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*A Description and Engraving of the Operation of Oesophagotomy, by WILLIAM BLAIR, A. M. F. M. S.*

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ALTHOUGH the operation of making a longitudinal incision into the œsophagus, for the purpose of extracting some foreign substance threatening the death of the animal, has been performed with success on various brute creatures, (especially the cow, the horse, and the dog,) it has always been regarded by surgeons as a very important and hazardous undertaking on the human subject. The first hint I find relating to this operation, is contained in the second volume of *Pathologie de Chirurgie, par Jean Baptiste Verduc*, who, in treating of the mode of extracting foreign bodies from the œsophagus, says, if you cannot succeed, this operation may be had recourse to. “Je crois qu’on pourra fort bien hasarder l’operation, en faisant une incision à l’œsophage pour avoir ce corps étranger. On fera la même chose qu’à la bronchotomie; il faudra d’abord séparer les muscles bronchiques, pour aller d’une main adroite chercher l’œsophage, et faire une incision longitudinale à l’endroit du corps étranger. Je vous avoue que cette operation est difficile; mais il vaut mieux l’entreprendre, que d’avoir le déplaisir de voir mourir le malade.”

The above description is too vague and concise to guide the inexperienced surgeon. It does not appear that M. Verduc himself ever performed the operation; but an eminent practitioner of Rome has left us more explicit directions, in the *Mémoires de l’Académie Royale de Chirurgie, Tome iii. p. 351, 4to editt. Essai sur l’Oesophagotomie, par M. GUATTANI*. In another work of VERDUC, indeed, we are told that this operation has been performed by several practitioners with the most happy event. Vide *Abreg. compl. de la Chirurg. de GUY de CHAUL. chap. sing. artic. de l’Exercise; et Mem. de l’Acad.*



*de Chir. Tome i. p. 590.* Various examples\* are also on record of patients having recovered, after accidental wounds of the œsophagus had been inflicted; so that we are sufficiently authorised to have recourse to this method of relief, in cases of imminent danger.

M. GUATTANI observes that it is necessary, in order to perform this operation properly, to know what is the relative situation of the œsophagus. It was noticed, he says, by Eustachius, afterwards by Vesalius, by Winslow, by Haller, &c. that the œsophagus lies a little on the left side of the trachea; this was always found to be its position in the many bodies dissected by Guattani. So important a fact, now well established, ought to guide us in performing the operation. He therefore directed it to be done in the following manner:

The patient being placed upon a chair, let an assistant bend his head straight backwards, and secure it in such a way as to render every lateral motion of it impossible. The operator then places himself immediately before the patient; and having, with his left hand, drawn the skin tight into a transverse fold, on the right side of the neck, which is also done on the left side by an assistant, he divides the integuments of the neck with a straight scalpel, longitudinally, from the upper part of the trachea down to the sternum. He now separates the cellular, adipose, and membranous parts, in short, whatever appears between the sterno-thyro-hyoid muscles and above the trachea, with the same scalpel; which he then pushes, on the left side, (as the œsophagus generally projects more on this side than on the other) deeper in, between the above-mentioned muscles and the trachea; whilst, at the same time, in order to obtain room, the lips of the wound are drawn asunder by means of two double-pronged hooks. The deeper-seated cellular substance, surrounding the trachea, he separates with his finger, or, if necessary, with the knife, till the œsophagus is brought distinctly into view, which he then opens longitudinally, beginning from below; and where the circumstances require it, he enlarges the wound at the upper part with a crooked pair of scissors.

After the operation has been conducted thus far, Guattani directs us to use curved forceps, if they be wanting, to extract the foreign substance; or, if that be not practicable, it may be pushed down to the stomach. Any hæmorrhage that occurs may be stopped by pressure with the finger, or by the ligature; and

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\* By PAREY, DE LA FAYE, MUNNICKS, HABICOT, PIGRAY, GABENGEOT, SCHENKIUS, BOHNUS, PONCENARD, BELL, &c.



and the recurrent nerve may be avoided, with care. The wound will heal without much difficulty, and is to be dressed in the most simple manner possible. During the cure we must keep the patient on the lowest diet, or rather, support him with nourishing clysters.

This account of M. Guattani is accompanied with a detail of some experiments, tending to sanction his practice; and the Academy of Surgery, to whom he presented the Memoir, have seemed to adopt his ideas, by joining to his Memoir an account of two cases of Oesophagotomy, practised successfully, after his method, on living men. These operations were performed by M. M. GOURSAUD and ROLAND, *Histoire de l'Acad. Roy. de Chir. Tome III. p. 13. vii.* The same method is advised to be pursued by SABATIER, *de la Med. Operat. Tome III. p. 471*; also by M. M. CHOPART and DESAULT, *Traité des Mal. Chir. et des Oper. Tome I. p. 273*: likewise by BERTRANDI, who says he has several times done it successfully on dogs, *Trattato delle Operazioni di Chirurgia, Cap. xx.* NANNONI, a late Italian surgeon, and Mr. B. BELL, in their respective systems, have also commended the method of Guattani.

The only objections I have met with against this operation, have been recently brought forward by a German surgeon, who proposes several deviations and improvements: *Ueber das Ausziehen fremder Körper, aus dem Speisekanale und der Luftröhre, von J. D. ECKHOLDT, M. D. & Chir. &c. Kiel, 1799.* This author has written the most elaborate work now extant, accompanied with splendid engravings, on all the means used for removing extraneous bodies from the œsophagus and trachea. I subjoin what he says on the present subject, and have annexed a copy of his engraving of the operation.

The opening of the œsophagus, he observes, is indicated, in the first place, when the foreign substance, which, either on account of a spasmodic affection, or the tumefied state of the parts above it, or owing to the incompetency of our instruments, cannot be extracted upwards, is either difficult of solution, or altogether insoluble. Secondly, when it is of a pointed or angular form, which affords cause to apprehend a violent inflammation, not only in the œsophagus, but also in all the rest of the alimentary canal, in case it should reach the stomach. Thirdly, when its size is so large that we have no reason to hope that it will be able to pass through the alimentary canal without danger; in which case it commonly happens that, even during its stay in the œsophagus, it produces such a pressure upon the trachea, as sometimes to render necessary both operations, namely, the section of the œsophagus and that of the trachea.



As a counter-indication to this operation, among others, the case in which the foreign substance is situated very low down in the alimentary canal, is generally mentioned. However, the force of this counter-indication is done away by the invention of the author's extracting instrument, which may be introduced equally well, either through the wound or the mouth.

Great debility of the patient has also been considered a counter-indication, though with what right he cannot comprehend, as it is every physician's duty to do what he can, as long as there remains the faintest hope that the patient's life may be preserved. At any rate, the consequence of the opposite practice is inevitable death.

Another, and Mr. Eckholdt confesses a very important, counter-indication is generally mentioned; namely, the too great inflammation and tumefaction that has taken place in the œsophagus and neighbouring parts. This, however, he cannot admit unconditionally; nay, he maintains, on the contrary, that such a state of the parts ought by no means to deter the surgeon from performing the operation, but rather induce him to undertake it the sooner the better. For the very circumstance, which in such a case is most apprehended, namely, the injury that may be done to considerable blood-vessels and nerves, is here not so easily possible; for these parts, which of themselves undergo a proportionally less alteration than the rest, are more displaced from their natural situation, and removed farther from each other, by means of the inflammatory swelling, on which account they are far less exposed to the danger of being cut during the operation. Moreover, under such circumstances, the cutting of the other inflamed parts is not only not detrimental, but rather beneficial, on account of the discharge of blood which it occasions from the smaller vessels.

This may be sufficient concerning the counter-indications that have commonly been adduced against this operation. The author observes, that the section of the œsophagus is an operation hitherto almost universally dreaded by surgeons. In order to ascertain whether this dread be well or ill founded, we must trace it to its cause, which, from what has already been said, appears to depend partly upon the danger of injuring considerable blood-vessels and the recurrent nerves of the eighth pair, and partly upon the difficulty with which the cure of the wound is attended. The dividing of the first may produce fatal consequences; and that of the last, if it be done on both sides, the entire loss of voice; or if only on one, a great feebleness of it, as we may frequently see in the examples of persons who have attempted to cut their throats.



It certainly cannot be denied that there is no spot on the human body in which there are so many single parts, the lesion of which may be productive of very serious inconveniencies, contained within a smaller space, than the neck; it is therefore very necessary, that great caution should be employed, not only in choosing the place where such an incision is to be made, but also in performing the operation itself. However, our surest guide, experience, supported by the anatomical knowledge of this part, has proved that a cautious and sufficiently experienced operator may undertake the section of the oesophagus without apprehension. Even the variations of the forms of different parts, which but too often occur, need not deter the surgeon, and still less should they embarrass him in performing the operation; for he can and must know what he ought to do in such cases.

After describing Guattani's operation, the author says, this method of operating is attended with several inconveniencies, which the surgeon can never entirely avoid, unless he chooses another and more convenient place for performing the operation. The first great difficulty which here presents itself, is, that it is impossible for us, by drawing asunder the trachea and the muscles which cover it, to obtain so much room as we require in order to use the knife properly, and conveniently to extract the foreign substance. The shortness of the muscles in question, their situation, the more rigid and less yielding structure of the trachea, do not permit those parts to be drawn asunder to the degree that is requisite for the accomplishment of our intended purpose. Moreover, in operating at this part, we are naturally exposed to the danger, (which is increased under the above mentioned circumstances) of injuring the inferior thyroid artery and the recurrent nerve; especially the latter, which, in most subjects, ascends towards the larynx exactly at the place where the incision into the oesophagus is to be made. Now, how is it possible to avoid this nerve in so confined a space? Another no less important obstacle is the thyroid gland, whose size is not always such that it can be entirely spared. The lesion of it, indeed, is of itself attended with no material danger; but the violent hæmorrhage which it produces, even though it should not influence the success of the operation, however, retards the surgeon, to the great disadvantage of his patient. Finally, the most weighty objection that can be adduced against the place chosen for performing this operation is, that the re-union of the wound, whose superior or external part has more tendency to re-unite than that which is deeper situated, can never be accomplished in a perfectly uniform manner; consequently, in the first stage of the cure,  
whilst



whilst the wound of the œsophagus has not yet closed, and the space above it is not yet filled up, can scarcely be kept open without the application of some degree of force.

Induced by these considerations, which will certainly be allowed to have their weight, Mr. Eckholdt fixed upon another place for performing the operation in question, which he now proposes and recommends without fear of contradiction, as the most eligible.

The manner in which he performs the section of the œsophagus is as follows:

The patient being placed upon a bed, in as unconstrained a posture as possible, his neck resting upon a small bolster stuffed with hops or chopped straw, and his head bent backwards and inclined to the right side, in which posture he is secured by an assistant, another assistant is directed to collect the skin, on the left side of the neck, over the muscle that runs from the mastoid process to the clavicle and sternum, at the place where the separation of its inferior crura commences, into a somewhat oblique transverse fold; in doing which the operator assists him, at a small distance, with the fingers of his left hand. He then, with a convex knife, cuts through this stretched fold of the skin, together with the broad muscle of the neck situated immediately under it, and in the same manner enlarges the wound downwards, as far as the anterior articulation of the clavicle with the sternum. It is essentially requisite that this incision should be made exactly in the middle of the above mentioned muscle, and that it should run in the same oblique direction from above to below, as is peculiar to this muscular part. When this first incision has been made, there presents itself to our view that triangular space, which is formed in this part by the division and course of the two inferior crura of the above mentioned muscle, and the muscle which runs above, at the beginning of this division, obliquely across from the os hyoides to the scapula. It is this which affords the surgeon access to the œsophagus, and renders the operation easy and secure. For without being under the necessity of using any cutting instrument, he may now easily arrive at the œsophagus, by destroying the very loose cellular substance which connects the two crura of the muscle and fills up the space above, with the flat handle of his knife, but the deeper situated cellular substance with his fore finger, so as at the same time to undermine the thyroid gland at the side. This being done, he examines whether the space be wide enough to afford a sufficiently distinct view of the œsophagus and the recurrent nerve of the eighth pair, which runs along its anterior side, next to the trachea. This is not always the case, as in some subjects the division



division of the muscle does not commence till very low down, whereby this space is rendered something narrower: Under such circumstances we must divide this muscle a little farther up; taking care, however, not to cut the muscle which goes from the os hyoides to the scapula, and which is situated in a cross direction under the former muscle. In order to avoid this accident, we should cut gradually from without to within, not from below to above. When I have either found the space sufficiently wide, or rendered it so by the operation just described, I direct the two edges of the wound to be drawn asunder, as far as it can be done without violence, by means of two crooked double-pronged hooks, whereby are exposed to view (as may be seen in the *PLATE*) at the back part, the great cervical artery, which does not project much; at the fore part, a portion of the thyroid gland and the trachea situated under it; at the upper part, the middle tendinous portion of the muscle situated between the os hyoides and the humerus; at the lower part, a portion of the muscle that goes from the thyroid cartilage to the sternum; and in the middle, the œsophagus, together with the inferior thyroid artery, which runs across it in several circunvolutions, and the recurrent nerve. The two sides of the wound being now perfectly secured, and drawn asunder by the two hooks, a longitudinal incision must be made into the œsophagus with the requisite caution, taking care not to injure the above-mentioned nerve or the thyroid artery; and this incision the operator enlarges by means of a crooked pair of scissars, as far as he has room; for the sides of a small wound may easily suffer by contusion in extracting a foreign body.

Should it be objected, that in this method of performing the section of the œsophagus, a deviation from the common structure of the parts, which could not be discovered from any external appearance, might entirely alter the case, and render this method of operation equally dangerous with that hitherto in use; M. Eckholdt answers, that such a circumstance, provided only that the deviations be not too considerable, and confine themselves merely to the situation of those parts which we are obliged to avoid, can be of no very material consequence. For as, after the first incision through the external integuments, there is no necessity for using the knife till we come to open the œsophagus, every thing that lies in our way may easily be spared; and, should even in any case the recurrent nerve be situated more upon the middle part of the œsophagus, it might, in such a free space, be easily discovered, and drawn aside, by means of a blunt hook, from the place where the incision is to be made. The same applies also to the large vessels, when they are situated too far forward; and to the inferior thyroid artery,



artery, when seated deeper than usual, especially at the place where it forms its last inflexion. The latter, also, should it not be practicable to draw it aside, might, in case of necessity, be tied without difficulty, and divided without danger.

He does not think it necessary to say any thing more concerning the extraction of the foreign substance, after the œsophagus has been opened, than that, if it be situated near to the wound, the forceps he has delineated should be employed; but if it be situated lower down, we should use the other instruments described as adapted for the purpose; and that we should be as cautious as possible to avoid any contusion of the lips of the wound in the œsophagus.

When the foreign substance has been extracted, our first business must be to endeavour to promote a proper and accurate reunion of the wounded parts. This the surgeon should consider as a matter of equal importance with the operation itself. Should any one think slightly of it, let him only recollect what has already been said, and consider what a material influence a bad cicatrization of the œsophagus must have upon its functions. Guattani, as well as others, have shewn by experiment, that a wound of the œsophagus may easily be cured, and without its edges forming any adhesions with the neighbouring parts, provided it be treated according to the rules which the art prescribes. Let it therefore be our particular endeavour to bring its edges, at every point, into accurate and uniform mutual contact, and to retain them in this situation during the first days after the performance of the operation. This may sometimes be accomplished by means of graduated compresses applied to both sides of the external wound, and a bandage, which keeps the head inclined towards the opposite side. But in cases where the lips of the wound of the œsophagus have, during the extraction of the foreign substance, been much stretched, bruised, or even lacerated, we are obliged to have recourse to the quill-suture, which is preferable to every other, because it can not only be applied and removed with greater facility than any other, but also possesses the advantage of leaving the wounded part of the œsophagus still sufficiently in our command. This may easily be performed by means of a small needle case; but we should be careful not to twist the ends of the threads that hang out too tight, nor to suffer the neck to be stretched whilst we are applying the dressings to the external wound.

In the author's opinion, the cure of the external wound should be left to the efforts of Nature till the fourth day, when the threads may be drawn out with security; it should, therefore, only be covered loosely with lint, and a light compress, which



which may be kept moist with some proper liniment, and secured by means of a circular bandage. At the same time we should endeavour, as has already been observed, to keep the head constantly inclined towards the opposite side, by means of another appropriate bandage. That invented by the late Dr. Koehler, of Jena, and delineated in plate VII. fig. 2, let. A, of his Treatise on Bandages, appears to be the best adapted for this purpose.

As to the treatment of the patient after the operation, besides the general remedies usually employed in such cases, and what will naturally suggest itself to the mind of the judicious practitioner, it is absolutely necessary, that for several days the patient should not be permitted to swallow any thing but liquids, in order that the fresh united edges of the wound may not be again torn asunder by any violent motion of the œsophagus. For my part, says the author, I do not allow my patients to swallow even liquids, as long as I am not convinced that the canal has perfectly cicatrized; but during the first period of the cure, employ merely nourishing clysters, or, should it be necessary, nutritive baths. He adds, I am firmly convinced, as I have already asserted, that in the deglutition of fluids, the œsophagus exerts itself in a no less, if not more, violent manner, than in swallowing food of a pulpy or solid consistence. This I might demonstrate from repeated experiments which I have made, were I permitted to do so by the bounds I have allotted to this work.

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Lord BERKELEY'S *Letter to Dr. JENNER, on the  
Cow-Pox,*

MY DEAR SIR,

YOU will doubtless be much pleased to hear of a circumstance that has happened in my family, to confirm, in the most substantial manner, the power the Cow-pox possesses of preventing the Small-pox. One of my house-maids was so unfortunate, some weeks ago, as to catch the Small-pox, and after struggling with it for upwards of three weeks in my house here, she at last became its victim. My youngest son, you know, was inoculated by you about a year ago with Cow-pox, and about the same time, a maid servant, by Mr. Shrapnell, surgeon to my regiment; and another, upwards of four years back, by some one in the country. As soon as matter



could be procured from the servant girl with the Small-pox, my son, and one of the girls who had previously had the Cow-pox, were inoculated. The inoculated part looked red and angry, as if it would fester, for a few days, but then died away, without producing any effect; the other girl was repeatedly exposed to the infection, without inoculation, *during the whole progress of the disorder*, but has not felt any thing from it. I did not inoculate this last mentioned girl, from a certainty in my own mind of the impossibility of giving the Small-pox when the Cow-pox had been properly given, having myself been witness for these fifteen years past to your persevering labours, which at last have attained such perfection, that in a few years the Small-pox must be eradicated, and thousands of your fellow-creatures, annually, will owe their lives to your discovery.

I may add, that the child and the other servant who were inoculated, were also exposed to infection.

These facts appear to me so very striking, that I could wish you to make them public in any way you may think proper.

I am,

MY DEAR SIR,

Cranford Lodge,  
July 4, 1801.

Your most obedient servant,  
BERKELEY.

