbling, as in some cases of hæmorrhage, or as in the present instance, inexperienced persons are apt to be deceived as to the quantity; and unless a practitioner be on his guard, he is frequently misled.

In this case, at first, I trusted to the report given me; yet had doubts respecting the distention of the abdomen, which eventually proved to be owing to an overcharged bladder. The mind was unaffected, the countenance sunk and pallid, the skin cool, pulse low, and of natural quickness; a brown fur covered the tongue. A large dose of calomel and rhubarb was ordered, and afterwards camphorated mixture and volatile alkali. The next day I found the physic had operated well, but the stools were evacuated without consciousness; the urine was also said to flow more freely; he complained of uneasiness at the scrobiculus cordis; he had had some sleep, and had taken broth and gruel. A blister was applied to the chest; the mixture and opening powder were repeated. On the following day he thought himself something better, though he had been troubled with nausea, and vomited up some bile; the stools were still passed involuntarily, and had the appearance of green mud. The mixture was repeated, with the addition of cinchona.

On

On the following day, being the fifth of my attendance, a catheter was introduced by my friend Mr. Chevalier, and about two pints and a half of urine, of natural appearance, were drawn off; the abdomen subsided, and great relief was immediately experienced.

Upon a very accurate examination of the spine, no injury was perceived; the legs and feet continued œdematous, and the insensibility of the lower parts remained as before. A long narrow blister was now applied the whole length of the spine; calomel and digitalis powder, of each one grain, with half a grain of opium, were directed to be taken three times a day; and the camphor mixture continued without the cinchona, which had not agreed with the stomach. He continued gradually sinking five days longer, when death terminated his sufferings. The urine was daily drawn off by the catheter; the stools, whether occasioned by physic or glysters, were passed involuntarily; he had no sense of pain; and his faculties continued unimpaired till nearly the last moments of existence. The only apparent effect produced by the calomel and digitalis, which were given to promote absorption, seemed to be increased action of the kidneys.

The body was opened by Mr. Chevalier, the day after death, when the process of putrefaction was already very forward; upon an incision being made across the parietes of the abdomen, the bowels instantly rose up, being exceedingly distended with gas, whilst the foetor was intense. A quantity of serum, mixed with blood, was contained in the abdomen; all the viscera were sound, and the spine was uninjured. Upon separating the lumbar vertebræ, however, we found an extravasation of sanious matter; the substance of the nerves was soft and pulpy; they had not the usual white colour, and were easily torn. The Theca vertebralis appeared to have suffered a degree of inflammation; it was of a red colour, and had not its natural shining appearance. We, therefore, conjectured that a small blood-vessel, within the spine, had ruptured, and produced inflammation of the spinal marrow. The subject was very muscular, and great difficulty occurred in separating the lumbar vertebræ; during which operation, we were interrupted by the officiousness of the people of the house, and were thus prevented from more accurately tracing the diseased appearance of the medulla spinalis; but we did not suppose that it extended much beyond the first lumbar vertebræ.

SAM. FOTHERGILL.

Southampton-street, Nov. 25, 1807.

Account

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

ACUTE DISEASES.				Paralysis	-	-	-	1
Typhus	-	-	-	2	Hysteria	-	-	2
Ephemera	-	-	-	3	Ascites	-	-	1
Cynanche tonsillaris	-	-	-	2	Anasarca	-	-	3
Rubeola	-	-	-	6	Enterodynia	-	-	4
Quotidiana	-	-	-	1	Diarrhœa	-	-	6
Rheumatismus Acutus	-	-	-	3	Dysuria	-	-	2
CHRONIC DISEASES.				Rheumatismus Chronicus	20			
Tussis	-	-	-	12	PUERPERAL DISEASES.			
Dyspnœa	-	-	-	9	Convulsio	-	-	1
Tussis cum Dyspnœa	-	-	-	10	Ephemera	-	-	3
Asthma	-	-	-	1	Menorrhagia Lochialis	-	-	4
Hydrothorax	-	-	-	2	INFANTILE DISEASES.			
Hæmoptysis	-	-	-	1	Vermes	-	-	5
Pleurodyne	-	-	-	4	Aphthæ	-	-	2
Cephalalgia	-	-	-	5	Herpes	-	-	3
Vertigo	-	-	-	2	Ophthalmia	-	-	1

The measles have lately prevailed to a considerable degree, and in more than a few instances have proved fatal. Several children, in the same family, have fallen victims to the disease. In some cases, like other acute diseases, it has terminated fatally in a few days: a high degree of fever has preceded, or accompanied, the eruption; and the difficulty of breathing, and other pneumonic symptoms, have appeared in an aggravated form, and the patient has died of an inflammation of the lungs. But where these symptoms have been less violent, and the patient has past, without much alarm, through the different stages of the disorder, and even after all apprehension of danger in the mind of parents or friends has been dismissed, a continuance or recurrence of pneumonic symptoms has laid a foundation for phthisis pulmonalis.