P. S. Allow me to mention, that there is an old servant in my family, on the verge of seventy, who had the Cow-pox from milking cows, when a boy. From that time he has never been in the least cautious in guarding himself from the Small-pox, but has exposed himself again and again, without being sensible of its effects. I mention this circumstance, because, in conversation on the subject, I sometimes find that the Cow-pox is supposed to be a *temporary security only* against the Small-pox.

*To the Editors of the Medical and Physical Journal.*

GENTLEMEN,

IF I can add any thing to what has been lately written and said in favour of the external application of cold water in various diseases of the human body, that may contribute in the least to strengthen the opinion of its utility, I shall consider myself eminently gratified.

Having



Having had frequent opportunities of seeing the benefits arising from such practice, I am authorised to speak of it with a degree of confidence.

We are very much indebted to an ingenious physician for his publication on the success attending the external use of cold water in typhus, and I have heard its commendations often repeated in conversation, by several gentlemen who have experienced its efficacy in that disorder.

I cannot say that I have ever seen it used in that species of fever; but what I consider as equivalent, and what I have employed for many years with the strongest marked evidence of every wished-for advantage in the same disorder, is cold vinegar.

Typhus fever, about twenty-five years ago, was a very prevailing disease in St. Petersburg, but of late years, though often occurring, is much less frequent there; whether its appearing seldomer than formerly, is to be attributed to the improvement of the city, by being more built upon, or from drains dug since that time to carry off the stagnant water, or from the removal of part of the forests in its neighbourhood, I will not pretend to decide; but certain it is, there is no comparison between its frequency now and at the time above-mentioned.

In typhus fever, as I before observed, I have been long in the habit of using cold vinegar, and that very liberally.

My method of employing it after previous evacuations, the fever being formed and characterized, was by dipping a napkin in it, and applying it to the abdomen, the patient being turned on his back for that purpose; an operation seldom necessary towards the end of the fever, the patient then, from weakness, generally lying in that posture.

The application was frequently renewed, and at the same time vinegar was sprinkled over the bed clothes, floor, and every part of the room, and a handkerchief or rag dipt in the same, kept continually to the nose, at which the patient generally expressed signs of refreshment. From this mode of practice, with free admission of air, clysters of cold water and vinegar now and then injected, and plenty of cooling drink, with a convenient use of wine, I have experienced very great success, without using bark, a medicine to which, from its great reputation, I was formerly very much attached.

So great benefit has been derived from the exhibition of cold water in a variety of complaints to which the human constitution is incident, that it cannot be too much insisted on and recommended. In typhus, from the experience of many of the first practitioners in this kingdom, it has gained incontrovertible  
P 2 reputation,



reputation, and in many other diseases it has been known to have been used with remarkable good effects.

It is in common use in northern climates in its extremest degree. In angina inflammatoria, by rubbing it on the outside of the throat in the state of ice. In acute rheumatism, by rubbing the part affected with it in the same aggregate form. In strangulated hernia, its use has been long and beneficially experienced; nor has it acquired less credit in ophthalmia, after proper evacuations.

I shall now relate a few cases where I have seen it succeed in an extraordinary manner.

A middle aged man, immersed in business to a degree of embarrassment, became insane; all the symptoms of mania in a short time came on; his pulse was full and strong, his eyes eager and inflamed, his ideas soaring to the summit of imaginary grandeur, fancying himself related to the greatest personages on earth, whilst his raving was incessant with continual insomnia. He was plentifully bled, purged, and vomited, used antiphlogistics of various denominations, and was kept some hours every day in the warm bath; but nothing abated the violence of his fury.

He became at length so refractory and unmanageable, that recourse was had to the strait waistcoat, medicines being given at the same time, without any good effect. I afterwards ordered his head to be shaved, and a large blister to be applied to it, which after remaining twenty-four hours was taken off, and four days afterwards, (the blistered place being then in a healing state,) his head was gently rubbed all over with a lump of ice; but the pain it seemed to produce would not allow me to continue its use long together; however, as soon as the uneasiness it produced appeared to subside, it was again had recourse to, and renewed every now and then till it manifestly incommoded him less. After some hours applying it, he begged we would release him from the strait waistcoat, promising to be quite obedient to our commands, and that he would use the ice himself; his request being complied with he kept his word, was quite composed, took the ice, and began rubbing his head with it, with more force than we had dared to do, and became so enamoured of the operation, that he was almost continually occupied in using it; and such was the result of his assiduity, that it soon procured tranquillity, induced sleep, and abated the violence of every symptom. He proceeded to get better, till he was enabled again to attend his business, which he was incautiously suffered to trouble himself too much about, and the consequence was a relapse, from which, I believe, he again escaped,  
under



under the care of another gentleman; but on a third attack, I heard he died in England.

The second case I have to relate, is that of a Russian nobleman labouring under a retention of urine, to whose assistance I was sent for in the middle of night, in the depth of winter, when Reaumur's thermometer indicated 20 degrees of cold, corresponding with 11 of Fahrenheit's below zero. On the circumstances of the case being related, I found that no urine had been discharged for thirty-six hours, although many means had been employed to promote it, such as bleeding, purging, emollient and turpentine clysters, with opium, &c. bougies and the catheter had likewise been attempted, but the resistance at the neck of the bladder had been so obstinate as to allow no admittance.

On my arrival, the patient complained of great pain about the region of the pubis; and the lower part of the abdomen was very much swollen and tense. His pulse was yet full and hard, which encouraged me to repeat venesection, although he had been pretty well evacuated before I saw him; but this affording him no relief, he became exceedingly anxious and impatient, imploring ease in the most plaintive manner. Now foiled, and almost at the ne plus ultra of my skill, I recollected the old trite adage of Celsus, "*Anceps remedium, &c.*" and resolved to advise his feet and legs to be put in cold water, a remedy I had somewhere heard mentioned or read of, as a powerful diuretic in obstructed urine. He reluctantly complied with this proposal; but on my promising him that he should take them out in five minutes, he went through the experiment, sitting on his bed's side.

The water he made use of was taken fresh from the river, the ice being broken for that purpose, and his legs were plunged into a pail full of it nearly up to his knees. He complained bitterly of the pain it occasioned, but had resolution enough to bear it till the expiration of the prescribed five minutes, when he was released from his purgatory, (his legs and feet wiped dry) and put to bed, soon after which, as he expressed himself, he felt a comfortable glow of warmth diffuse itself over all his body, and in a few minutes afterwards called for a urinal, as he thought he could make water, which being given to him he by an endeavour forced out a few drops; this happy presage enlivened my hopes, and emboldened me to give to him and the by-standers strong assurances of a favourable issue, which were verified by the event, for in about an hour, *essu guttatim*, he filled the glass, and before morning had discharged a chamber-pot full. From this time the passage became free; and, as I was not his ordinary physician, I took my leave, and heard  
but



but little of him afterwards; but from what I did hear, and having seen him frequently pass the streets in apparent good health, I am inclined to think he received every benefit from the treatment he underwent that could be expected in such a case.

The third and last case I shall mention, was of a woman, extremely bilious and low spirited, who, though her condition in life was above mediocrity, unfortunately indulged herself too much in the use of spirituous liquors; the consequence of which was frequent hæmorrhagy from the nose, in general not difficult to stop by the common methods used for that purpose, as vinegar, ice, &c. to the temples, nostrils and forehead, but on greater dissolution of the blood, the bleeding was more difficult to arrest, and on one occasion became so alarming as to make me apprehensive for the patient's life.

All the means administered on former attacks were now practised in vain, the bleeding was not to be stopped by any of them, but continued to flow in an abundant stream for several hours, till the strength of the body was reduced to a formidable state of weakness. No time was now to be lost, the hæmorrhagy must be suppressed, or the patient sink from inanition. The only probable mean of success that I could think of was ice, which, by its sedative power, might lessen the impetus of the blood, by diminishing the action of the heart and arteries; and here I was not disappointed, for on ordering ice to be applied to the chest, abdomen, and vagina, in a few minutes the discharge of blood from the nose was checked, which, from flowing in a stream, began now to escape only by drops, and in a few hours the hæmorrhagy entirely ceased, the ice being occasionally repeated till that cessation had taken place. No bleeding at the nose happened again in this patient; but from weakness brought on by the great evacuations she had experienced, and from perhaps a diseased liver, she died dropical about six months after the period specified.

I could add many more instances of the benefits accruing from cold applications, but am afraid I have trespassed too much on your conveniency by what I have already said.

*Great Russel Street, Bloomsbury.*

*July 16, 1801.*

I am, &c.

J. ROGERS.



*Account of Diseases in an Eastern District of London, from the 20th of June to the 20th of July, 1801.*

ACUTE DISEASES.		No. of Cases.			No. of Cases.
Typhus	- - - -	22	Menorrhagia	- - - -	2
Febris Intermittens	- - - -	1	Chlorosis	- - - -	5
Pneumonia	- - - -	7	Asthenia	- - - -	2
Cynanche Tonsillaris	- - - -	8	Hypochondriasis	- - - -	2
Acute Rheumatism	- - - -	3	Hysterica	- - - -	3
CHRONIC DISEASES.			Scrophula	- - - -	2
Cough	- - - -	18	Diarrhœa	- - - -	5
Dyspnœa	- - - -	9	Hæmorrhoids	- - - -	3
Cough and Dyspnœa	- - - -	12	Scabies	- - - -	1
Phthisis Pulmonalis	- - - -	3	Herpes	- - - -	3
Pleurodyne	- - - -	1	Chronic Rheumatism	- - - -	12
Hydrothorax	- - - -	2	PUERPERAL DISEASES.		
Apoplexia	- - - -	1	Menorrhagia Lochialis	- - - -	3
Paralysis	- - - -	2	Low Puerperal Fever	- - - -	2
Cephalalgia	- - - -	5	Abcessus Mammarum	- - - -	1
Dyspepsia	- - - -	7	INFANTILE DISEASES.		
Anasarca	- - - -	4	Febris Infantilis	- - - -	2
Ascites	- - - -	2	Rachitis	- - - -	1
Amenorrhœa	- - - -	3	Aphthæ	- - - -	5
			Herpes	- - - -	8

It will appear from the annexed list, that the fever, which has long formed a large proportion in former lists, continues to prevail, and that the number of patients under its influence is still large. This disease has propagated itself to a considerable extent, particularly amongst the lower orders of society; so that there is hardly a family that has been visited by it, in which almost every member of it has not been more or less affected. Together with the other symptoms of this disease, which have been frequently recited, some affections of the throat have of late, in several instances, been experienced. In these cases there has been a slight inflammation of the mucous membrane of the fauces, and some enlargement of the tonsils, occasioning a degree of pain and difficulty in deglutition. These symptoms have, however, soon yielded to the inhaling of the steam of warm water, or frequently sipping some tepid emollient liquor, or the use of moderately astringent gargles.

Similar affections of the throat, but in a higher degree, have in some instances constituted the primary disease. The patient has first complained of stiffness and fullness about the throat, with difficulty of deglutition; the tonsils and the whole of the internal fauces have been much inflamed, and the degree of fever indicated by the fullness and frequency of the pulse, and the heat of the skin, has been considerable.

The



The use of aperient medicines, keeping up a determination to the skin by antimonials, and the use of emollient gargles, have generally been attended with success, and in a few days the disease has been removed.

*To the Editors of the Medical and Physical Journal.*

GENTLEMEN,

SOME more striking proofs of the efficacy of yeast in typhus and putrid fevers have lately occurred in my practice; if thought worthy a place in your Journal, you will oblige me by inserting them.

Having under my care a young man ill with Typhus fever, belonging to a large family, I soon perceived many of them falling victims to it. Being obliged to visit the house every day on the young man's account, and finding two more taken very ill, I recommended them the use of yeast, as I was prevented assisting them otherwise from their not being able to procure Dispensary notes. In the course of two or three days, the father, mother, and another child fell ill; and as they had only one room for all six to lie in, two of them were carried to the Infirmary, and I procured Dispensary notes for the other three. Finding the two who were removed to the Infirmary had been so much relieved by the yeast before they were taken away, I was induced to try it with the others, who were delirious nearly the whole of the time. I persevered in the use of the yeast, without any thing else, until after the crisis was over, when I gave them an infusion of bitters for a few days, and they all perfectly recovered. I am, &c.

Bristol, 10, 1801.

W. D. ROLFE.

*State of the Patients of the Bristol Dispensary, from the 1st of June to the 1st of July, 1801.*

Typhus Fever	- - - 43	Puerperal Fever	- - - 1
Rheumatism	- - - 5	Asthenia	- - - 7
Tussis	- - - 1	Variola	- - - 8
Cardialgia	- - - 2	Febris Simplex	- - - 9
Gastrodynia	- - - 2	Inflamed Breasts	- - - 2
Cephalalgia	- - - 1	Ascarides	- - - 1
Anasarca	- - - 3	Menorrhagia	- - - 3
Aicites	- - - 2	Pluretic	- - - 3
Diarrhœa	- - - 3	Hydrops Ovaria	- - - 1
Peripneumonia	- - - 3	Gravel	- - - 1
Podagra	- - - 1	Cynanche Maligna	- - - 3
Consumption	- - - 8	Mania	- - - 1
Ulcerated Sore Throat	1		



*Resolutions of the Benevolent Medical Society.*

RESOLVED,

1st. **T**HAT the thanks of this court be given to Dr. Jenner, for his invaluable Treatise on the Variolæ Vaccinæ, wherein he has clearly and satisfactorily demonstrated, that the inoculated Cow-pox is a certain preventive of the Small-pox.

That as men of humanity, associated for the purposes of benevolence, we should be wanting to the character we assume, did we neglect the present opportunity of bearing our testimony to the value of this providential discovery, which, if generally practised, we are of opinion, would effectually eradicate the Small-pox, one of the severest scourges of the human race.

That this court, in thus requesting Dr. Jenner to accept their unanimous thanks for his inestimable publication, entertain no doubt but posterity\* will do honour to his memory, and record his name amongst the real friends of man.

2d. That the resolution now unanimously passed, be fairly transcribed, and sent to Dr. Jenner by the chairman, and a copy of it sent for insertion in the Medical and Physical Journal, and also in the Chelmsford and County Chronicles, and that the names of the members present be added thereto.

BENEVOLENT MEDICAL SOCIETY for the Counties of Essex and Herts. Court of Audit, holden at Dunmow, June 8, 1801.

Present,

John Andree, M. D.  
Mr. Burr,  
Mr. Bradley,  
Mr. Cribb,  
Mr. Clarence,  
Mr. Lawrence,  
Mr. Cooper,  
Mr. Richard James,  
Mr. John James,  
Mr. James James,

Surgeons.

Mr. Gretton,  
Mr. Barlow,  
Mr. Willsher,  
Mr. Boodle,  
Mr. Seymour,  
Mr. G. A. Gepp,  
Mr. Harrison,  
Mr. Butler,  
Mr. Farr,  
Mr. J. Clarence,

Surgeons.

Mr. NEWELL, Chairman.

The foregoing resolutions, we understand, were transmitted to Dr. Jenner in a very handsome letter written by Mr. Newell the Chairman.

\* We not only hope that posterity will pay this tribute to Dr. Jenner, but that his contemporaries also will not be unmindful of his merit. ED.



*Extract of a Letter from Mr. Blount to Mr. Summers,  
of Bond Street.*

I HAVE enclosed you the copy of my letter to Dr. Jenner, respecting the children inoculated at the Asylum; this you may use as you think proper.

Our Inoculation at the Dispensary goes on very slowly, but with unvaried success. We are particularly attentive to use transparent fluid only. We also have found two, if not three cases, to whom we have not been able to communicate either Small or Cow-pox. My private inoculations do not exceed thirty; and my five brethren may have done as much. Our numbers at the Dispensary are a few short of 300; of these we have heard nothing unpleasant. I have examined three reports of Small-pox succeeding the Cow-pox inoculation; the result of these is highly in its favour, not one had the least foundation.

DEAR SIR,

WITH the Cow-pox matter you was so obliging to send me by my friend Mr. Samuel Rudder, I inoculated, April 17th, four children, viz.

John Lloyd, aged 2 years.

Maria Joyce, 2 years.

Twins

{ John Foxall, 2½ years.

{ Thomas Foxall, 2½ years old.

Of these, the inoculation of John Foxall only succeeded. I shall not trouble you with the daily progress of the inoculated part; only shall observe, that in this case, as well as the five succeeding ones, the appearance in the arms was exactly what you have described in your first publication upon this interesting subject.

1779, April 24. Thomas Foxall and Maria Joyce were again inoculated with transparent fluid, taken from the arm of John Foxall, both of which took effect.

May 2d. John Lloyd was inoculated with transparent fluid from the arm of Maria Joyce; this succeeded.

May 10th. \* \* \* \* was inoculated under the same circumstance from John Lloyd.

May 18th. \* \* \* \* was inoculated from the arm of \* \* \*.

Not one of these children had the least apparent constitutional indisposition. I could not discover any symptom of fever, nor had any one of them any eruption whatever. Their arms got well as soon as usual under the Small-pox Inoculation. The only difference I could observe was, that in every one  
of



of them, the inflammation seemed to be more phlegmonous, if I may so express myself. These children make part of a family of 300. The house in which they live is about a mile distant from Birmingham. Every attention is paid to cleanliness and ventilation; so that I think the same effects may be expected as you usually find in the country.

From \*\*\* I took some matter upon thread, with which I inoculated three children, all at the breast, about six months old; paupers in the crowded poor-house in a close part of Birmingham; two did not take effect, and the third was taken to a distance by the mother the day after inoculation, so that I never saw the child after; but I have since heard, that the mother returned again in a few days with the child, who had about fifty eruptions, of what she thought was the *Small-pox*. The disease appearing so slight, she did not think it necessary to trouble me with it; thus I lost the only opportunity of seeing the disease in this form, and of making any remark on the peculiarity of its appearance.

August 1.—I inoculated these six children with fresh crude variolous matter, but without effect.

25th.—I again repeated the variolous inoculation with the like result; and I intend to repeat it again as soon as I can procure some proper matter for the purpose.

When I have an opportunity of repeating the vaccine inoculation, which I hope to have soon, I will take the liberty of applying to you for some matter.

I am, &c.

*Birmingham.*

J. BLOUNT.

June 14, 1801. Since the above was sent to Dr. Jenner, these six children were put to sleep with a child who had the *Small-pox* in the natural way, and not one took the disease.

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*The following, or similar, Addresses are distributed in the Metropolis, and many other Parts of the Kingdom.*

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SOCIETY FOR BETTERING THE CONDITION  
OF THE POOR.

NOTWITHSTANDING the advantage of Inoculation for the *Small-pox*, it is a melancholy fact that the poor do still suffer very greatly by that disorder. The following ad-



dress from the physicians, surgeons, and apothecaries of the medical hospitals at Manchester, on the subject of Inoculation for the Cow-pox, may, it is hoped, have its effect in producing from *our* medical hospitals, offers similar to that in the address, and also in preparing the minds of the poor to take the full benefit thereof. Two families near Manchester have lately inoculated for the Cow-pox many hundreds of the neighbouring poor, who have all recovered without any sickness to confine them a single day. Twenty of them were afterwards inoculated for the Small-pox; for a few days the usual signs of infection were perceived on the arms, but soon disappeared, without communicating the Small-pox to any one of the twenty patients on whom this very satisfactory experiment was made.

### ADDRESS TO THE POOR.

The experience of several years has fully proved, that inoculation for the Cow-pox is a certain *preservative* against the Small-pox; and is, besides, so mild and safe a disorder, when compared with the inoculated Small-pox, that it has been generally introduced among the better informed and more wealthy inhabitants, both of this kingdom and of various parts of Europe. In order, therefore, to impress strongly on the minds of the poor, the usefulness and superior advantages of this new plan of inoculation, the medical gentlemen belonging to these charities have thought it their duty to state, in this public manner, the following observations, for the serious perusal of all those poor persons who feel *a proper affection for their offspring*, and who are desirous of promoting their own interest and comfort.

1. *Inoculation* for the Cow-pox has been practised for several years, with constant success, in various parts of this kingdom.
2. It has never failed to prevent the infection of the natural Small-pox.
3. It may be communicated with safety to persons of every age and sex, and at all times and seasons of the year, with equal advantage.
4. The Cow-pox is much preferable to the Inoculated Small-pox, as being a milder and safer disease, and not capable of infecting the persons living in the same family, or even sleeping in the same bed.
5. It does not produce eruptions, which scar and disfigure the face; and is seldom, if ever, attended with any other marks of the disease, than what appear on the arms from inoculation.
6. Neither swellings, blindness, lameness, nor any other complaints, which are known frequently to be the consequences of the natural Small-pox, (and sometimes, though but seldom,

of



of the inoculated Small-pox) have been observed to follow the Cow-pox.

7. Alarming fits frequently seize children when sickening of the Small-pox; and while cutting their teeth, this disorder often proves dangerous: But no such objections lie against the Cow-pox.

8. So far from proving hurtful, delicate and sickly children are often improved in health by having passed through this complaint.

9. Scarcely any remedies or attendance are required for the Cow-pox.

10. There is no necessity for a course of physic either before or after inoculation.

11. *The time of the parents will not be taken up in attendance upon the sick, to the injury of the support of the rest of the family: and to poor families, this is an object of no small importance.*

The prejudices of the poor against inoculation for the Small-pox, by which thousands of lives have been annually saved, have been often lamented; but if they suffer unjust prejudices to prevent their laying hold of the advantages now offered to them by the inoculation of the Cow-pox, they will neglect the performance of a duty they owe to themselves, to their families, and to society at large. For surely it is little less than criminal to expose their helpless children to the attack of so terrible and fatal a malady as the Small-pox, when it may be readily avoided by the inoculation of so mild, simple, and safe a disease as that of the Cow-pox.

N.B. All poor persons, whose affection for their families leads them to embrace this favourable opportunity, may have their children inoculated for the Cow-pox, at the hospitals and dispensaries, from twelve to one in the afternoon, every day in the week, (Sunday excepted) throughout the year. No time ought to be lost by the poor in freeing their families from the apprehension of the Small-pox, which daily increases both in frequency and malignity throughout this town.

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*To the Editors of the Medical and Physical Journal,*

GENTLEMEN,

THREE children in this neighbourhood having lately received the Small-pox after a previous inoculation for the Vaccine disease, I am induced to lay the circumstances attending that



that inoculation, through the medium of your Journal, before the public, to remove any doubts that may have arisen of the security of the new practice being invalidated by the accident.

On Sunday, October 19, the four children of Mr. Whitworth, of Cuxwold, in this county, were inoculated with matter received the day before from the Vaccine Institution. Owing to the struggling of one of them, (Harriet) a deeper incision was made in her arm than was wished, and it appeared the next day slightly inflamed. This inflammation was not increased on the Tuesday morning, though she complained of some pain in the arm; at night rather more inflammation was perceptible, but the part was thought to be irritated by pulling off her frock: The inflammation gradually increased on the Wednesday and Thursday, though she ceased to complain of pain from it; and on Friday a slight watery discharge took place from the inoculated part. This continued, as did the extension of the inflammation, during Saturday and Sunday. On Sunday morning she took some doses of an aperient mixture, which operated mildly, and in the afternoon she appeared to be slightly feverish. On Monday the discharge from the arm was diminished, and the inflamed areola, which was scarcely of the diameter of half a crown, seemed at a stand. On Tuesday a scab had formed, covering a little purulent matter; from this time the inflammation subsided, and a dry dark coloured scab, such as commonly succeeds to a Cow-pox pustule, continued on the arm for some weeks.

No distinct vesicle or pustule was ever formed.

The eldest and youngest child were not at all affected by the inoculation.

The arm of the remaining child (Georgiana) was thought to be slightly inflamed on the day succeeding inoculation, but this was not perceptible on either Tuesday or Wednesday. Early on Thursday morning she rubbed it a good deal; at noon it was inflamed, and a minute vesicle was visible on the inoculated part: The inflammation gradually extended itself, and on the Saturday there was a watery discharge from the vesicle. On Monday the discharge was lessened, and the inflammation, which was about the breadth of a shilling, seemed at a stand. From that time both gradually abated, and were succeeded by a scab exactly similar to that on Harriet's arm.

On Thursday, October 30, Mary and William were again inoculated with matter taken on a thread, at the beginning of the second week, from Harriet's arm. The plaster was removed on the third day, and no inflammation was visible on the arm of Mary, though a slight one appeared on that of William. The inflammation extended itself on the arm of the



the latter in the same gradual manner it had done on those of his sisters, and on the sixth or seventh day a watery discharge took place. He was never feverish during the progress of it, though he had been much out of health the week or two before; and about the ninth day the inflammation, which was rather larger than a shilling, became stationary; the discharge gradually subsided, and the scab formed precisely as on the other two. No pustule or vesicle was ever formed in this case.

The inoculation of Georgiana, in whom the inflammation had apparently been excited by her rubbing her arm, was again repeated, and of Mary a third time, with matter taken from their brother, but entirely without effect.

It was inconvenient to the family, who were brought to this town for the purpose of inoculation, to remain longer here; and all but Mary, on whom every attempt to produce infection had been fruitless, were removed.

The point in which the cases above detailed principally deviated from the regular appearance of the Vaccine disease, was in the absence of the very characteristic vesicle\* or pustule, so well known to every one who has had an opportunity of witnessing the complaint, and so admirably delineated in Dr. Jenner's publication.

The inflamed areola too was rather small in each of them, and became stationary somewhat earlier I think than it generally does. I could not discern any variety of tinge in the inflammation, as some of your correspondents have noticed in irregular cases, nor did I observe that the hardness round the inoculated part was later in its appearance than usual. The matter discharged from the fore was at first perfectly limpid.

The early appearance of inflammation might, perhaps, be objected to, in the case of Harriet; but it was so very slight, and did not increase till the third day, that it was attributed to the puncture being accidentally deeper than was intended, and it was not expected that the nature of the disease could be altered by that circumstance.

The inflammation not appearing on Georgiana's arm till she had rubbed it a good deal, on the fourth day, rendered the result of her inoculation particularly unsatisfactory, and it was accordingly repeated, but without effect. The after progress  
of

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\* Georgiana, it was mentioned, had a minute vesicle on the inoculated part of her arm; but it was more transparent, more globular, and appeared to have a thinner pellicle than marks the most decided Cow-pox pustule.



of the inflammation on her arm was gradual, and precisely as the rest.

The absence of the vesicle appeared to me the most important deviation from the ordinary progress of the disease, and enough to render the efficacy of the inoculation, in all of them, ambiguous; but as two cases occurred here two years ago, in which it was equally wanting, and the patients were nevertheless unaffected by a subsequent Small-pox inoculation,\* I was in hopes our present patients would have enjoyed the same security. At the same time, could any recent matter have been then obtained, I should certainly have wished to repeat the inoculation in every one of them. That opportunity, however, was not afforded me; and a general inoculation for Small-pox taking place soon after in the village where they lived, they, with the rest, were subjected to it, and received the disease in a very mild and regular manner.

The failure of the above cases, though from the circumstances here mentioned it was, in two of them at least, unexpected, still cannot be considered by any one who has paid due attention to the subject, as invalidating the security of the Cow-pox inoculation, where the progress of it has been unequivocal. It teaches us, indeed, that a slight deviation from the regular appearances may affect that security, and where a favourable repetition of inoculation is not in our power, must of course, induce us to withhold our responsibility for its efficacy in such instances. It strongly enforces too the necessity of minute attention to the progress of the local affection, as the only criterion of a successful reception of it; fever, tenderness in the axilla, and other more certain symptoms of constitutional affection so frequently being wanting; nor, as appears from one of the above cases, does a slight appearance of the former afford any additional security, where the local affection is not satisfactory.

In the country, we labour under great inconveniences in seldom being able to obtain recent matter, that sent from a distance so often failing to produce the disease, that little reliance can be placed on it. Several times it has lately happened in this neighbourhood, that the matter received from the Vaccine Institution has either failed to produce any inflammation, or, as in these cases, only occasioned an imperfect form of the disease.

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\* The patients above alluded to were inoculated by a thread, and as the plaster was not removed before the fourth day, the vesicle might be broken in doing it. In several other cases, though managed in the same way, that did not happen.



disease. Till better means therefore of preserving the matter are discovered, the progress of the Vaccine Inoculation in the country will, I fear, be but slow, notwithstanding every day's experience should continue to confirm its importance.

The eldest of the children who was left at Horncastle, was inoculated some weeks afterwards with recent matter procured in the neighbourhood, had the disease in its most decided form, and has since been twice inoculated for Small-pox without any effect.

One of your correspondents has remarked, that persons with a smooth clear skin, flaxen hair, and light eyes, are least susceptible of Vaccine infection; these children were precisely of this temperament.

Horncastle, Lincolnshire,  
July 7, 1801.

I am, &c.  
JOHN FAWSETT.

The Editors perceive that Dr. Fawcett's ideas on this subject are perfectly correct, and assure him that *proper virus*, inclosed between two glass plates, may be sent to China, and never fail to communicate the disease. This method of sending virus to a distance is always employed by Dr. Jenner, who never uses any that is not taken before the areola is fully formed. When taken later it is not to be depended upon as a preventive of Small-pox, although it will produce a disease imitative of the true Vaccine.

*To the Editors of the Medical and Physical Journal.*

GENTLEMEN,

IF the enclosed communication be deemed worthy a place in your excellent Miscellany, its insertion will much oblige your constant reader and well wisher,

Keworth, July 1, 1801.

JOHN STEVENSON.

THE numerous and very respectable testimonials, detailed in the various numbers of your excellent Journal, relative to the successful and extensive inoculation of the Vaccine Disease, might seem to render any further communications on the subject unnecessary, since its character as a prophylactic to the variolous infection is now, it may be supposed, fully established. Notwithstanding, however, the mass of *apparently satisfactory* evidence in its favor, I cannot persuade myself that the practice has been brought to the zenith of perfection, and, as such, incapable of farther elucidation and improvement. Else, how

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shall



shall we reconcile the discordant representations of its great severity, and even mortality in some individuals, with the infinitely greater proportion of successful cases, in which the subjects of the disease have experienced little constitutional derangement, though they have equally participated of its salutary preventive influence? I am aware that the abettors of the new system will answer, that this contrariety of effects depends upon the degenerated state of the matter employed, and a want of discrimination between the genuine and spurious Vaccinia. It is not however to be expected, notwithstanding the attention that has been bestowed upon its investigation by men eminently qualified both by their talents and opportunities for making accurate observations, that all its different modifications and nice dependencies are, at so early a period after its introduction, compleatly developed. I am ready to admit that where the Vaccine virus has exerted unusual violence in its operation, the cause is to be sought for in the peculiar irritability of the constitution of the individual at the time of insertion, disposing it to take on a morbid train of actions, rather than to its specific deleterious nature. At the same time, from the two cases which have fallen under my immediate inspection, and which I shall here beg leave to enumerate, I do not feel perfectly satisfied that it is *universally* and *infallibly* an antidote to the Small-pox.

This supposition is at least admissible, if we may be allowed to deduce our opinions from the prevalence of what are considered the diagnostic symptoms of the genuine Cow-pox, as in no instance that has come to my knowledge, has their existence been so clearly marked, and so fully divested of obscurity in every particular, as the following.

Master Thomas-Harvey-Toton Notts, aged two years, was inoculated with Vaccine matter on the 1st of June, 1800, taken from a young lady in the same village, on the ninth day of the disease, and immediatly inserted without dilution, in its perfectly limpid state, into both arms. On the fourth day, the matter had evidently taken effect, and on the fifth a small vesicle appeared, which gradually enlarged till the eighth, when my patient became uneasy, fretful, and somewhat feverish. These symptoms abated in the space of forty-eight hours. The beautiful erysipelatous circumscribed efflorescence, or areola around the pustule, which was distended with a transparent fluid, continued to increase in circumference till the twelfth day. From this period it spontaneously though gradually subsided, the matter in the pustule being all this time of an aqueous colour and consistence. The pustule began now to assume a dark complexion, and an eschar formed, which separated in  
about



about a fortnight afterwards. On the ninth day a few red eruptions appeared, scattered thinly over the body like measles, which in the space of four days turned brown, and soon desquamated, nor did they contain any fluid during their continuance. In short, I know not of any variation in the symptoms from the commencement to the termination of the disease, from those which uniformly occur in the Cow-pox, save the cutaneous eruptions, which are not a necessary or usual concomitant.

On the eighth day, Master Edward-Harvey, aged seven years, was inoculated with matter taken from his brother. It would be nugatory to state the particulars of his symptoms, and it is only necessary to mention that he went through the disease in a more mild, though equally distinct form.

In six months afterwards, both these young gentlemen were inoculated with recent variolous matter, in order to remove from the minds of their parents all doubts of the efficacy of the Cow-pox as a preservative against the contagion of the variola. As for myself, I entertained not the least apprehension of any effects from the inoculation, and in this conviction I deemed a preparative course quite superfluous. The matter which had been thus introduced, instead of dying away on the third or fourth day as I had anticipated, began to produce inflammation on both their arms. You may conceive my confusion and chagrin, when on the eighth day, I received a message requesting me to visit my young patients, who complained of head-ache, chillness, sickness, and the other precursory symptoms of Small-pox. On my arrival, I found, to my sincere regret, that there was little doubt of their having the genuine variolous fever. The pustules on the arms of both were fully distended with purulent matter, and considerably inflamed around their margins. In Master Edward, on the following day, a full crop of eruptions supervened. With respect to his brother, the eruptive fever was much milder, a circumstance that was owing probably to his being more exposed to the open air in addition to the very soluble state of his bowels. The pustules too never attained to that high degree of maturity as in Master Edward. For after being red, and bounded by a marginal inflammation, and being filled with a much less proportion of purulent contents, they sooner turned brown and exsiccated, a symptom not unusual in very favourable cases of variola.

That this secondary disease was the real Small-pox, admits not of a doubt, since many children were inoculated successfully with matter taken from Master Edward. It may be proper to observe in this place, that the young lady from whom Master T. Harvey received the Cow-pox, has been lately inoculated with variolous matter, but did not take the infection.



This fact coincides with some instances of Small pox, in which the patient (as is said on good authority), is endowed with the power of communicating the genuine disease to other individuals who shall be susceptible of the contagion a second time, whilst the constitution of the first is shielded from its repeated aggression.

These histories and reflections are transmitted, not with a view to depreciate this grand innovation in medicine, or to prejudice the minds of benevolent parents, anxious for the welfare of their tender offspring, against its further propagation. On the contrary, I feel sincerely disposed to congratulate the world at large on the happy introduction of the Jennerian Inoculation, from the conviction, that in various and important particulars it holds a decided preference over the Small-pox, which disease will probably, ere long, be completely exterminated, and known to future ages, probably, (as the true leprosy is to us), only by traditional knowledge. So far, therefore, am I from wishing to check the extending empire of its benign influence, that I publish the above cases, only as a corroboration of the close analogy that subsists in various relations between this new disease and the Small-pox. I am desirous also to stimulate those who have sufficient opportunities for the purpose, to endeavour to collect such characteristic features of the genuine idiopathic Cow-pox, as may enable practitioners to recognize, when it will prove certainly efficacious as a guardian to the constitution against the subsequent agency of the Variolous contagion, and under what circumstances a failure may, with equal probability, be apprehended.

This point appears the grand desideratum in the new Inoculation, which, if once obtained, would do away the mistakes arising from a spurious disease, and eventually establish its reputation on a permanent and unobjectionable basis.

*A Case of Lepra Grecorum, or Psoriasis Inveterata;*  
by CHARLES PEARS, F. M. S. &c. &c.

[ With an Engraving. ]

To the Editors of the MEDICAL and PHYSICAL JOURNAL.  
GENTLEMEN,

HAVING met with a severe case of that singular disease, called the *Lepa Grecorum*, I was anxious to preserve the appearances





*Fig. 1. General view of the human body.*

*Fig. 2. View of the human body from the side.*



appearances of it, and therefore obtained the drawing which accompanies this communication. Your obliging readiness in accepting of what I have hitherto sent, induced the hope that this would not be refused; and should it be so far approved as to be made the subject of an engraving for more accurate delineation, I shall esteem myself highly honoured; and only beg that the following account of the case, (drawn up in so much haste as to preclude the possibility of adding those observations I meant to have sent) will be received as a sufficient explanation, and that I may be allowed the indulgence of another communication for the remainder, at a future opportunity.

In July 1800, I was applied to by THOMAS STUBBS, aged 49, who thus described his situation. He was attacked six years since with a sense of stiffness in the legs and arms. The cuticle desquamated in pieces equal to the size of two fingers in breadth. This continued for some weeks, and occasioned such a degree of debility, as to confine him to his bed; after which he recovered, and continued well for the space of four or six weeks. Another attack then commenced. The *nails* were shed, and succeeded by new ones. The patient *sometimes* experiences pain, but this has not been the case lately. His appetite is good. He is restless, from an *itching* which prevails all over the body. These attacks generally recur every three months; and during their continuance, a quart of the cuticle has fallen from the body in branny flakes every night, for a fortnight or three weeks, and *half a pint* is removed from the bed *two or three times* during the day.

His bowels are regular. The debility is such as to prevent his working as a carpenter, and "when he stands long at the bench," pain follows the exertion. In 1796-7, he was admitted a patient in St. Thomas's Hospital, but discharged without being relieved: and also from the Surry Dispensary, where he afterwards applied. His *hands* are sometimes so bad, and the fissures in them so deep, that all motion is prevented. The cuticle on these parts has desquamated in the form of a glove. From the feet also, in the shape of those parts. *The whole* of the body suffers this desquamation, *except the pubes, scrotum, &c.* where it never has taken place; but where it has lately began to shew a disposition thereto. The face and head are affected as other parts of the body, more especially the roots of the hair. The return of every attack is preceded by a violent itching, which always indicates its approach.

The general appearance of the body is of a dark or reddish brown, which appears more strongly marked when exposed by the



the recently fallen off white and branny cuticle; evincing a more striking contrast.