The small-pox, another disease, the expectation of which formerly proved the occasion of constant anxiety and apprehension, has for some years, by the introduction of inoculation, been rendered much milder in its effects; and the hope of a total extermination of it has lately been entertained, in consequence of the introduction of Vaccination.

This disease, however, has lately appeared in a very malignant form; and the propagation of it has been comparatively extensive. If this be owing to a neglect of vacci-

vaccination, occasioned by the very few cases of small-pox, which have been supposed to occur after this preventive remedy has been employed, we cannot fail to lament the unwarrantable prejudice which has been entertained. If the few reports which have been circulated, have their foundation in a number of incontrovertible facts, yet how very small a proportion do they bear to the testimonies, which have been given to the utility of the practice on a widely extended scale, both at home and abroad.

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

Chemical Philosophy, or the established Bases of Modern Chemistry. Intended to serve as an elementary Work of that Science. By A. F. FOURCROY, Councillor of State, Member of the National Institute, one of the Commandants of the Legion of Honour, and Professor of Chemistry, 3d Edition, considerably enlarged and amended. Translated from the French. By W. DESMOND, Esq. 8vo. P. 290. Symonds, 1807.

It cannot be disputed, that the French greatly excel all other nations in the simplicity with which they describe the institutes of a science. Whether this arises from the frequency with the *scavans*, converse with the ladies, and by that means are accustomed to revert so perpetually to first principles, we pretend not to ascertain. But certain it is, that our best books of institutes have usually been translations from that language. It must, at the same time, be admitted, and probably from the same habit of conversing often with those who are entirely ignorant of the subject, that in too many instances, they have either given plausible explanations of what was not understood, or else have passed over those subjects altogether. From the known character of the celebrated author of the present work, we could not apprehend any danger of this kind, and from his national habits, we might expect those advantages which we have been accustomed to meet with in his countrymen. In both instances it is unnecessary to add, we have been amply satisfied. The work has already appeared before the public in two former editions, and the third differs from them in nothing but in keeping pace with every improvement which Chemistry has since received.

Another very great advantage attending this edition, is the introduction.

roduction. The former editions were rather intended for those readers who had already attained sufficient practical knowledge of Chemistry in the old school, but were unacquainted with those principles on which the art now rests. In the present, the author attempts to instruct those who are altogether uninformed, and in this he assumes the same easy familiarity of language, as in the rest of his work. In all he is equally successful; but we shall more particularly direct our attention to the introduction, as no part of it has hitherto appeared before the public.

“ The especial object of chemical philosophy being, 1st. To apply the general theory of chemistry to the phenomena of nature and to the operations of art, the cause and effects of which are entirely within the province of this science; 2nd. To shew the connections existing between these phenomena and their reciprocal influence upon each other, we must consider this philosophy as comprising the whole of the important discoveries made by chemistry.

“ But, in order to conceive the whole of these great truths of chemistry, to perceive their relations and connections, to understand clearly the expressions or propositions employed to describe them, particularly if we suppose that those who wish to become masters of them, apply, for the first time, to the study of chemistry, it is indispensably necessary that they should be preceded by a clear explanation of the first principles of the science, or of the elementary notions on which its basis rests. This explanation is the subject of the present introduction.

“ From the slightest observation of what takes place around us, between the various productions and powers of nature, we perceive that beings incessantly vary, and never continue in a permanent state: even the most solid bodies, and apparently the most unalterable, such as the masses and summits of mountains, the hard rocks and stones which form them, are split, fly off, are divided and reduced by the progressive effects of the sun, of rains, of cold, of heat. The strata or layers of the earth, penetrated by water, opened and exposed to the air, undergo continual alterations by the presence or absence of the waters, by the atmosphere, meteors, &c. Vegetals and animals are affected by these external influences, and undergo perpetual changes; they absorb, by their pores and vessels, liquids and elastic fluids, which they appropriate to themselves, convert them into their own substance: these fluids add to their weight, promote their growth, and preserve their life, or threaten them in a thousand different ways, by augmenting or diminishing their vital powers.

“ These alterations of stones, of minerals, and of fossils; these functions of vegetals and animals, either supported or disturbed; these changes, of whatever description, introduced into all the productions of nature, by their reciprocal action, when they depend upon any other properties than their form, their extension, their consistence, &c. when they are connected with internal actions, which take place between the minute particles of bodies, belong entirely to chemical powers, and constitute the proper object of the study of chemistry.