For the removal of this severe disease, I gave the following:

R. Hydrargyr. muriat. gr. x. Spt. ætheris nitros. ʒj. Tinct. opii. j. M. Cap. gutt. x. bis in die. R. Hydrargyr. muriat. gr. iij. Aq. fontan. lb. ij. M. ft. lotio. To be applied every night to the parts affected.

By Sept. the 8th. the skin became much smoother, the scales or flakes of desquamating cuticle were much less, and the patient generally much better, being able to walk, and also to work in a degree. The sensible heat of the skin was much less.

Oct. 13th. He was severely attacked with cholera morbus, on which account I discontinued the hydrar. mur. but the use of the *catechu* having recovered him by the 15th instant, he again resumed the use of the former medicine.

24th. The red spots, instead of enlarging and producing scales, died away, and left the skin smooth and clear.

Dec. 20th. The patient disbelieving that the medicine could produce such a *speedy effect*, I ordered its use to be *discontinued*, in order to evince its power over the disease, which returned so soon with aggravated violence, that he immediately acknowledged his mistake, and begged for his medicine. Since this time he has continued the use of his mixture and lotion, and found the attacks of the disease recur less frequently, and at longer intervals. The last, which occurred in March last, continued about four weeks, since which time he is again recovered, and finds himself in good health, continues his work as usual, and his body is in a very good and favourable condition. The dose has been gradually increased to 15 drops, three times a day.

So far does the history of this case reach the present time. Its future procedure must consequently be an after recital, which I shall the more anxiously await, from the opinion of some, that *mercury is always ineffectual, and generally hurtful*, however contradicted by the successful practice of others: so that the distinction thus derived, of its difference from *syphilis*, is not well founded.

Thomas\* says, "This truly horrid and loathsome disorder, which seems peculiar to warm climates, is evidently of a very *contagious* nature." But this does not seem to be the case here, in colder climates; for the numerous family of the above patient,

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\* See Thomas's *Medical Advice to the Inhabitants of warm Climates*, p. 119.



patient, using every domestic utensil after him, are never affected by it. *Lommius*\* observes, that "the fourth species of *impetigo*, called the leprosy, is of all others the most terrible, because it is *incurable*." This also appears to be, happily, an untruth, as the above instance added to others may evince. Omitting, however, to enlarge further at this time, I shall only observe, that the drawing is so far from being an *aggravated* representation of the limb, which *fairly* resembled the whole body, that it is not nearly so bad as the parts really were, both before and afterwards.

Rockingham Row, Newington Butts,  
April, 1801.

I remain, &c.

C. PEARS.

*To the Editors of the Medical and Physical Journal.*

GENTLEMEN,

**S**HOULD the following singular case, which has lately fallen under my care, appear to you sufficiently interesting to merit a page in your valuable Journal, it is much at your service.

Southwell, Notts.  
July 3, 1801.

I am, &c.

BENJAMIN HUTCHINSON,  
Member of the Royal College of Surgeons.

ON the 30th of last May, I was called to Thomas Jephson, twelve years of age, and servant to Mr. Chadwin, a farmer at Winkburn, in this county. It was supposed that he must be dead from an excess of hæmorrhage before I could possibly reach the village, at a distance of three miles and a half. On my arrival, however, I found the boy in a state of syncope; and on enquiring into the particulars of the accident, was informed, that on returning from ploughing, he rode a restive horse, and carried some plough irons before him; the horse beginning to be unmanageable, the boy threw the implements from him, one of which stuck perpendicularly in the ground: he was immediately thrown, and fell with the posterior part of his right thigh upon this iron, which tore its way through the

\* Vide Jodocus Lommius's *Medicinal Observations*, Winter's Translation, Book 2. p. 184.



the anterior part, dragging with it in its course the femoral artery, just below its bifurcation into the profunda. The artery was completely divided, and its lacerated extremities were forced externally through the wound. Owing, I consider, partly to the contraction of the vessel, to the coagulum formed within its tube, and probably more particularly to the complete state of syncope which supervened, the hæmorrhage had ceased before I had reached the village. This large artery being so immediately in view, I had no difficulty in securing with tape ligatures, each divided extremity; and from the evident and impetuous pulsation, convinced that my patient was living, I introduced the vessel within the gaping laceration of muscles, leaving the ends of the ligatures externally. By means of sutures and slips of adhesive plaster, the lips of the wound were satisfactorily approximated, and having applied simple dressings, I secured them by a long flannel roller. The delirium was removed by the irritation occasioned by the ligatures and sutures.

Considering my patient in the same state as after the operation for popliteal aneurism, I left him with an impression of anxiety on my mind, not without hopes, however, that the profunda, with the anastomosing arterial ramifications, would be sufficient to furnish a due circulation for the nourishment of the limb. On the following day, I found he had passed a restless night, notwithstanding he had taken a draught with twenty-five drops of tincture of opium; the wound was painful; he was yet free from fever, and the limb retained its natural heat. The quantity of opiate having been increased the second night to thirty drops, he was not so restless, still, however, suffering considerable uneasiness, and complaining of a numbness in the whole limb. Care was taken to keep his bowels in a sufficiently open state; and with the assistance of the same quantity of opium, he again passed a comfortable night. The degree of pain in the wound varied until the sixth day, when I cautiously removed the dressings, which were completely moistened by a copious effusion of coagulable lymph from the mouths of the divided lymphatics. On the day following my patient was seen by Mr. Beechor, a most respectable surgeon of this place, and Mr. Thompson, a well informed practitioner of Newark, who concurred in opinion that the boy was doing better even than might have been excepted. Appearances now continued much in our favor; the pain was inconsiderable, and the extremity gradually recovered its regular temperature and sensation. Nothing occurred to interrupt the healing of the wound. On the twelfth day from the accident, the ligatures were detached from the artery, and in the course of five weeks the wound was  
com-



completely healed, and the boy recovered the perfect use of his limb.

*To the Editors of the Medical and Physical Journal.*

GENTLEMEN,

**ALTHOUGH** many pertinent remarks have been offered to the medical world (through the medium of your valuable Miscellany) on the subject of Empiricism, I almost fear it is less considered than it ought to be. Some plan for the suppression of these insidious pretenders is rigorously demanded, in justice to the community, as well as the interest of regular practitioners.

That the common practice of vending quack medicines has proved highly deleterious to society, impaired habits and exhausted persons too decidedly indicate; and so long as those fraudulent impostors are permitted, *unmolested*, to hurl their rhodomontade among the credulous, so long will the delusion continue. The advertising part of those infallible tricksters are daily increasing their depredations, are hourly imposing on the community nostrums of nullity or nonsense, and with dauntless effrontery are procuring patents for what is in *common* use in every apothecary's shop.\*

It is true that the *revenue* may in some measure be benefited, in consequence of the numerous quantity of stamps issued by the venders of medicine; but, that mankind in general should continue to be plundered of their property and health, in order to enhance the yearly profits of government, is surely not consistent with reason, or compatible with sound policy.

Independent, however, of *this* order of quacks, there are others, who, perhaps, are equally (if not more) obnoxious to society; professing themselves infallibly capable of distinguishing diseases by a slight inspection of their patient's urine. This class (not unaptly denominated *Urinarii*) is not very numerous; and it would be fortunate for mankind did their impostures only average their number. They seem to have least honor in their own country, though, even at home, there are many whose credulity exposes them to *empirical ravage*.

Strange as it may appear, it is incontrovertible, that instances are not wanting, where emissaries are regularly sent abroad,

\* Witness Mr. Ching's celebrated worm medicine.



with urinals, to collect the *significant* streams of the undiscerning afflicted, which messengers as constantly forward the *mass* or *ingredients* to the poor deluded sufferers! Thus, gentlemen, is a liberal profession shamefully undervalued, while society at large is notoriously imposed upon.\*

To point out a malady without promising a remedy, will avail little to the sufferer; I therefore give it as my decided opinion, that nothing short of an interference of the legislative power is equal to the intention of restraining the evil, is alone capable of counteracting its mischievous effects, and thereby of promoting the general good of society. I further add, that, (as the subject is of considerable moment to the regular practitioner) in order to accomplish an object so desirable, the necessary steps towards such an end should be pursued immediately.

That a practice so ignoble should continue to be supported by a country, whose boast is to live in an enlightened age, and which abounds with medical talents who do no small credit to the day in which they practice, is, to the considerate mind, a matter of surprise; that it is becoming more and more extensive, and *seriously* prejudicial to the interests of the faculty (as well as increasingly detrimental to the good of our fellow-creatures) is very evident; and, that it deserves their most sober regard and determined opposition, must strike all who have the smallest respect for their own prosperity, or the reputation of a liberal profession. Should the end not be answered by any unforeseen causes presenting themselves, I am persuaded a serious reflection on the dignity of the medical character, and a consequent endeavour to thwart every means tending to degrade it, will not be undeserving of the notice of my brethren. *Animam liberavi.*

Higbam-Ferrers,  
July 8, 1801.

I am, &c.

THOMAS PECK.

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\* Many cases might be adduced, where patients (although convalescent) have collected sums of money of their neighbours in order to employ an empiric, while their apothecary's ledger teems with unsettled accounts.



*Case of Erysipelas followed by general Anasarca, succeeding the Vaccine Inoculation, and terminating fatally.*

Communicated by Mr. CLUTTERBUCK.

**SARAH WHITBURN**E, residing at No. 12, Little James Street, Bedford Row, was inoculated with the Vaccine matter in the left arm, at the Small-pox Hospital, where she was admitted an out-patient, on the 12th of May, 1801. She was seven weeks old at the time, was suckled by the mother, and in all respects a fine healthy child, except being occasionally disordered in her bowels. The parents were, to all appearance, in the best health.

On the 9th day, the arm having the usual marks of infection, the child sickened, had much fever, and was at times much convulsed. On the 10th, the inflammation surrounding the inoculated part was very intense, and the lymphatic glands situated on the left side of the neck were observed to be swollen with much redness in the skin covering them: there was, however, no continuity of inflammation from the arm to the neck, the former having the ordinary circumscribed appearance. A copious rash had at this time appeared over the whole body, but in two days after wholly vanished. The arm and neck were directed to be fomented with flannels wrung out of hot water, with the effect of removing the inflammation from those parts: the inoculated part speedily dried and scabbed over, and did not afterwards show any disposition to inflame or ulcerate.

From the neck, however, the inflammation spread on to the face and head, which became much swelled, with the usual appearances of erysipelas on these parts, the eye-lids being nearly closed, and numerous vesications arising on the surface of the skin. The disease continued to creep along the chest, and gradually over the whole surface of the body, leaving the part before affected as it passed on to the neighbouring skin. The elbow and fore-arm on the inoculated side were so much swelled and inflamed, that suppuration seemed at one time to be threatened. It is curious that there was no return of inflammation on the inoculated part, or its immediate vicinity; the disposition to erysipelatous inflammation appearing to have been completely prevented by the original Vaccine inflammation.

A fortnight elapsed before the erysipelas had completed its course, dating from its commencement on the 9th day after inoculation; and as the inflammation subsided, anasarcaous appearances succeeded, affecting especially the extremities and *labia pudendi*, which were enormously swelled. Great general irrita-



tion, as might have been expected in so young a child, accompanied the disease, with frequent returns of convulsion, and at length insensibility; the hydropic effusion continuing to increase till the period of the child's death, which took place on the 15th of June, just five weeks after the inoculation.

The case which has now been described can be considered in the light of an exception only, and certainly affords no argument against the practice of the Vaccine inoculation; yet we can scarcely hesitate, I think, to refer the erysipelas, and consequently, *indirectly*, the death of the patient to this source. The commencement of the inflammation in the neck corresponding so exactly with the constitutional affection on the 9th day from inoculation, marks pretty clearly the relation of one to the other. The Vaccine poison, we know, is more ready to excite erysipelatous than phlegmonous inflammation; in which respect it differs from the Variolous. Although, therefore, the spreading and extent of the disease are probably to be referred to a constitutional cause, they were not so likely to have taken place under the Variolous as under the Vaccine Inoculation.

Whether the erysipelatous affection was owing to the absorption of the Vaccine poison, and the general action of this in the system, rather than to sympathy, admits, perhaps, of a question. The enlargement of the lymphatic glands on the side of the neck would seem to render such a supposition not improbable: yet it has not been demonstrated, I believe, that the absorbents pursue this route in their progress to the subclavian vein. This, however, is no argument against such a communication existing, as it is little more than the main trunks of these vessels that have been traced by dissection. The place where the puncture was made was situated a good deal higher than the insertion of the deltoid muscle, and considerably above the lymphatic trunks which pass up the arm in their progress to the axilla; and no branches are delineated in Mr. Cruikshank's *tables*, as taking this rout from the superior part of the humerus; absorbent vessels, therefore, may pass from the part in question to the lymphatic glands of the neck, although they have not been traced by the knife of the anatomist.

Two cases very similar to the above are given by Mr. Maddock, of Nottingham, in the 24th Number of the Med. and Phys. Journal, one of which terminated fatally on the 26th day after inoculation; the other patient recovered after five weeks duration of the erysipelas, an abscess, apparently critical, taking place in the axilla. The unfavourable cases related in the 22d Number of the same Journal, as occurring in the neighbourhood of Clapham, and which (unfairly I think) were attempted to be ascribed to some negligence on the part of the practitioner,



tioner, were probably of the same nature with those above mentioned. In the instance here related, no doubt can be entertained of every necessary circumstance having been attended to in the operation.

It may be proper to observe, that no prejudice is likely to arise against the Vaccine Inoculation by the fatal termination of Whitburne's Case; the mother supposing the child to have been inoculated for the Small-pox, and attributing its death to the disappearance of the eruption, or, as she terms it, the striking-in of the pock on the 10th day. The only inference the case seems to furnish, is, that we should not under-rate the *possible* danger of the disease, and thereby afford a handle to prejudice or malevolence to oppose a most useful and important practice.

P. S. It is almost superfluous now to adduce evidence in favour of the new Inoculation; and I agree with Dr. Pearson, in thinking it best to bring forward unfavourable cases only, when such occur. I may observe, however, that I have met with two instances lately of the *permanently* preventive power of the Vaccine. Two female servants of Mr. Cater, of Gracechurch Street, were inoculated with Vaccine matter, the one two years and a half, the other fifteen months ago. They have both been employed lately in nursing a child of Mr. C's in Small-pox, with a numerous crop of pustules; and neither of them have suffered.

Walbrook, July 12, 1801.

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### *To the Editors of the Medical and Physical Journal.*

GENTLEMEN,

MUCH as the medical properties of *Digitalis* have been lately investigated, it has been little employed in surgery. Yet from my own experience of its powers, it is, I think, greatly entitled to notice, and secondary to none of the more useful remedies except bark, opium, and mercury. At present, however, I shall confine myself to the strangulated hernia; and as a proof of its efficacy in it, shall subjoin the following case.

On the 19th of June my assistance was requested for a young man labouring under an incarcerated scrotal hernia on the right side, for which he had formerly worn a truss. The descent was occasioned by over-exertion at his business as a weaver, and was attended with the usual symptoms. Before I  
saw



saw him, reduction had been attempted, after employing phlebotomy and calomel, the warm bath, enema nicotianæ, and a solution of sal ammoniac locally; and as inflammation had supervened in the scrotum on the same side, leeches had been applied to it. The failure of these means presented the operation by incision as a final resource; yet, not entirely discouraged by disappointment, the enema nicotianæ was ordered to be repeated, ice to be applied to the scrotum and frequently renewed, and a grain of *Digitalis* to be immediately administered. In two hours their sedative effects were strongly manifested, all resistance was subdued, and the hernia now reduced.

I have ascribed the chief merit to the *Digitalis*, because the enema nicotianæ and cold applications had previously failed, and the circulation was interrupted in a remarkable degree. The pulse was hardly perceptible, the countenance sunk, and the general depression so great, that æther and other strong stimulants were judged expedient after the return of the intestine.

Foreign writers have insisted much on resorting early to incision, which, though dexterously performed, is certainly hazardous. But I am under a persuasion, that the necessity for it may be superseded, in general, by the proper employment of these sedatives. The exceptions to which I allude are, where from the particular manner of descent, the efforts at reduction oppose an obstacle to the return of the intestine; a variety of which I have seen, and which must baffle every other resource of art: Otherwise, very few cases, I apprehend, would prove irreducible. Where a single dose of the *Digitalis* does not answer, it may be repeated every second or third hour, in conjunction with the means commonly employed, according to their sensible effect; relying on the judgment of the practitioner in attendance when to abandon them. And I must caution him not to continue the ice too long, especially when mixed with salt, by which a greater degree of cold is generated, lest gangrene should be induced, and the event of the operation, if necessary, rendered more doubtful.

Reduction is chiefly prevented by the inflammatory state of the contents of the herniary sac; which state consists in an increased frequency and vigour of the arterial pulsations, producing an effusion, and accompanied with a morbid sensibility and tension. These augmented dimensions are further extended, by the hindrance given to the return of the venous blood, and by the watery fluids of the intestines distilling into the strangulated cavity, as well as by the expansion of the gas contained within it. While, on the one hand, every cause of dilatation



dilatation must tend to lighten the stricture, admitting the tendon to be wholly passive; on the other, a diminution of bulk must obviously facilitate the replacement of the protruded contents. The sedatives employed in this case seem well calculated to fulfil the several indications. By the Digitalis the supply by the arteries is stinted, and muscular resistance obviated by it and the nicotiana; and it is the well known property of cold to diminish sensibility, and contract the circumference of substances coming in contact with it. I have said nothing of inverting the body, supposing it to be done in every instance attended with difficulty, as in this. My method is, to suspend the patient by the hams over the shoulders of a strong person, sitting or kneeling on a bed, and to incline the head and body a little forward; in this position, the intestines recede towards the diaphragm, assist by their weight the external force, and draw back first the part last protruded; the fluids may also escape into the abdomen by their own gravity, and the muscles immediately concerned are still further relaxed. Coarse as it is, the one adopted by our ancestors was more so; but their object was the same. It may not be amiss to remark, that the fluid contained in the incarcerated intestine should be discharged by pressing laterally, or by endeavouring to approximate its sides, and not by pressing from the fundus upwards. Where the aperture is not very strongly closed, after reducing the tension, a little time spent in this way will seldom fail to empty it; for the stricture must be tight indeed to resist the transmission of a fluid thus impelled by the hands of the operator.

You have before recorded an instance of the success of Digitalis in the strangulated hernia (see Vol. iii. p. 330,) of which this may therefore be deemed a confirmation.

I am, &c.

Manchester, July 11, 1801.

W. SIMMONS.

### *Observations on Phlegmatia Dolens, by Dr. HULL.*

[ Continued from our last, pp. 51—63. ]

#### II. *Observations on Mr. White's Theory of the Disease.*

IN the second part of his "*Inquiry*," the ingenious author makes the following remarks: "When a healthful woman, who has not had the *anasarca gravidarum*, is seized with this disorder, in her lying-in in its simple, perfect, but uncom-  
 plicated



plicated state, and it is confined to one side *only*, which happens about nine times out of ten, it is then allowed by *all* authors who have written professedly on the subject, that the swelling is confined to the limb, nates, lumbar and hypogastric region, groin, and labium pudendi of that side, and *I* must add, that it occupies all those parts, and never in the smallest degree deviates from that line." p. 58.

Though it is clear from the former part of my paper, that the above statement is incorrect, I am willing to admit on Mr. White's authority, that the affection was exactly of this kind in every case wherein he will say, that on a careful examination he found it so. Moreover, in discussing his theory of the disease, which he seems to deem applicable only to this particular variety, named by him *Phlegmatia alba dolens puerperarum*, I will not avail myself of the objections that might be urged against it, from taking a more comprehensive view of the malady; but will endeavour to prove, that his theory is at variance with his own observations and cases. His eighth case I must beg leave to insert entire in this place, as I shall have occasion to refer to different passages in it hereafter; and I am desirous that it should appear to every reader, that the quotations from it are made with perfect fairness.

"ELIZABETH ROTHWELL, of Gravel Lane, Salford, a very healthful young woman, aged 24, free from any chronic disorder, and who had always enjoyed a most perfect state of health, was delivered of her second child, as she lay upon her left side, on the 19th of January, 1783, by a midwife; *had an easy time*, and suckled her child. She was kept very warm, never went out of her room, nor did any thing by which she could possibly catch cold, till twenty days after delivery, when a window was opened in the room about a minute or two. *In an hour after, she was seized with a pain in her right side and shoulder; but had no cough; she was bled, which eased the pain.* Two days after, she was attacked with pain in the groin, labium pudendi, thigh and leg of the same side, *which swelled, and then the pain abated.* The parts were tense and hard, *attended with fever.* She was made a home patient of the Infirmary under the care of Dr. Bell, and is now got perfectly well." *Inquiry*, P. I. p. 23 and 24.

Before I enter upon the examination of the theory of this disease, as given by Mr. White, it may not be improper to premise a few observations. 1. On the nature of the fluid poured out by the exhalants into the different circumscribed cavities of the human body, both in a healthy and diseased state. 2. On the nature and properties of the lymph. And, 3. On the structure, course, &c. of the lymphatics, especially in



in the inferior extremities and the other parts of the trunk, usually affected in Phlegmatia Dolens.

1. The *exhaling fluid* in the natural state of the body, is not in sufficient quantity to distend the cavities into which it is constantly passing from the extremities of the arteries opening upon them; it merely moistens the internal surfaces of the membranes; to the touch it is viscid and mucilaginous, and is analogous to the serum of the blood. In dropical cases it is accumulated in sufficient quantity to be easily obtained and subjected to a chemical analysis. M. Ronelle and Fourcroy have examined the exhaled fluid of hydropics, as taken from the chest, pericardium, ovary, abdomen, &c. and have found it possessing all the properties of the serum. According to the latter author, it is ordinarily viscid, yellowish, of a sweetish and saltish taste; it sometimes contains greyish yellow flakes in greater or smaller quantity, which consist of coagulated albumen. It coagulates by heat, acids and alcohol, precipitates on the addition of calcareous and metallic salts, and turns the syrup of violets green. The coagulum, formed by heating it, is of a sulphur colour, is light, porous, and of a tremulous consistence; a slightly yellow liquid oozes from it, which is not coagulable, and contains sulphur, phosphates of lime, &c. Diluted with water and heated, the exhaled fluid of hydropics affords a milky liquor, which does not coagulate, but yields a yellow pellicle: A true jelly cannot be obtained from it, therefore the albuminous matter contained in it, is not in the true state of gelatine.\* In inflammatory diseases the exhaled fluid thrown into the different cavities of the body, coagulates, a portion of the coagulating lymph of the blood, or *fibrine*, according to the new chemical nomenclature, being contained in it. A separation of the fibrine from the serous part afterwards takes place, and this, when it becomes perfectly solid, either attaches itself wholly to the internal surfaces of the membranes lining these cavities, or partly adheres to them, and partly is formed into flakes or loose coagula, and intermixed with the fluid part.

2. The *lymph*, or fluid, contained in those absorbents which do not convey chyle to the thoracic duct, has by different writers been considered as the same as, or at least as analogous to, the serum of the blood; and *a priori* it may seem allowable to consider it as the same identical fluid with that exhaled into the circumscribed cavities, or with this and a slight admixture

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\* See Fourcroy Systeme des Connaissances Chimiques, 8vo. Tom. ix. p. 165.



of the other secreted fluids, according to the situation of the lymphatics. The properties of the lymph, however, have not been sufficiently determined, owing to the difficulty of obtaining it pure, and in sufficient quantity for a chemical analysis. It is pretty well ascertained, that its properties do vary occasionally. Soemmerring mentions the case of a healthy woman, in whom the lymphatics of the foot were varicose, and lymph flowed out freely on pricking them with a needle.\* This lymph was found to have the following properties: It was clear and pellucid, of a slightly yellow colour: Its taste was bland, and saline (muriatic). Exposed to the air, of the temperature of 50° of Fahrenheit's thermometer, for several hours, its fluidity was scarcely diminished. But on the addition of alcohol and the mineral acids it became turbid, and after some hours the precipitate fell to the bottom, and the more fluid part swam at the top. When it was evaporated spontaneously in open vessels, or in a gentle heat, a good deal of a yellow tenacious matter, resembling gum arabic, and cracking like it, and pellucid as amber, remained with some slender saline crystals deposited upon it. When evaporated to one half the original quantity over the fire, it assumed a gelatinous nature. Being placed in 50° of Fahrenheit, it did not easily putrefy; but after some weeks became turbid, emitted a cadaverous odour, and was changed into an apparently puriform matter. Muriate of mercury, added in powder, imparted to it an opaline opacity, and a variegated reddish colour, and preserved it from putrefaction. Pieces of camphor also prevented its putrefaction, insomuch that, after all the camphor had disappeared, the lymph, which had indeed been diminished by exhalation, remained for some time liquid and pellucid. Peruvian bark in powder did not long prevent it from putrefying; it was found inferior in this respect to lime-water. This is by much the most circumstantial account of the properties of the human lymph which I have been able to meet with. Mr. Cruikshank says, in the purest state that he could procure the lymph, "it resembled water in fluidity, was transparent, sometimes of a straw colour, or even brown; it also either coagulated wholly on extravasation, or coagulated in part, as the animal from which it was taken was either stronger or weaker. The same thing happened in the dead body, where it coagulated from rest, or in consequence of death;" whence he suspects, that the fluid found in the lymphatics is in part the coagulable lymph of the blood.†

Mr.

\* De Corporis Humani Fabrica, Tom. v. p. 416 and 420.

† Anatomy, &c. p. 96. See also Hewson's Exp. Inq. P. ii. p. 238.



Mr. Astley Cooper informs me, that in an experiment upon the absorbents of a horse, he put a watch glass under the divided absorbents, and caught the lymph as it issued, which coagulated in about three minutes, and that he has also taken lymph in the same way from the absorbents of the neck of a dog, and found that it coagulated. From what has been already stated, it appears that the lymph varies in its disposition to coagulate; and from an interesting case, related by Mr. Patch, it would seem that it sometimes assumes a milky appearance. The boy, who was the object of this case, had a milky discharge in considerable quantity from a small orifice in the groin. Three or four spoonsful of the fluid were brought to him, which, he says, "appeared like scalded milk; and some of it being heated over a candle, it soon turned to a soft curd.\* There is reason to believe, that this fluid was discharged from the inguinal absorbents, and that there was an admixture of adeps in it, as it was white, and the boy is stated to have been very much weakened by this evacuation. It is to be hoped, that those practitioners, who have an opportunity of collecting the lymph from wounds, or ulcers of the groin, cubit, &c. will analyse it with more care than has been hitherto done.

Fourcroy seems to think, that, by paying attention to this kind of researches, the absorbents may be opened at pleasure, and that this sort of operation, which he names *lymphée*, may fulfil some useful indications; that it may remove lymphatic plethora, diminish the mass of superabundant white and nourishing juices, and evacuate the lymph that is accumulated in certain cavities of the body; for, says he, the depletion of a large lymphatic vessel, and the void which succeeds it, must augment the force of suction and absorption in one region, and ultimately in the whole of the absorbent system.† It does not appear, that the lymph has ever jellied, or coagulated in the vessels of the extremities in a living animal.

3. The *lymphatics* anastomose more frequently than the arteries, and the anastomosing branches are in many parts of large size; from their very frequent communications with each other, they often form an irregular net-work.‡ Their coats are thinner

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\* Edinburgh Medical Essays, Vol. v. p. 238.

† Systeme des Conn. Chimiques, Tome ix. p. 169.

‡ "This *anastomosis* takes place not only between the smaller branches, but between the larger trunks and the glands themselves."—"From one lymphatic on the top of the foot, a considerable number of other lymphatics on the leg and thigh, the greater number of the glands in the groin, on the edge of the pelvis, on the vertebræ, and the thoracic duct itself, may



and more transparent, but stronger than those of the red veins, whence they are enabled to support a column of mercury of considerable length; when distended, they have a jointed appearance, owing to their valves. In the inferior extremities, the lymphatics are in two general sets, or layers, one superficial, the other deep-seated. The superficial lymphatics are very numerous; compared with the subcutaneous veins, they are, according to Mr. Cruikshank, as fourteen to one. They accompany the veins, named *V. saphena major et minor*. The deep-seated lymphatics accompany the large blood-vessels, and are less numerous than the superficial ones, but are at least double the number of the arteries. Both these sets of lymphatics enter the inguinal glands. Part of the lymphatics of the external parts of generation in women, of the lymphatics of the inferior part of the abdomen, of the loins, nates, and vicinity of the anus, passes also into the inguinal glands; whilst another part of them passes by the nearest road into the pelvis, avoiding the inguinal glands: The lymphatics of the right and left sides of the inferior part of the trunk anastomose with each other; so that the lymphatics of one lower extremity, and of the other parts of the trunk, usually affected in Phlegmatia Dolens, when confined to one side, are not more distinct than the blood-vessels of the same parts are.\* Of the lymphatics, which proceed from the inguinal glands, and pass under Poupart's ligament, some accompany the external iliac artery; others descend along the side of the pelvis near the internal iliac blood-vessels, and pass through some of the conglobate glands situated there. With respect to the lymphatics which pass through the inguinal glands, it may not be improper to remark here, that these glands are the centre or focus, and that the lymphatics of the loins and abdomen may with as much reason be considered as the extreme points of this part of the lymphatic system, as the lymphatics of the leg and foot. Now we find, that in five or six of the fourteen cases related by Mr. White, the disease in question began in the back, and extended or descended to the groin, &c.† In these cases, therefore, the complaint, if it began in the lymphatics, according to Mr. White's hypothesis, must have begun at a distant or extreme point of the affected part of the lymphatic system; that

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in the same manner be injected."—"The intention of Nature by these anastomoses, is evidently to secure a number of roads, by which these important fluids, the chyle and lymph, may be carried into the blood." *Cruikshank's Anat. of the absorbing Vessels of the Human Body*, p. 85.

\* See Mr. White's Inquiry, Part ii. p. 58.

† See Mr. White's Inquiry, Part i. Cases 1, 2, 3, 4, 9, and 12.



that is, at a considerable distance from the groin or brim of the pelvis, if we follow the route of these lymphatics. Why then, agreeably to the same hypothesis, may not the complaint begin in a distant part of the inferior extremity, as in the lower part of the thigh, or in the leg, and ascend or extend to the groin? And upon what ground can those cases be rejected, which begin in the leg, and are attended with the same symptoms as those which begin in the groin?

I will now proceed to examine the whole of Mr. White's Theory of *Phlegmatia alba dolens puerperarum*, as recapitulated in p. 125—131 of the Second Part of his Inquiry, premising, that he has changed his ground, as far as relates to the manner in which the supposed injury of the absorbents is effected.

"When the brim of the pelvis," says this very respectable writer, "forms a prominent line on the body of the os pubis, and is as sharp as an ivory paper folder, or as some knives, and jagged like a saw, and the gravid uterus, by the violence of the labour pains, forces the lymphatics against this sharp edge, it must cut or lacerate those lymphatic vessels which wrap round it and dip down into the pelvis, and they will discharge their contents." From this quotation it appears, that the division of the lymphatics by a sharp prominent line\* on the body of the os pubis is made a *causa, sine qua non*, of the disease. This sharp ridge is, I believe, a very rare occurrence, and Mr. White has not been able to shew, that the lymphatics, which pass over it into the tubular part of the pelvis, have in any case whatever been cut through by this ridge, or process. He affirms, indeed, in p. 99, that it cannot be denied, "that the same sharp bone, which cuts through and lacerates the uterus and peritonæum, will also cut through or lacerate *all* the intermediate soft parts which lie betwixt the uterus and that sharp bone." Nevertheless, I am of opinion, that neither the lymphatics passing over this sharp bone, nor the periosteum which covers it, would necessarily be divided in those cases where the uterus or vagina is so far injured as to give way during labour. Further, he has not adduced one single instance to shew, that this sharp ridge of the os pubis has ever existed in the pelvis of any woman who has suffered an attack of *Phlegmatia alba dolens puerperarum*: But he has circumstantially related the case of Jane Kinnerly in page 93, which goes as far, perhaps, towards proving the *contrary* of his hypothesis, as any one case can go to prove a general doctrine. This poor unfortunate  
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\* The serrated appearance of this ridge, which Mr. White speaks of, I should apprehend, is produced after the periosteum has been separated by maceration from some injury.



woman's pelvis had actually the very sharp prominent line on the body of the os pubis, which Mr. White makes a necessary circumstance; and in consequence thereof the uterus was cut, or torn through, in her eighth labour, and occasioned her death. But, though she had previously born seven children, she never had the disease in question in any of her lyings-in. Mr. White informs us, on the authority of Mr. Cruikshank, that Mr. Hunter saw a case, in which the skin being pricked by a needle which had never been used before, or touched any infectious or irritating substance, occasioned the lymphatics of the arm to inflame, and shew themselves in the form of red lines, running towards the axilla." (p. 24.) Now, if so slight an injury as this can excite inflammation in the lymphatics, we may *a fortiori* suppose, that inflammation of the lymphatics would be excited in some instances at least, if these were lacerated or divided, in consequence of being violently compressed betwixt the child's head and the prominent line of the os pubis. Yet Mr. W. denies that this ever takes place in Phlegmatia alba dolens puerperarum. He says, "I believe there is not a surgeon in any practice in the kingdom, who has not seen both lymphatic glands and vessels inflamed; and yet I will venture to say, that none of them ever saw the disorder in question occasioned by, or even attended with, any such symptoms." p. 26. Besides, I have had under my care wounds of the lymphatics; and neither in these cases, nor in any that I have read, not even in the case related by Mr. Patch, where the discharge was very considerable, does it appear that any intumescence, similar to Phlegmatia dolens, supervened to their healing. And this disease also occurs to women after the most easy natural labours. From all these circumstances I infer, that an injury of the lymphatics is not the remote cause of the disease, as is assumed by Mr. White.

We will now suppose that the lymphatics, which descend into the tubular part of the pelvis, are divided, and see whether Mr. White's theory, with this concession, will account for the phenomena of the disease in a satisfactory manner. I am decidedly of opinion that it will not.

He next says, "In some cases the extravasated lymph will be immediately absorbed by the lymphatics in the neighbourhood. In others it will accumulate, coagulate, and give pain, some days prior to the swelling of the limb, by separating the peritonæum from its connections with the adjacent parts, and at last will be absorbed. But, in some few cases, it may not be absorbed, but produce an abscess." The only observations which I shall make upon this extract, are, 1. That in the former part of his *Inquiry*, &c. p. 38, where he is informing us



us that this disease is not a phlegmon or an erysipelas, he adds, "neither is it an iliac abscess, or an abscess under the fascia lata, as it never comes to suppuration;" which is directly contradictory of the passage just quoted. 2. That Mr. White says, in the second part of his *Inquiry*, &c. p. 8, he is "well satisfied that there is not one" (case) "of the genuine disease, in its simple, uncomplicated state, sufficiently authenticated, that ever proved fatal; not one that was ever attended with any external inflammation, abscess, gangrene, or bursting of the skin in the legs or thighs, as in anasarca." Yet Mr. W. tells us, in another part of the same work, p. 80, that "whenever the swelling of the limb loses its elasticity, and pits upon pressure, it is probable that many of the lymphatics burst." Now, if this be the case, why may not the extravasated lymph in the leg, or thigh, produce an abscess here as well as within the cavity of the pelvis; an instance of which Mr. W. mentions as having actually occurred in the case of Jane Waters. He may not have seen a case where a suppuration of the limb took place, but it cannot be supposed that he has seen every termination of this disease; and there is but too much evidence to prove, that this troublesome complaint has taken place in various instances.\*

He then proceeds to say, "In a space of time, generally betwixt twenty-four hours and six weeks, the orifices in the ruptured lymphatics will close, and they will be gorged with lymph, which will be impeded in them, but it will continue to flow in those which have not been ruptured, particularly in the deep-seated lymphatics which accompany the iliac artery, and, by anastomosing with those which have been ruptured, will prevent any material injury for the present, and in time will entirely supply their place." Mr. W. has not sufficiently explained himself upon the state of the divided extremities of the lymphatics, betwixt the time of receiving the injury and the commencement of the disease. If the divided extremities close quickly, the disease, if it be owing to this circumstance, should arise much sooner than is generally found to be the case. If they be gradually contracting for a fortnight or more, the anastomosing branches being gradually suffering a dilatation during this period, should totally prevent, I think, any swelling of the limb from taking place at the time the wounded lymphatics completely close. Again, if, as Mr. W. has asserted in the above quotation, the anastomoses of the injured with the entire lymphatics,

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\* The authority of Callisen, for which Mr. White has a high respect, may be here adduced, "*Interdum cedema puerperarum in abscessum lacteum vel lymphaticum transit.*" *Princ. P. II.* §. 39.



phatics, will, *for the present*, prevent any material injury, it may be confidently expected that they will effectually prevent all injury afterwards. From considering the consequences of tying the large blood-vessels of an inferior or superior extremity, and from viewing the number and course of the lymphatics of a lower extremity,† I am induced to believe, that if every lymphatic which passes over the ridge of the os pubis down into the pelvis were tied, or obstructed, so that a single drop of lymph could not be transmitted through them, the remaining sound lymphatics would, by means of their frequent and large anastomoses with the obstructed ones, easily convey the whole of the lymph to the thoracic duct, so that, at most, only a comparatively slight and gradual tumefaction of the limb, unattended with the violent pain and other symptoms of Phlegmatia dolens, would be produced. The supposed cause therefore appears to me to be totally inadequate to the production of the disease.