“ This

“ This consideration shews the necessity of defining this science, and of distinguishing it from all other natural sciences.

“ For the purpose of conceiving and explaining the very numerous changes just mentioned, chemistry however employs but two general methods, by which it examines and succeeds in imitating, on a small scale, the operations of nature; it is enabled, by these means, to determine the kinds and differences of those bodies one from another; and the order of their composition. The chemist soon discovers, by the means which he employs, that all the phenomena, which he observes or produces, depend on a power placed by nature in the constituent molecules of bodies; whence he is led to study the laws of this power, and thus succeeds in re-producing, upon a small scale, the effects which he observes in nature itself.

“ As he proceeds in this study, he ascertains the necessity and possibility of classing natural bodies, of accurately comparing them with each other, and of regularly dividing them.

“ By determining the advantages and extent of the science, the chemist soon attains to the explanation of the phenomena of nature. He conceives the causes and the effects of these phenomena, and, what is still more sublime, he is at length enabled to compare them with each other, to point out their mutual dependence, their connections, their relations, and their classification; such is, as we shall clearly demonstrate at the end of this introduction, the true aim of the Chemical Philosophy.”

Highly as we respect the Herculean abilities of Fourcroy, we cannot help wishing that he had avoided falling into the errors of most of his brethren. It is very true that the “alterations of stones, minerals, and fossils, the changes of whatever description introduced into such productions when they depend on any other action than their form and extension, consistence, and other similar properties; when they are connected with internal actions, which take place between the minute particles of bodies, belong entirely to chemistry.” In a certain degree also, the same may be said of animals and vegetables. But, “the support and disturbance of their functions” is connected with those powers, and those actions which only exist during life. It is, therefore, of the utmost importance, to separate these processes from those chemical changes which we can imitate in a certain degree; but not in such a degree as to support, much less to renew, or begin those functions. Though life is supported by the inspiration of atmospheric air, and though we can imitate that change which the blood assumes by the application of that fluid, yet we can neither apportion the quantity, nor can we, under every circumstance, excite those actions by which only its application can be useful to living animal, or vegetable bodies. All our author can mean is, that we can demonstrate, however various may be the appearance of animated nature, yet that the whole is reducible to certain elements, the attractions of which we can explain, by showing them in inanimate matter, but cannot pretend to imitate, inasmuch as they are governed by laws, which human power can never expect to attain. We are aware it will be said, that

no one will accuse such a philosopher of attempting to animate clay, or even to resuscitate an animal, whose organic structure may seem to remain entire, but in whom the power of action is for ever lost. Such an accusation is far from our meaning; but when a work is intended for the instruction of the mere learner, every possible ambiguity should be avoided. The present passage might be much improved, if the sentence concerning animals and vegetables were omitted, and a separate paragraph devoted to those subjects in which a distinction should be made between the living and dead state.

The rest of the introduction, contains "the general means of chemistry," that is, the structure and furniture of the laboratory; "the nature and principles of bodies," (terms very properly substituted by our author for the *elements* of the Aristotelians;) the attraction of aggregation," or the power by which homogeneous bodies retain their figures, whether solid, liquid, or elastic vapours; "the attraction of composition," that is, when two bodies have that attraction for each other, that when powdered, however finely each particle or grain, consists of the same proportion of each substance, as whilst the mass remained entire. *Particles* is the name given to the substance thus divided. When the bodies are separated, and afterwards pulverized, the name of *constituent molecules* is given to the powder. To illustrate this, cinnabar when powdered, is said to consist of *particles*. When the mercury is separated from the sulphur, and each of them pulverized, the powder is named *constituent molecules*.

A general view of *chemical operations* follows, as performed by means of fire, of water, and of other liquids; the classification of bodies; the phenomena of nature and art; their classification constituting the chemical philosophy, make up the remainder of the introduction.

The body of the work is formed on the models of the former editions, only altered as the science has been further improved. We shall extract the description of blood, as it may serve to illustrate further the necessity of that distinction, which we regretted to find omitted in the introduction.