"By the obstruction of the lymph," continues Mr. White, "the groin, labium pudendi, and upper part of the thigh swell, the tumour gradually extends towards the leg and foot, and grows very painful, white, tense, elastic, hard, glossy, and uniform." There is no part of Mr. White's theory which surprises me so much, as his considering the tumefaction, during the first stage of the disease at least, as arising solely from the distension of the lymphatics. This supposition is, in my opinion, wholly untenable, and, as far as I know, is only maintained by Astruc and Mr. White. The progress and uniformity of the swelling, all militate strongly against it. In the first case of his *Inquiry*, &c. Part I. p. 13, our Author says, that the progress of the swelling was "so quick, that the whole limb was, in the course of twenty-four hours, distended to *twice its natural size*;" and, in the sixth case, p. 21, he says, "the pain descended into the groin, labium pudendi, thigh and leg of the same side, which swelled to *three or four times the natural size*." An inferior extremity of moderate size, for example, one 36 inches long and 4 inches in its mean diameter, is equal to 452 cubic inches, or about  $15\frac{1}{2}$  wine pints; consequently, if a limb of this size be distended to twice its natural magnitude, that is, till it contain twice as much matter, within twenty-four hours after the attack of this disease,  $15\frac{1}{2}$  wine pints of matter must be added to the limb in that short space of time; and, if it become four times the natural size, as stated  
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† See the figures of the lymphatics of the lower extremities, given by Mr. Cruikshank, Fyfe, Wkke, &c.



in the case of Phœbe Waters, then  $46\frac{1}{2}$  pints of matter must be added in the same, or a longer space of time, for this is not specified. Now it would be difficult to shew, that the whole of the exhalants of an inferior extremity, when acting naturally, deposit  $15\frac{1}{2}$  pints in it within twenty-four hours; and yet it is necessary that they should deposit twice as much in that time, according to the theory under consideration, for an accumulation of  $15\frac{1}{2}$  pints of lymph to take place, supposing only one-half of the lymphatic trunks of the limb to remain uninjured, because the sound lymphatics must absorb one half of the exhaled fluid, even if there were no communication betwixt them and the impervious lymphatics, by means of anastomosing branches. Hence I am led to conclude, that the exhalants do pour out an unusually large quantity of fluid into the parts affected in the first stage of Phlegmatia alba dolens puerperarum: And I conclude that the principal part of this exhaling fluid is accumulated in the cellular texture, and that only a comparatively small part is contained in the lymphatics, 1. Because I do not conceive it possible, that the whole of the lymphatics of the parts affected can contain one-third of the quantity of matter which is required to increase the bulk of the limb to the degree stated by Mr. White. 2. Because we know, from cases of pneumatosis and anasarca, that the cellular membrane of a limb is capable of being distended, either by an elastic or inelastic fluid, till the limb attains the size mentioned above, 3. Because we find it expressly stated by Zinn, in the case which he has related in the Comm. Soc. Reg. Sc. Gotting. Tom. II. *that the serum in the cellular membrane had almost assumed the nature of a tremulous jelly*: "Serum enim in tela cellulosa in gelatinæ tremulæ naturam fere abiit, omni liquidiori parte reforpta." This is the more decisive, because the limb was dissected. Various other writers have also asserted, that the accumulated matter is contained in the cellular membrane.\* If the absorbents of the lower limbs should contain one half of the matter necessary for the production of the intumescence in this disease, I should expect to find many of these vessels much larger than a goose quill; in which case the operation, named *lymphée* by Fourcroy, would become almost as easy as blood-letting, in limbs affected with Phlegmatia alba dolens puerperarum: Whereas I have never found one lymphatic vessel perceptible either to the eye or touch; and am hence induced to believe, that when a perceptible enlargement of one or more of these vessels does take place, it ought to be considered as

\* See Lévret L'Art des Acc. § 934, Sagar. Syst. Morb. Sympt. p. 154, &c. &c.



an accidental rather than an essential circumstance, and as a consequence rather than a cause of the complaint.

"The pain," according to Mr. White, "is occasioned by the great and sudden distension of the lymphatic vessels; the whiteness, by the parts being filled with lymph and compressing the blood vessels so much, that neither arteries nor veins appear externally. The tenderness, elasticity, hardness, and glossiness depend on the great distension of the lymphatic vessels, which do not easily give way; the uniformity of the swelling on the distension of the cutaneous lymphatics, which are innumerable." And, in page 10th of this same work, he says: "The great pain in the loins and in the hypogastric region, afterwards in the conglomerate glands, in the groin, ham, and the middle of the leg, and lastly in the whole lower extremity, appears to be *solely* in consequence of sudden distension." It is very unfortunate for Mr. White's explanation of the manner in which pain is produced, that this symptom *precedes* the swelling, and is generally very much relieved by it. "*Dum partes intumescunt, dolor recedit*," says Sauvages. Sagar, in enumerating the diagnostic marks of this disease, says it may be known, "*recessione doloris post eruptionem tumoris*." Callisen, in one of the paragraphs quoted by Mr. White, makes this observation, "*Surgit plerumque, 12mo. vel 14to. post partum die tensio & dolor inguinis, sequitur tumor*." Nay, Mr. W. himself has stated in the case of Elizabeth Rothwell, which I have transcribed\*, that "she was attacked with pain in the groin; labium pudendi, thigh and leg of the same side, *which swelled, and then the pain abated*." Now an effect cannot precede its cause, and we must therefore reject Mr. White's explanation of the production of that pain which occurs at the very commencement of this disease. The pain which afterwards arises from, or is kept up by, the distension of the skin, is of a much less excruciating kind. It will be a sufficient reply to the latter part of the above extract, that Mr. White has completely failed to shew, that the accumulated lymph is contained in the absorbents. If the cutaneous lymphatics were really as much distended as he has represented, we should expect to find the skin less white than it is found to be; vessels with transparent coats, and containing a transparent yellowish fluid, cannot impart to the skin a whiteness which they do not possess themselves.

"By this great distension," says Mr. White, "and consequent compression, the exhalants are prevented from secreting  
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\* See above in page 136.



so much lymph, and consequently there is not so great a supply. The lymphatic glands sometimes grow painful and swell, which is owing to the *vasa inferentia* sending the lymph into them quicker than the *vasa efferentia* can discharge it. Pains will sometimes attack parts, which have neither lymphatic glands, large nerves, blood vessels, nor lymphatics, which can only be accounted for from sympathy." The enormous effusion of fluid into the cellular texture of the limb appears to be checked partly by the diminished action of the arteries in consequence of this topical evacuation of them, and partly by the resistance which the distension of the skin presents. The painful enlargement of the lymphatic glands, which sometimes takes place in the course of the disease under consideration may, I conceive, be much more satisfactorily ascribed to inflammation, communicated to them from the parts in which they are imbedded, or excited in them by the absorbed fluid. When the enlargement and induration have taken place, the passage of the lymph into them will, in all probability, be obstructed, and the quantity that actually enters them diminished. There appears to be abundant cause for idiopathic pain in every part affected with Phlegmatia alba dolens puerperarum, so that we have no occasion to recur to sympathy for an explanation; and I must confess myself ignorant of any pains attacking parts, "which have neither lymphatic glands, large nerves, blood-vessels, nor lymphatics."

Mr. White next informs us, that "the words *calidus*, hot or warm, when speaking of the swelling of the limb, are made use of in contradistinction to *leucophlegmatia*, in which the limb is white and cold; in this disorder it is white and warm. When speaking of increased heat, it is to be understood of the whole body, not of the limb alone, as that does not appear to be hotter than the other parts of the body." In the general history of this disease, given in his former publication, Mr. W. says, the limb "is *hot*, and exquisitely tender," p. 8; and a degree of heat greater than is expressed by the term *warm*, is, in my opinion, meant by all the writers on this malady. Hitherto I have never taken the temperature of either the body or limb by a thermometer, which I regret: But, as far as I have been able to judge from the feel, the affected limb is generally hotter than the sound one, and the whole body hotter than natural in the first stage of the disorder. To the sensation of the patient likewise the disordered limb has, in various instances, been hotter than the rest of the body, and the pain is by some patients represented as of a burning kind.

"There is heat in all fevers," continues Mr. W. "but that does not imply inflammation, every fever is not inflammatory. There is a quick pulse, but that is owing to irritation by the



sudden and violent distension of the irritable coats of the lymphatic vessels." In his former publication, we are expressly told, that there is inflammation in the first stage of the disease. He says, "but as this *inflammation* is not the original disease, but a symptom only, &c. &c. p. 59. Whether the inflammation be the primary or secondary complaint, I shall have occasion to consider hereafter, when I come to defend my own theory; with respect to the quickness of the pulse, Mr. W. seems to forget, that rigors and frequent pulse, &c. not uncommonly precede the pain; and as it has been shewn above, that the pain precedes the swelling, we cannot with any degree of propriety attribute the quick pulse to the sudden and violent distension of the lymphatics.

Mr. White, in the next place, says, "if you puncture the skin with a lancet, the lymph does not flow out as in anasarca, where it is thin, and is lodged in the cells of the cellular membrane, which communicate throughout the whole body. In this disorder, you do not puncture the trunks of the absorbents, but the *minima vasa* only of the cutaneous lymphatics. The violent pain and distension do not continue many days; *the anastomosing lymphatics begin to enlarge*, and by degrees carry off the obstructed lymph; but it is many weeks before it has obtained a perfectly free passage." It has been sufficiently demonstrated already, that the intumescence of the limb is principally, if not solely, occasioned by the effusion of a fluid into the cellular membrane, which speedily coagulates. Hence, when a puncture, or small incision is made through the skin early in the complaint, little, if any, fluid issues out: But afterwards, as the affection of the limb approaches more to anasarca, a greater discharge of liquid issues from a puncture of the skin, because the proportion of fluid to the coagulum in the cellular membrane is gradually increasing, as is explained in my Essay on Phlegmatia dolens, p. 208. If the lymph be collected in the lymphatics, as is stated by Mr. W. though, only the *vasa minima* should be punctured, I should expect a considerable flow of lymph from them; for when the small arteries or veins of a part are enlarged, these, when punctured, bleed freely. Mr. White seems to admit, that the intumescence of the limb is occasioned by the effusion of fluid into the cellular membrane in the last stage of the disease: For he says, in page 80, "whenever the swelling of the limb loses its elasticity, and pits upon pressure, it is probable that many of the lymphatic vessels burst." Now, if the lymphatics do burst, their fluid must of course pass into the cellular membrane of the limb; but if the lymphatics should burst, we might expect the inflammatory stage of the disease to be reproduced according to his theory, when these ruptured lymphatics



lymphatics became healed, which is not agreeable to facts. It appears very extraordinary to me, that the lymphatics of an inferior extremity should be supposed to be so much distended, as to contain from  $15\frac{1}{2}$  to  $46\frac{1}{2}$  pints of lymph in addition to their natural quantity, and that the anastomosing vessels should then only be beginning to enlarge. Why does not the enlargement of the anastomosing branches keep pace with that of the other branches of the lymphatics? And why does not the disease cease as soon as these anastomosing branches are so far increased, as to be able to transmit the quantity of lymph formerly conveyed by the trunks supposed to be obstructed, and long before the swelling has arrived at half the bulk which we find it attains? Three or four lymphatic trunks, of one-twelfth of an inch in diameter, are, perhaps, all that can be divided in the situation which Mr. White has fixed upon: Therefore, according to his hypothesis, as soon as the anastomosing branches of the limb are so far enlarged, as to be able to transmit as much lymph as these three or four trunks can, which are supposed to be obstructed, the complaint should begin to subside and go off. This must happen, I conceive, long before the lymphatics of the limb can be distended to that extreme degree which will enable them to contain the quantity of lymph mentioned above. How inconsiderable an augmentation of each of the numerous anastomosing branches must be sufficient to convey every particle of lymph that should have passed through the trunks supposed to be obstructed, to those that are uninjured and pervious!

Mr. White concludes his recapitulation, by saying, "this disorder has not been known to return in the same limb, though women have had several children after having had this complaint; because the same accident cannot happen a second time to those lymphatics."

The first case which I saw, affected both the lower extremities of a lady who was lying-in, very severely, and it was the second attack. She was unable to suckle her child, and attributed it to the milk settling there. She was not alarmed by the complaint, and knew how to manage it better than I did at that time. Mr. White may, however, reject this case as not a genuine case of his Phlegmatia alba dolens puerperarum, because I neglected inquiring into the state of the labia pudendi, &c. As she is now dead, I cannot obtain the necessary information on this point. If nothing more could be adduced against Mr. White's theory than the recurrence of the disease in the same limb, I do not see how this circumstance could be urged against it; for we know that the intumescence of the limb is much greater in some patients than others. Mr. White's own  
cases



cases teach us, that the limb becomes sometimes double, and sometimes four times the natural size. Now, the easiest mode of accounting for this, agreeably to Mr. White's hypothesis, would be to suppose, that one half only of the lymphatics which pass over the sharp ridge of the os pubis, and descend into the pelvis, is divided in the former case, and the whole in the latter case; consequently the same limb may be supposed to have one half of these lymphatics divided in one labour, and the remaining half in a succeeding labour, which will account for the production of the disease twice in the same limb. Further, we may conceive, agreeably to the same hypothesis, that in one case an inferior extremity may become tumefied without any affection of the labium pudendi of the corresponding side; that in another case the intumescence of one extremity may be accompanied by an affection of both labia pudendi; that in a third case, one or both of the labia pudendi may become tumefied, without any swelling of the lower extremities; according as one or more points of the sharp ridges of the ossa pubis have been pressed open by the fetal head during labour.

When Mr. White wrote the first part of his Inquiry, he had not known *Phlegmatia alba dolens puerperarum* to happen "to a woman more than once, though she has afterwards had more children," p. 11: But, in the second part, he mentions a lady who had the disease on one side in her first labour; and "in her second confinement she had it on the other side," p. 87. Again, in the former part of his Inquiry, we find him asserting, that this disease "never comes to suppuration," page 38: In the second part he relates a case, where an abscess formed and burst; and endeavours to explain why it formed, and also some other circumstances relative to it. See pages 113, &c. After these occurrences, I should not have expected to find Mr. White confidently asserting in the extract, upon which I am commenting, that the same accident cannot happen a second time to the lymphatics, which pass over the os pubis and descend into the pelvis, and declaring in a former part of the work (page 49), that a case, which I saw and have related in my Essay on *Phlegmatia dolens*, "had symptoms which are not compatible with this disorder." Mr. White may, perhaps, very properly affirm, that he has not yet seen the disease occurring twice in the same limb, and that he has not witnessed the symptom or symptoms, which he deems incompatible with the disorder: But I am convinced, that he is neither justified in saying, that the same limb cannot be twice affected; nor in affirming, that the case just alluded to, had symptoms which are not compatible with this disorder. We should be cautious in declaring any



any symptom incompatible with a disease which does not imply a contradiction; and may properly say with *Demea*:

“ Nunquam ita quisquam bene subducta ratione ad vitam fuit,  
Quin res ætas, usus, semper aliquid adportet novi,  
Aliquid moneat, ut illa, quæ te scire credas, nescias:  
Et quæ tibi putaris prima, in experiundo repudies.”

TERENT. ADELPH. ACT. V. SC. 4.

[ To be continued. ]

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To Dr. B A T T Y.

SIR,

THE following account of the state of Midwifery in modern Greece, constituting a proof that Nature often defies the most destructive attempts of art, is translated from a new work of Sonnini, *Voyage en Grèce & Turquie*: If you think this contribution to the history of the obstetric art deserving a place in your useful Publication, it is very much at your service.

I am, &c.

Soho Square, July 13, 1801.

C. KOENIG.

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THE manner in which the children of the modern Greeks make their first entrance into the world is, indeed, too remarkable to be left unnoticed here. It is surprising, that of the multiplicity of travellers to the Levant, and particularly to the Isles of the Archipelago, none should have had the least idea of the method these people have adopted in assisting at the labours of their women. Having myself had an opportunity of being present at the delivery of a lady of that country, and being the first who has treated upon this subject, so interesting for the history of men, I shall not hesitate to enter into the particulars of the manner of their proceedings.

The young woman, at whose labour I was present, had just completed her eighteenth year; she was tall, well made, of a healthy, vigorous constitution, and possessed such a share of beauty, as might have excited the envy of even the antient female inhabitants of Greece. The forerunners of labour manifested themselves just when she was going to supper; the young lady was, therefore, conducted to her bed-chamber, where I, having obtained permission, did not omit following her. The midwife, who was very old, and reckoned particularly skilful in her profession, arrived soon after, accompanied  
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by a female assistant, who, though equal in age, was far inferior to her in respect to the expression of her features. A painter, wishing to represent a Sybil, could not have selected a better model. Her apparel, and, indeed, the whole of her appearance, was sorceress like; and the answers she gave to my questions, as for their obscurity, might have passed for so many oracles. She also brought with her a kind of tripod, composed of two pieces of wood, joined at an acute angle, and having at the place of their union a flat piece of wood fit for sitting upon; the whole was bound with pieces of old linen, and supported by three low clumsy legs. The first attention of the midwife, before she began her operation, was directed to the locks; doors, trunks, drawers, and every other thing in the house, provided with such safe guards, were carefully opened. This precaution, founded upon a very singular analogy, is taken with a view to effect an easy delivery; and from the same ridiculous principle, matrons only are permitted to attend on these occasions, virgins being absolutely excluded. They likewise informed me, that if I chose to be present, I ought to remain in the chamber till the operation was entirely finished, this being a rule from which nobody was permitted to swerve. The moment the labour begins, those who are in the apartment must not retire, nor are those without suffered to enter; the former are even considered as impure, and unfit for mixing with other people, until a priest is called for, who, by bestowing his blessing, cleanses them from their supposed impurity.

In the mean time Nature began to act; the efforts which she uses for accelerating the birth of a new being became more frequent, and all the circumstances promised an easy labour and successful delivery. During the action of the *infant upon the mother*,\* the latter was not suffered to be at rest, for she was forced to walk continually in the apartment; and as often as want of spirits, or weakness, made her wish for a moment's repose, the two old matrons would support her under her arms, and *oblige* her to continue, though really she did not appear to be much pleased with this *promenade*. When the pains came on, she was desired to bend her body forward, while the midwife, being placed behind at the bed, violently pressed the young lady's sides, which was persevered in till the pains were over. After this a fresh walk commenced, and was continued till new pains afforded an opportunity to the midwife to re-assume her applications.

I am not sufficiently acquainted with the mechanism Nature employs

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\* I scarce need observe, that this is a mistaken idea of Sonnini.



employs in these cases, to decide whether the method just related be injurious or not; I can only say, that it is universally practised in the countries I describe, where difficult labour is scarcely ever witnessed. I may add, that I myself beheld the good effects (at least apparently) of this operation; for the pains, though rapidly succeeding one another, were of no long duration, and the young lady seemed little affected by them. A famous physician whom I consulted about this, very much disapproved of such violent measures. There is, however, perhaps, no country on the face of the globe where labour is less severe than in Greece: This indulgence of Nature towards the Grecian ladies may be considered not only as a reward for the simplicity and regularity of their manner of living, but chiefly as the effect of the climate in which they live: A serene sky, an atmosphere not condensed by severe frosts, but incessantly warmed by the breath of vernal zephyrs, and impregnated with effluvia's, exciting health and vigour, enable the women to overcome those dangers they seem so perpetually liable to.

Man-midwives are quite unknown in this country, and really if any should attempt to practise here, he would meet with no encouragement; for, without having read *Hacquet's* work, they think it the highest degree of indecency for a woman to employ a man for her delivery: And really Nature in this country performs every requisite herself, while the midwives, on the other hand, use every means to counteract it. In cases of some difficulty, they will resort to superstitious remedies; (with them science does not extend farther than that) but fortunately, such cases are ranked among things extraordinary.)

During the time I spent in the chamber of the young Grecian in labour, I asked the midwife several questions concerning her practice; for instance, I enquired what she used to do in cases of an unnatural position of the child? Such cases, she replied, happened but very seldom; if they did, she would endeavour to bring the infant into due position; and this proving fruitless, she would apply to the husband, who, in the opinion of the women of this country, has it fully in his power to remove every obstacle to a successful delivery. This magic power, which, she assured me, would never fail, consists in three raps, which the husband applies with his shoe upon the shoulders of his wife, pronouncing at the same time, with a loud voice, the following words: "'Tis I who have given you this burden; 'tis I who take it off,"

At last the critical moment arriving, the young woman was placed upon the tripod; good nature and apprehension were depicted upon her face, and the placidity of her features ap-



peared not to be much altered by the pains she endured. The midwife placed herself before her, rather lower, and the assistant sitting behind the patient upon a more elevated chair, slung her arms round the middle of her.

The infant soon made its appearance: When it was separated from the placenta, the assistant, with her vigorous arms, lifted the patient for several times, perpendicularly, over the tripod, upon which she again dropped her with great rudeness. In this manner she was unpitifully handled till the delivery was entirely concluded, which fortunately took place very soon.

However solid the motives may be by which rational physicians are prompted to exclaim against such a rude method of hastening delivery, yet it would be a matter of great difficulty to abolish it in a country where they do not experience any fatal consequences attending it. It was astonishing to me, that the patient herself did not at all complain of such a cruel procedure, but went to bed without any appearance of fatigue. A very short repose rendered her as easy as she was before; her complexion, though (now) less brilliant, still retained its former freshness: she received, without constraint, a volley of congratulations, and answered them as if her situation was the most tranquil imaginable.

Directly after her delivery, the lady was closely wrapped from her bosom to the flanks in a broad linen bandage. Here again the European physician will have an opportunity to cavil at the application of bandages: "Every mechanical compression of the abdomen of a delivered woman is highly pernicious; the weight of the infant, during nine months of pregnancy, the successive contractions of the uterus, or the violent pains of labour, having co-operated to irritate the organs; every compression in this state cannot but be extremely injurious."\* Though this reflection may be the result of a rational theory, yet the ladies of Greece would consider it as merely chimerical; for, indeed, they suffer the pressure of the bandage with the *same impunity with which they defy* the dangers of the violent treatment in the first stage of labour. They even pretend to derive from this operation the advantage of preserving the beauty of their forms, by *preventing* the usual concomitants of frequent labours, an excessive swelling, and the appearance of wrinkles on the abdomen.

During the first day after delivery, the midwife boils fresh petals of roses in wine and honey, and afterwards uses the same decoction

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\* From a letter written by *Saccombe to Sonnini*, on the danger attending the Grecian practice of midwifery.



decoction from the dried leaves. After several lotions with the former, the use of the latter is continued till the next day, when the pudenda are fomented with cotton dipped in warm wine, after which, the powders of cinnamon or cloves, nutmeg or carraway seed, are applied alternately; one of these aromatic substances being only used at a time, and changed at each dressing.

Instead of wine, which is only used for the above mentioned purpose in cases of great delicacy of the frame, they generally resort to brandy, the application of which is not without a great share of pain. Whatever be the state of the delivered woman, the dressing with the aromatic substances is continued for the space of eight days, morning and evening. The most singular circumstance is, that the midwife, at each dressing, ascends the bed at the side opposite to the pillow, and having placed her legs between those of the patient, she takes hold of her hands, and putting one of her feet exactly upon the suffering parts, she shocks them for three times with the greatest violence.

On the evening of the eighth day, an egg is boiled hard, which, after being deprived of its shell, and strewed over with the powder of one of the mentioned spices, is tied to those parts which had experienced the rude foot of the midwife, and left there for two or three hours. This operation, which, as the old matron gravely told me, is made with a view to remove the cold which the patient might have possibly caught, puts a final end to the treatment after the delivery, and the midwife is dismissed.

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*On the anodyne Virtue of Camphor; by Mr. RING,  
Member of the Royal College of Surgeons in London.*

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To the Editors of the MEDICAL and PHYSICAL JOURNAL.

GENTLEMEN,

HAVING read in your Journal an account of the peculiar efficacy of camphor in a large dose, as an anodyne in cases of painful menstruation, I tried it, and found it deserving of every encomium it had received.

Previous to the exhibition of this medicine, the patient, who is a servant, suffered at every return of the catamenia the most excruciating tortures; insomuch, that she was not only obliged to go to bed, but she used to beat herself, and was quite fran-



tic, from the dreadful agony she endured, for above four hours.—I directed ten grains of camphor, rubbed with an equal quantity of sugar, to be taken in water on the accession of the pain; and it acted like a charm, for in a quarter of an hour the pain was almost entirely removed.

She now takes it regularly at every monthly period, and with similar advantage; so that she is able, at those times, to follow her usual occupation without inconvenience.

*New Street, Hanover Square,  
July 17, 1801.*

I am, &c.

JOHN RING.

### *To the Editors of the Medical and Physical Journal.*

GENTLEMEN,

AS a further elucidation of the benefits arising from the use of strips of adhesive plaster in the cure of old and ill-conditioned Ulcers, I beg leave to publish, through the channel of your valuable Journal, the following case.

Margaret Allen, wife of one of the boatswain's mates, made application to me soon after my appointment to the Royal Oak, for the cure of an ulcer of the above description, on the superior part of the malleolus internus of the right leg, about the size of a sixpenny piece, and of a shape inclining to an oval, with hard and callous edges. On questioning her about its former treatment, she said it had been dressed very regularly with cerate or basilicon, and was occasionally touched with cuprum vitriolatum; and notwithstanding all the care and attention which had been bestowed upon it, for the space of five months, it became more and more painful, and obstinately resisted the plans that had been devised for its cure; and began to increase in size, which greatly added to the poor woman's uneasiness and apprehensions for the safety of her ankle joint, supposing, from the pain she constantly experienced, that the bone was diseased. After applying the sticking plasters, first longitudinally, endeavouring to contract the face of the sore, and then transversely, by way of retaining the longitudinal strips, and making more perfect pressure, I retained the dressings by means of a soft compress of tow and an elastic flannel bandage, applied alternately round the arch of the foot and ankle; after which, in the course of two or three dressings, the whole of the callosity disappeared, and the sore discharged a laudable pus, and was completely cicatrized in less than three weeks.

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The beneficial effects of this mode of treatment are so immediate and strikingly obvious as to excite both pleasure and admiration, calling into action that desire which medical men must ever feel to account for the *modus operandi* of every thing within the sphere of their profession, which I think may be explained in the following manner.

After an ulcer has remained long open, I conceive a great deal of atony exists in the part, which may have been produced by various causes; such as irritation from substances applied to it, or probably from too great admission of air, or the debilitating effects of unctuous matters, &c. all of which causes are perfectly obviated by proper and equable pressure from the sticking plaster and roller, effecting a destruction of the old atonized irritable parts, and giving birth to new vessels, vigorous, and fit for healthy granulation.

Whether the above account is satisfactory, I leave to the decision of my readers, or those whose experience is greater than my own; however, this I may with truth affirm, that those medical gentlemen who chuse to divest themselves of prejudice for old established rules, will find their most sanguine expectations fully gratified by a strict adherence to this improved mode of dressing; and I think there will be no vanity in asserting that the community will be considerably benefited by it, for I myself have experienced its happy effects, long before either reading or hearing of them in the treatment of my patients on board of ships of war; but for want of that extensive practice which falls to the lot of my brethren in hospitals, I never thought so seriously of its merits, as to give that decided preference it so justly deserves, through diffidence in appearing before the public.

*His Majesty's Ship Royal Oak,  
Portsmouth Harbour, July 17, 1801.*

I am, &c.  
RALPH CUMING.

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*To the Editors of the Medical and Physical Journal.*

GENTLEMEN,

THROUGH the medium of your very useful Publication I beg leave to recommend to the attention of the medical world an instrument for the extraction of teeth, invented by Mr. WHITFORD, Surgeon's Instrument Maker at St. Bartholomew's Hospital. Its superiority to those in common use consists in its elevating the tooth in nearly a perpendicular direction;



tion; and from the heel of the instrument being applied to the tooth, exactly opposite the point of the claw, much injury to the gum and alveolar process, as well as great pain to the patient, is avoided. I have repeatedly made use of it with great satisfaction to myself, and my patients have uniformly expressed their surprize at the slight pain they experienced in the operation. In justice to the ingenuity and industry of the inventor, I am induced to solicit the favour of you to insert this concise account of it in the next number of your Journal.

Craven Street,  
July 16, 1801.

I am, &c.

R. REECE, Surgeon.

*Remarks on the History and Nature of the Dolor Faciei;  
by the late Prof. SIEBOLD, of Wurzburg.\**

THIS dreadful disease, which is commonly styled the *Dolor Faciei* of FOTHERGILL, on account of its being supposed to have been first mentioned by that great practitioner, was before known, in the year 1756, to Mr. ANDREE, surgeon at Paris, who accurately described it under the name of *tic*, and explained it with several observations.† Mr. SIEBOLD, however, traced the history of this disorder farther back, finding, that in the year 1724, it had been treated by JOHN HARTMANN DEGENER, practitioner at Nimmegen, whose excellent observation and description of that affection is communicated in the first volume of the *Acta Naturæ Curiosor. (de dolore quodam perraro acerboque maxillæ sinistræ partes occupante et per paroxysmos recurrente, p. 347.)* This practitioner even supposes, that LAWRENCE BAUSCH, physician at *Schweinfurth*, in Franconia, president and founder of the *Societas Naturæ Curiosorum*, died of this disorder in the year 1665, according to the annals of that society.‡ The patient felt for four years a very excruciating pain in the right maxilla, sometimes growing less,

\* *Doloris Faciei, morbi rarioris atque atrocis observationibus illustrati, adumbratio* Diatribe I. qua exercitationes clinicas in nosocomio julicæo habendas indicit G. Ch. Siebold, Dr. Med. Prof. Wirceburgi, 1795, pp. 22 in 4to.—Diatribe II. qua pro capeffendo in illustri inclyta et ornatissima facultate medica loco et dignitate ad orationem die xxix Jul. 1797, publice celebrandam invitat. pp. 23 in 4to.

† *Observations Pratiques sur les Maladies de l'urethre et sur les plusieurs faits convulsifs, à Paris 1756, pp. 318, &c.*

‡ *Miscellanea Nat. Curios. Dec. 1. Ann. II.*



less, and then ceasing; but, at last, it increased to such a degree, that he became unable to speak or to swallow, and notwithstanding all possible remedies, died emaciated, and with a palsy of the left side. There exist also, Observations on this disease by Dr. DANIEL LUDWIG, in the year 1673.\*

The Dolor Faciei may be called analogically, (like otalgia, odontalgia, &c.) *profopalgy*, as it undoubtedly belongs to the topical pains without fever; and this name seems, besides, to be congruous with respect to the seat as well as to the origin and kind of pain. The seat of the disease has been thought to originate in the teeth, but even drawing of them proved to be of no effect. It is observed by Dr. FOTHERGILL, that the disease generally appears about the fortieth or fiftieth year of age, a period in which people are not much subject to tooth-ach; and though several patients suffered tooth-ach at the same time, yet others were quite exempt. The *antrum Highmori* is equally assigned as the seat of the disease, but without any probability, as it seems impossible a pain so severe, and lasting for so long a time, should take place here, without producing some change, inflammation, and suppuration, which never was the case in all the instances of that painful affection, according to what we find recorded in the annals of medicine: teeth were drawn out, and an opening made into the *antrum*, without ever perceiving any matter to issue thence. The pain generally extends itself to the jaws, a circumstance which is to be ascribed to the distribution of nerves. The disease, luckily, occurs so seldom, that even physicians of the most extensive practice never had an opportunity of observing it: We find it, however, mentioned by practitioners of all nations, except the Italians. Dr. FOTHERGILL met with sixteen instances of it; Dr. THILENIUS, a German physician, saw it but twice during a most extensive practice of twenty years; Dr. AEPPLI, a Swiss physician, only once in twenty-seven years. The following exhibits the literature of different nations on the above disease.

DUTCHMEN.—*Degener*, loc. citat.—*Van Wy* in *Verhandelinge* uitgegeven door het Zeeuwsch Genootschap der Wetenschappen te Vlissingen, Dec. VII. 1782; i. e. Transactions of the Society at Vlissingen. Vol. VII.

FRENCHMEN.—*André*, loc. citat.—SAUVAGES; *Nosologia Methodica*, under the name of *Trismus Dolorificus*, Class IV. Ord. 1, Gen. 2, Spec. 14.—*Bonnard*; *Journal de Medicine*, 1778,

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\* *Miscell. Nat. Cur.* Dec. I. Ann. III. Observ. 252, de dolore superciliarum acerbissimo.



1778, month, July.—*Lavagan*; *ibidem*.—*Thouret*; *Memoires de la Societ  Royale de Medicine*,   Paris, T. 1, 1776, T. 3, 1779, T. 5, 1782 and 83. *Journal Encyclopedique*, m. April, 1777. *Gazette Salulaire*, No. 73. confer. *RICHTER's* *Chirurgical Library*, Vol. II. in German.—*Andry*; *Mem. de la Soc. Roy. de Medicine*, T. I. 1776, T. V. 1782 and 83. *Louis*; *Gazette Salulaire*, A. 1776, No. 36.—*Guerin*; *Maladies des Yeux*.—*Pujot*; *Treatise on that disease of the face*, which is named the *Tic Douloureux*, translated from the French into German, by Dr. Schreger, 1788.—*Spielmann*; *Gazette Salulaire*, 1791.—*Petit* and *Laugier*; *Journal de Medicine*, in July 1793.—*Watson*; *ibid.* 1793, March, No. I.

ENGLISHMEN.—*Fothergill*; *Observations on the use of Hemlock*, in *Medical Observ. and Inquiries*, Vol. III. &c. or in *Fothergill's Medical and Philosophical Works*; ed. *J. Elliot*, London, 1781, p. 315; of a painful affection of the face, *ibid.* p. 427; and *Medical Observations and Inquiries*, Vol. V. —*Davidson*; in *Duncan's Medical Commentaries*, Vol. V. 1792.—*Blunt*; *Med. Observ. and Inq.* Vol. V.

SWIZZERS.—*Rahn*; *Museum der Heilkunde*; i. e. *Museum of Medicine*, Vol. I.—*Aeppli*; *ibid.* p. 302.—*Sauter*; *ibid.* also *Tissot* and *Pohlen*.—*Richts*; in *Sabatier Trait  Compl. d'Anatomie*, T. III. p. 452.

GERMANS.—*Lentin*; first in *Blumenbach's Medicinische Bibliothek*; i. e. *Medical Library*, Vol. I. (a periodical work, that is now discontinued) in his *Contributions to Practical Medicine*, (in German) Vol. I. 1797, p. 382—398. Vol. II, 1798, p. 92, seq. *Hufeland's Practical Journal*, Vol. IX. No. I. conf. *Medical and Physical Journal*, Vol. III. p. 575.—*Selle*; in *Neue Beitr ge*, &c. i. e. *New Contributions to Natural and Medical Science*, Vol. I. p. 27, &c.—*Vogler*; *Blumenbach's Medical Library*, Vol. II. p. 506.—*Thilenius*; *Medicinische und Chirurgische Bemerkungen*; i. e. *Medical and Surgical Observations*: Franckfort, 1789, p. 283.—*Bohmer*; in *Blumenbach's Medic. Libr.* Vol. III. p. 315—336.—*Baldinger*; in his *Medical Journal*, Vol. II. p. 7.—*Leidenfrost* and *Gunter*; in *J. G. Forstmann Dissertatio de Dolor Faciei Fothergilli*; Duisburg, 1794, 4to. extracted in *Tode's Medical Journal*, (in German) No. III. Vol. I.—*Richter* in his *Surgical Library*, Vol. XI. p. 135. (in German.)

FOTHERGILL observed, that this disorder mostly attacks women, but DEGENER and others saw it in men. Mr. SIEBOLD met with three instances in the female sex, and one in a man: It seems, however, to occur more frequently in women than in men, and the proportion is about five to four. It is remarkable, that the subjects of the disease in England were  
 mostly



mostly women, in the proportion of 1 to 14; and in Germany mostly men, in the proportion of 21 to 13. On reviewing the cases mentioned by different authors, we observe, that they were for the most part confined to the period of age between the thirtieth and eightieth year; and instances of the disorder being met with at an earlier period of life have but rarely occurred. The German translator of Dr. Fothergill's works relates a case of a young lady, nineteen years of age; and also Dr. Leidenfrost a similar instance, (*Dissert. supra citat.*) Dr. RAHN, Prof. WEIDMANN, of Mentz, and Prof. SIEBOLD, of Wurzburg, are the only persons who have observed this disorder in pregnant women. The patient of Prof. WEIDMANN was attacked by the pain a month before her delivery; evacuations were fruitlessly employed, but she was cured by opium and bark. Dr. SIEBOLD's case is very remarkable, on account of the pain ceasing entirely during pregnancy, a circumstance that seems to prove the great power which the body enjoys in this state, of resisting several diseases, a remark already made by HIPPOCRATES, (*de internis affectionibus*, cap. 53, ed. chart. t. viii. p. 677) who tells us, that a dolor ischiadicus disappeared during the period of pregnancy, which, however, recurred twenty days after the delivery. Dr. SAUTER saw this painful affection disappear during a putrid fever, and Dr. SELLE in an intermittent fever, in both which cases it returned after the fevers were cured. It seems not improbable, but that this disorder may be endemical, and even epidemical; at least the disease has not been more frequently observed than at *Claußthal*, the capital of the Hercynian mountains; and in the mountainous country of *Salzburg* it is not at all rare. Mr. ANDRE remarks, that in a very short time he met with eight or ten cases of this disorder, whereas he had not a single one afterwards during a period of twenty-seven years.

This affection seems not to be peculiar to a particular temper and habit of body, but attacks people of very different constitutions suddenly and unexpectedly: Its duration is extremely long, as it may last for many years without doing any evident harm to the whole constitution, or without terminating fatally in an immediate manner. A woman suffered this painful affection from her nineteenth year to her eightieth, and got rid of it but shortly before she died. In other cases, however, the disorder emaciates and destroys the body, particularly for want of rest: The diseased side of the face is frequently disfigured; and persons subject to this affection receive, as it were, a double profile, of which Prof. BALDINGER relates a curious instance. (See his *Medical Journal*, Vol. II. No. 7.)