"*Blood*: a red fluid, warm at thirty degrees [Reaumur] in man, quadrupeds, birds; at the temperature of the medium which they inhabit, in oviparous quadrupeds, serpents, fishes; filling the arteries and veins; proceeding through the former from the heart to the extremities and thence returning to the heart by the veins; by this motion constituting circulation; a liquid somewhat viscous, sweetish, concrescible by cold, miscible with water; dividing itself almost spontaneously into three different substances, *white serum*, *red serum*, or the colouring part, and the *fibrous matter*.— Each of those matters possesses distinctive characters, namely: the alkalinity of the serum; its coagulability by fire, by metallic oxyds, &c. (a coagulability arising from a more intimate combination of oxygen and very similar to that of the white of an egg, from which resemblance serum has been denominated an albuminous liquor); the same is the
general

general nature of the red serum, which differs from the white only by the presence of the phosphat of iron highly oxyded; the spontaneous concreffibility of the fibrous matter (fibrin); its dissolubility in weak acids, its property of yielding much ammoniac and oil by distillation.

“ These principal characters are to be considered in the mass of the blood, which appears to be the primitive principle of all animal substances and the common origin of all the humours and all the solids. It has been named flowing flesh, on account of the fibrin which becomes concrete in it by cooling. The cause of its heat has been determined to consist in the alteration and absorption of vital air by respiration. The renewal of the blood has likewise been determined to be performed by the chyle, and the conversion of the latter into animal matter, by the disengagement of a great quantity of carbon and hydrogen, which disengagement appears to take place in the lungs. It carries warmth, motion, and nourishment to all the parts: it is a truly vital fluid.”

The only objection to this passage is, that blood is said to divide itself *almost spontaneously*, into three different substances. The two words *almost spontaneously*, are extremely unphilosophical. Had the first been omitted, the last might have been said to be logically correct, inasmuch as the author admits the vitality of blood, (and life) implies a spontaneity of action. But this is very different from a chemical change, and the term is rendered desultory by the addition of *almost*. It may be added that, if blood loses its life before its separation, such separation cannot be accomplished but by other mixtures. The passage should therefore have been “dividing itself under certain circumstances in the body, and always if it retains its life out of the body, into three different substances.”—

The translation is for the most part correct, though not without Gallicism. In one instance the translator has been so kind as to reform our language. The readers will perceive, in the different extracts, the word *vegetal* for *vegetable*. This we are told is more correct, and certainly it is so, nor do we object to the alteration, though at first it must offend our ears. As, however, there is little reason to hope that the change will be generally adopted, we think it was scarcely worth while to begin it. The other remarks on the impropriety of adopting the French terminations, are very judicious.

It is unnecessary to add any thing in commendation of a work, the necessity of which is so obvious, and the writer so universally esteemed.

The Edinburgh Medical and Surgical Journal, No. XII.

[Concluded from our last, pp. 463—476.]

Article 8.—*Dissection of Two Cases, in which a moveable Body was found in the Cavity of the Vaginal Coat of the Testis, illustrated by an Engraving: with Remarks.* By JAMES WARDROP, Fellow of the Royal College of Surgeons, at Edinburgh.

Article 9.—

Article 9.—*Case of Gout in an African Negro.* By ANDREW DUNCAN, Senior Professor of the Institutes of Medicine in the University of Edinburgh.

THIS paper, though somewhat tedious, contains many useful practical remarks. That the disease was gout, will, we presume, be disputed by no one, unless such as having given a contrary opinion during the patient's life, may chuse to retain it. But, the principal advantage of the paper, is to show the absurdity of those undefined terms of *retrocedent and misplaced* gout. By the dissection, it is evident that all the parts affected were inflamed, and no one who sees gout in the toes, will doubt inflammation there also. It is therefore much to be regretted, that in gouty subjects, we should be so much afraid of evacuants of every kind. When gout, as it is called, attacks the head, that is, when inflammation leaves the toes and seizes the head, we have the authority of Sydenham and his copyers to bleed. Sydenham went further, and advised that young plethoric subjects should be bled early in the disease.—His successors have attached so much the idea of local plethora to general debility, as to be fearful of any thing more than topical bleedings; we are ready to admit, that even local bleeding may be too much in subjects debilitated by previous sufferings, but more powerful and general evacuations may be safely used in those cases, in which it is recommended by the great master above-mentioned.

Article 10.—*Observation on the History and Treatment of an Epidemic Ophthalmia, which appeared in the 4th Battalion of Royals in Edinburgh Castle, during the Months of July and August, 1807.* By C. F. FORBES, Esq. Surgeon of the Royals.

SOME curious particulars are added to the history of the ophthalmia in his paper.—The inflammation was always confined to the conjunctiva. In three fourths of the cases, the right eye was attacked. Some times in the course of an hour the other eye became affected, but more commonly whilst the first was recovering. In no instance did the inflammation return to the eye first affected. In these, as in some other accounts of the complaints, no uneasiness was felt from the free admission of light. If suppuration took place, it was always in the conjunctiva, from which, in some instances, the matter found its way through the palpebra.

In the cure, the author found that the bold antiphlogistic plan to which only the disease has in other instances yielded, was altogether unnecessary. A low diet, keeping the bowels open, and the application of various topical remedies, were sufficient. Scarification of the eye was found very serviceable, and particular advantage derived from the use of an instrument invented by Dr. Wardrop.

“ It consists of a straight blade, about one fifth of an inch broad, with parallel sides, and an obtuse slightly rounded cutting extremity. With an instrument of this form a number of vessels
can

can be divided by drawing it slightly in different directions along the internal surface of the eye-lid, very readily, and without the least risk of making any deep puncture, or of wounding the eye-ball."

This description should have been more detailed, or illustrated with a plate.

A long paper of the "Inquirer" closes this division of the Number. It is entitled "On some convulsive diseases common in certain parts of Scotland." These are principally extracted from Sir John Sinclair's Statistical Account. They show nothing more than what is universally admitted, that the influence of the imagination over the bodily organs, is at times so considerable, as to confound all symptoms, and that the general sympathy on those occasions, is great in proportion, as mankind are secluded from general intercourse, particularly when religious enthusiasm becomes the prevailing fancy.

INTELLIGENCE.

M. CASELLI, a celebrated Neapolitan astronomer, accounts for the extraordinary heat of the past summer, which continued so intense throughout the whole month of September, by ascribing it to the extreme purity of the face of the sun, which this year was turned towards the earth. For near two months he observed none of the spots which are commonly perceived in it. Hence M. Caselli concludes, that the sun's rays having been emitted in greater abundance, and with less interruption, produced that violent degree of heat, which, though it scorched the fields, nevertheless increased their fertility.

Mr. JOHN SADLER, of Newcastle upon Tyne, has announced the publication of an *Encyclopædia of Manufactures*, in which it is intended to trace every raw material from its growth, till it be delivered into the hands of the workman. The various modes of fabrication; the improvements which each art has received; and the history and progress of these improvements will be fully detailed, accompanied by hints for their farther extension and simplification.

M. GRIEBEL, clock-maker, at Paris, has invented a clock without weights, of a globular form, of which the dial plate is transparent, and by means of a reflecting lamp on Argand's construction, shews the figure to a great distance. By a particularity of formation, neither the wheels, the hands, nor the pendulum, cast any shadow. The light may be made stronger or weaker, and adapted to the sick chamber, or to clocks in the most public situations, where it answers the purpose of a time-piece and of a lamp at the same time.

A large

A large impression of Dr. TROTTER'S *View of the Nervous Temperament*, having met a most rapid sale in London, an improved edition of that Work is now in the Press, and will be published in the present Year.

Mr. WISHART, Fellow of the Royal College of Surgeons, Edinburgh, has in the press a Translation of Prof. Scarpa's splendid work on Aneurism, with Notes.

Dr. R. ROBERTSON, intends to publish in two volumes octavo, A View of the Natural History of the Atmosphere, and its Influence in the Sciences of Medicine and Agriculture, including an Essay on Contagion.

Dr. JAMES SAUNDERS, of Edinburgh, has in the press, A Treatise on Pulmonary Consumption; with an Enquiry concerning the Foxglove.

The same gentleman will shortly publish An Enquiry concerning the Accumulation of Water in the Brain, called Hydrocephalus; in which he will endeavour to prove, that it can be either prevented or cured with as much facility as any other of the more dangerous diseases.

An Essay on the Pathology of the Human Eye, by Mr. JAMES WARDROP, Fellow of the Royal College of Surgeons, Edinburgh, is in preparation. The various morbid appearances of the eye will be illustrated by coloured engravings, after drawings by Mr. SYME.

Mr. PARKINSON has nearly ready for publication the second volume of his work on the Organic Remains of the former World.

Mr. PROUSS purposes to publish, in the course of the winter, Physiological Essays on Infancy, with Reflections and Analytical Researches relative to the Circumstances which predispose the Mind to that Disease, and which cause and continue it.

Mr. ALEXANDER WILSON, of Philadelphia, is printing the Ornithology of America, or the Natural History of the Birds of the United States.

NEW MEDICAL PUBLICATIONS.

A Practical Treatise on the Prevention and Cure of the Venereal Disease, by T. M. Caton. 8vo, 2s.

A Dictionary of Chemistry and Mineralogy; with an account of the process employed in many of the most important Chemical Manufactories, with Plates, &c. by A. and C. R. Aikin. 2 vol. 4to. 3l. 13s. 6d. boards.

Chemical Chatechism, by S. Parkes. 12s. boards.

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