Although many symptoms of this disorder are of the spasmodic kind, yet we have more reason to think it to belong to the class of convulsive disorders, and it is therefore erroneously called *trismus dolorificus*, after SAUVAGE and PUGOL, because the vehement contortions do not occur in every patient, and may, moreover, be rather considered as *conamina naturæ medicatrix*, and efforts by which the patients endeavour to relieve themselves from the pain, for which purpose they likewise rub the part with much vehemence. A difficulty of speech and of swallowing are observed in some cases, probably from the distortions of the muscular fibres that are subservient to this purpose. A considerable salivation came on in another instance, where the patient became almost hectic; but Mr. SIEBOLD attended a patient whose salival excretion was entirely suppressed; another subject of that disorder had a very much swollen *glandula Warthoni*, from which a foetid and purulent matter issued. The eyes remain sometimes dry, and it is not always that the pain forces out tears; sometimes they become red and humid. In some patients a redness and heat of the affected part precedes the paroxysm of pain, of which phenomenon a curious instance is related by Dr. RAHN, where the heat was so intense, that it could be felt at some distance. Other symptoms frequently to be remarked in patients of this kind are, an intumescence of the belly, a torpor of the intestinal canal, and an obstinate costiveness, which are probably owing to a spasm of the *nervous sympathicus magnus*, that is intimately connected by anastomosis with the fifth pair, an opinion which agrees also somewhat with analogy, as we do not rarely observe, that if the cheeks, or the cheek-bones, are any way affected, the liver is also diseased: Those symptoms ought, therefore, to be rather considered as merely secondary, and arising *per consensum*, than as the *causa primaria* of the disease. It has been observed in one case by Dr. LENTIN, that when the belly began to swell, the pain soon after disappeared; and in another case it was greatly diminished by it, which symptom seems to prove, that the morbid matter is deposited on the intestines: it deserves, however, to be ascertained by farther observations. It is remarkable, that in a case of Dr. SIEBOLD, the patient had a particular relish for sweet things, which that gentleman is inclined to ascribe to a depravation of taste, occasioned by the affection of the neighbouring nerves, or to an obstruction of the liver, in which this symptom sometimes occurs. The pulse was often full, slow, and soft, during the paroxysm, and at other times it decreased ten beats at every return of the pain.

The seat of the pain has been observed,



1. In some single part of the face, viz. at the inner canthus of the eye, FOTHERGILL; in the orbita, the same; at the supercilia of the right eye, PUGOL; in the jaw-bone, FOTHERGILL; in the joint of the jaws, SELLE, PUGOL; in the maxilla inferior, at the passage of the *nervus inframaxillaris*, LENTIN; in the *ossa temporum*, FOTHERGILL; in the *nervus infraorbitalis*, Albinus and Van Wy; in the *ala nasi*, VOGLER, THOURET; at the margin of the tongue, LENTIN.

2. In one half of the face, FOTHERGILL.

3. In both cheeks, PUGOL.

4. In both sides of the maxilla inferior, at the exit of the nerve.

5. In the whole head and face, LENTIN.

6. In one foot, LENTIN. (See Medical and Physical Journal, vol. iii. 575.)

The head and face are particularly exposed to this painful affection, on account of the quantity of nervous fibres that are every where spread over the surface of the head. The pain essentially differs from any other that occurs in the various parts of the human body, though it may, in some measure, be compared with the *dolor ischiadicus* of COTUNNI. Dr. LENTIN derives its origin from the *medulla oblongata*; and Prof. SIEBOLD likewise thinks it may originate in a part remote from the affected place, in the *ganglion Gasseri*; others have derived it from the bones; but we still want anatomical observations for ascertaining the proper source of the pain.

*Remote causes, causæ prædisponentes*, of the disorder appear to be, 1. Violent blows and contusions of the above parts, ANDRE. 2. Cicatrices, LENTIN. 3. Preceding tooth-ach. 4. Too great tenderness of the skin; but the disorder occurred in persons, whose skin was by no means to be called tender or soft. 5. Congestions towards the head.

*Internal causes.* 1. Cancerous acrimony. Dr. FOTHERGILL first proposed this opinion, whence it has been called by some authors, the *cancerous rheumatism*. The cancerous nature of the disease seems to be confirmed by the following arguments. 1. There is no other cause to be discovered, but that it is owing to a cancerous poison. 2. It most frequently occurs in women, who are particularly disposed to cancers. 3. It generally appeared at the period of the ceasing menstruation, or when they were past the time of menstruation, where a particular tendency to cancers take place. 4. The kind is extremely similar to that occasioned by a cancer. 5. Both disorders have much analogy in their preceding symptoms. 6. Four women suffering this affection had the *scirrhus mammarum* previously. 7. The effect of hemlock in this disease, which is likewise much praised in cancers.



*Adverse arguments.* 1. The disease is not at all uncommon in men, where cancerous acrimony could not be traced as well as in many women. 2. Menstruation did not always cease in some patients, but they became even pregnant during the disease. 3. The cancerous poison easily attacks glandular parts; but we seldom find them altered, indurated, or painful in the neighbourhood of the pain. 4. There is no instance of the Dolor Faciei having terminated in a cancer of the lips or of the cheek. If it did however arise from a cancerous acrimony, it should be more frequently observed in men than women, because the *cancer labiorum* is oftener observed in the male sex. 5. The parts disposed to cancers have been frequently irritated by the persons who had the Dolor Faciei, without ever producing such an affection. 6. It is not probable that the cancerous acrimony should remain so long at a place so sensible, without manifesting itself in the general way.

These arguments are indeed of some weight, to make us believe that a cancerous poison is by no means the only cause of that affection, nay, that it is not even to be considered as a chief cause of it.

2. *Arthritic matter.* Almost all the authors who have treated on this subject, agree in assigning this as the proximate cause of that disorder, but particularly Dr. LEIDENFROST. Dr. DEGENER is likewise of this opinion; having observed at the affected place a tumour similar to that in the joints of gouty people. Dr. SIEBOLD saw in a patient suffering the most violent pains at the *supercilia*, a node perfectly like that of arthritic limbs; and Dr. LUDWIG fairly tells us, that the patients suffering this disorder became gouty soon after. The disease seems to have an arthritic origin in the cases related by Dr. BOEHMER and LAVAGAN, who saw the pain disappear when the usual arthritic paroxysms returned.

[ To be concluded in our next. ]

*To the Editors of the Medical and Physical Journal.*

GENTLEMEN,

I Have been silently preparing to bring the too long depending question concerning acids in Syphilis to a decision, according to the terms of my challenge to Mr. Pearson. I am impatient that it should be known to the whole public, whether careless management, with foul play and an insufficient range of



of powers, occasioned the loss of many lives, and the destruction of many constitutions, which acids would have saved.

I request you to insert the enclosed paper, or a sufficient abstract of it, in your valuable Journal. I have only to add, that I am ready to communicate with any members of the medical profession, on the regulations to be adopted with regard to patients, and their reception at the Pneumatic Institution.

I am, &c.

July 18, 1801.

T. BEDDOES.

*Plan of a Public Scrutiny of certain Medicines, lately proposed as anti-venereal, at the Pneumatic Institution near Bristol.*

THE idea of a public trial of acids in the venereal disease seems to have been generally approved; and I have now the satisfaction of making it known, that the means of setting the scheme on foot are in my possession.

In favour of the measure itself many reasons might be adduced. I shall trust to the three following as decisive;—*the desirableness of a new anti-venereal remedy; the difficulty of satisfying the public mind by individual testimony; and the little disposition manifested by the profession at large, to take the trouble necessary to decide the question.*

I. A greater benefit could scarcely be conferred on human society than the discovery of a new remedy for the venereal disease. This is acknowledged by all parties. But however strongly men, experienced in medicine, may feel the urgency of the existing necessity, no general terms can convey an idea of it to others. The relation of particular facts would far exceed the bounds of a prospectus, or do the subject the greatest injustice. Where the constitution, from early mismanagement, becomes thoroughly impregnated with the venereal poison, mercury not unfrequently fails, or, by the use of this severe medicine, the patient dearly earns a short respite from his daily and nightly tortures. This is more commonly the lot of the ignorant and the poor, of whom, after they have in vain tried hospital practice and advertised medicines, it remains untold in what corner they hide themselves to be preyed upon by their unrelenting disorder. But mercury (which must still be allowed a station in the foremost rank among the articles of the *Materia Medica*) proves also the occasional scourge of the wealthy and the knowing. In particular instances, however skilfully managed, it is ineffectual, or it aggravates the complaint. When it answers the immediate end, it gives rise to disorders that either soon arrive at a fatal termination, or blast the



the spring of life, induce premature decay, and afflict advancing years with evils not their own. The transmission of the proper venereal disease is disputed. But what concerns society full as much is indisputable; namely, the transmission of morbid tendencies, engendered by its reputed *sole specific*. Hence the spectacle of parents, condemned to witness their youthful imprudencies, visited upon their children, too often occurs, to those to whom the interior condition of human beings is laid open without disguise.

In corroboration of this statement I may appeal to our cities, our universities, the army and the navy. Wherever youth feels and indulges its ordinary propensities, there mercury lays the foundation of evils, the contemplation of which ought surely to produce something beyond barren horror or commiseration.

II. Could the mass of testimony either for or against the acids be annihilated, that on the other side must, from its multiplicity and strength, decide the public opinion. What therefore can be expected from fresh accessions of private testimony? If *success* is announced, how easy to suppose a mistake in regard to the disease, or to find some other method of explaining away the fact! *Failure* may be equally imputed to mismanagement. For nothing is so easy as to administer acids with safety to the patient, but without effect on the disease. The dispute therefore will be left as it stands. Nor will the negligent, the luke-warm, the biased, and the envious be at a loss for unsuccessful reports, till they shall feel the controul of general opinion, established upon experiments beyond the reach of cavil.

III. It has been surmised that the mass of attestations, lately collected, and the accumulated proofs of a proper salivating power in acids, would set innumerable enquirers at work. A considerable time has however elapsed, and there are tokens enough of a communicative disposition among the Faculty; yet no single symptom of the predicted ardour of investigation has transpired.

Further reasons will hardly be required. Otherwise I might go on to explain what a blow empirical imposture would receive from the ascertainment of antiveneal power in new substances; and how much our medical logic would be improved. For it is hardly conceivable to what a degree the exclusive opinion, commonly entertained, narrows our views of organic susceptibility. As if it were possible that any considerable proportion of the medicinal treasures of Nature could be known, when, in the course of ages, no enterprise of discovery worth mentioning has been undertaken!



It remains that the Inquiry be unexceptionably conducted; so that Europe may be no longer defrauded of that benefit from acids which India is unanimously attested to enjoy. All doubt as to the nature of the cases must be obviated. Hence it should be a rule, to receive no patient without a statement signed by at least three physicians or surgeons. And every patient must be inspected, on his reception and during the treatment, by practitioners on the spot.

But the public must be satisfied that the medicines alleged are administered, and no others. A person, worthy of confidence, must therefore be engaged to superintend the treatment. And although this person, in common with others, may exercise his judgment upon the cases, nothing will rest on his single opinion.

The author of this paper having actually tried many varieties of acid medicines, and formed other combinations in his mind, proposes to *direct* the treatment. But he will hold no communication with any patient but in the presence of the superintendant.—To him, in his situation, celebrity in any other common disorder would be far more lucrative. But as the consignment to his care of the papers, relative to a practice that was originally promoted by his crude speculations, first engaged him in the question, so a sense of its importance now induces him to submit to exertions in bringing it to an issue. He is convinced that many more difficult investigations may be proposed in medicine, but not one more immediately useful.

He still abides by the opinion expressed in his letter to Mr. Pearson, "*that the patients must be persons of regular conduct, and concerning whom we may be able to procure information at a considerable distance of time.*" (Communications, p. lxi.)

It will be necessary perhaps to take some pledge for the perseverance of the patient, to whom it should be previously explained that he is to be treated on a plan supposed on such and such grounds efficacious, and less trying to the constitution than the mercurial. As soon as it should be deemed improper to continue the new plan, the old one will be adopted.

Patients with the proper certificate would be admitted to the number of twelve; and though little stress would be laid on out-patients, yet any number of these would be treated.

One day in the week, at certain hours, the house would be open to all visitors whatsoever. The practitioners who choose to observe and attest these experiments must have the necessary access to the patients.

The first object in view is to satisfy the public if certain substances not mercurial, are or are not remedies for the confirmed



firmed venereal disease. But I could also wish to continue the trials till some judgment can be formed whether, if they be antivenereals, they equal mercurial preparations in virtue.

With the necessary co-operation on the part of the profession to supply patients and observe the treatment, I trust that with what I may afford from my own purse, added to the remainder of the subscriptions to the Pneumatic Institution (which the committee is willing to have expended in this manner) and to some contributions for this express purpose, I shall be able to solve the first question.

Whether I shall have ability or funds to solve the second, will depend upon the opulent part of the public. That they will feel how deeply they are interested in the subject, I cannot foresee. But, for helping to render this enquiry more full and satisfactory, those among their sons, who are liable to have their constitutions impaired or destroyed by the operation of mercury, would owe them greater obligations than for a large patrimony. And (if on such a subject one may speak the truth in defiance of false delicacy) they will not less essentially serve their daughters by saving their future husbands from the ravages of the same remedy.

*Those who may incline to support this scheme, are desired to forward their subscriptions to Messrs. Coutts and Co. Bankers, Strand, London; or to Messrs. Savery and Pugh, Bankers, Bristol.*

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*Case of Oedema Fugax.* Communicated by Dr. YELLOLY, Physician to the General Dispensary.

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TO the EDITORS of the MEDICAL and PHYSICAL JOURNAL.  
Gentlemen,

IN your Journal of last month, particulars are mentioned, by Dr. Crichton, of a disease which has not hitherto been described by practical or nosological writers, to which he gives the name of Oedema Fugax. A case of a similar kind occurred to a medical friend in the city a short time ago; and as I was induced, in consequence of that related by Dr. Crichton, to make more particular enquiries concerning it, both from my friend and the patient himself, the result may not, perhaps,



haps, be unworthy of insertion in the Medical Journal, as an additional instance of a rare and obscure disease.

Mr. C. of Gower Street, a married man, under thirty, went to bed on the 12th of June last in perfect health. He awoke at three or four in the morning, and was surprised to find himself affected with a considerable swelling in the scrotum, unattended with pain. This singular and unexpected occurrence made him uneasy, and prevented him from sleeping: Soon afterwards he felt the penis begin to swell, and the scrotum to decrease; and on rising in the morning, the penis was swelled to an enormous size, so as to alarm him very much, while the swelling of the scrotum could scarcely be observed. My friend saw him in the course of the morning, at which time the swelling seemed to be at its height. It was free from pain, heat, or redness, with no perceptible pitting on pressure, or sense of fullness: The skin was transparent, and particularly distended at the frænum, which formed the end of the swelling: The prepuce could not be retracted. In other respects he was in perfect health. A purgative medicine and saturnine lotion were ordered, and in the evening the penis was considerably reduced in size, but a slight swelling was observed over the right eye. This was very perceptible in the morning, but had not increased, and the penis was still more diminished. In the course of the day the swelling of the eye disappeared, and in the following morning the penis was nearly in its natural state.

About a week from that time, after riding some miles on horseback, he observed in the evening a swelling, attended with slight pain and redness, in the upper and fore part of the left arm, not completely encircling it. In the following morning the left arm was unchanged, but the right was affected down to the hand, with considerable swelling and sense of fullness. This was next day much better, but the swelling near the shoulder in the left arm continued; and another appeared below the elbow, which spread to, and affected the hand, and was attended with slight pain, itching, and sense of fullness, particularly on moving the arm. The elevation was uniform through the whole of the affected part, and in none of them was there any perceptible pitting on pressure. The tumour in the left fore arm was somewhat variegated in colour, and its increase was so rapid as to be clearly discernible on viewing it, after withdrawing the eye but for a very short time. This last swelling did not continue longer than those which preceded it, but before it entirely disappeared, he was affected with another under his chin, which was very large, hard, colourless, and without pain. It gradually advanced to the under lip,



which it distorted, and, as he says, distended like a bladder, so as to alarm him much. In the course of the night, on awaking, he found that the lower lip was much fallen, and the upper as much swelled as the lower had been: By the evening of the following day, little of either of those remained.

During the time of his being affected in the way which I have described, he occasionally had slight and transient swellings of the knee, ankle, and foot; and when I saw him, which was on July 6, he had some degree of fullness in the inside of the fingers, which had been more considerable the day before. He had the advice of two very eminent practitioners soon after he was first attacked, and, at their desire, took saline medicines, and afterwards tonics, without much apparent advantage. His general health through the whole complaint remained perfectly unaffected.

It may appear, perhaps, unnecessary to have gone so much into the detail of this case; I thought it better, however, to give it in the precise and distinct mode in which it was related to me by my friend and the patient, (both of whom are men of sense and observation) than merely state it to you in general terms.

It seems to have been analogous to that of Dr. Crichton's in every particular but the want of general indisposition preceding and accompanying the appearance of the swellings.

Bartlett's Buildings, Holborn,  
July 20, 1801.

I am, &c.

J. YELLOLY.

## CRITICAL RETROSPECT OF MEDICAL AND PHYSICAL LITERATURE.

*System der Praktischen Heilkunde*; i. e. System of Practical Medicine, adapted for Lecturers and for Practical Use; by Dr. Chr. W. HUFELAND, Professor at Jena, (now Physician to the King of Prussia at Berlin) Vol. I. General Therapeutic. 1800, pp. 515, in large 8vo. Jena and Leipzig, Fromman.

The celebrated author of the present work, on the appearance of which the general attention has been for a long time fixed, intends to unite the various heads of Practical Medicine under the most possible simple points of view, to reduce the phenomena of the diseased state, as well as the remedies and their actions, to the laws of life and organization, as far as we have hitherto penetrated, and



and by that means to establish more consistency in the different parts of medicine and the methods of cure; to remove the contradictory points, to fill the wants and supply the deficiencies in the art of healing by pure experience and unprejudiced observation. The use of such a work is equal to the task and the difficulties which attend the execution of it, as not only a philosophic mind and acuteness of judgment, but an extensive knowledge of the different medical theories, and observation at the bed of the patient, are necessarily required of him who undertakes so great and difficult a task. It must be confessed, that these qualities are not united in any man to a higher degree than in Dr. HUFELAND, whose name fills such an honourable place in the annals of medical literature. Although the theories on which the work is grounded may not agree with the ideas of every reader, yet all must acknowledge the profound practical knowledge and ingenuity of the author, in supporting his former opinions with strong arguments; recommend his love of truth and impartiality in adopting several doctrines of the new theory of excitement, of which he, otherwise, professes to be an antagonist; in doing justice to the merits of others, and in expressing himself with modesty and dignity on their respective theories. The work is likewise written with the same elegance of style, in which he surpasses most of his colleagues, and by which his other works are equally distinguished.

At the end of the Preface, the author adds a sketch of a *Bibliotheca Practica*, under the following heads. 1. General introduction to practice; here he ranks, first, "*Frank's epitome de curandis hominum morbis*," and concludes the list with *Brown's elementa medicinae*, and the remark, "*caute incede, latet ignes sub cinere doloso*." *Introduction*; scope of the art of healing, Macrobiotic, Therapeutic in general. *Part 1. General Therapeutic*. To cure diseases is to change the anomalous state of an organic body into a normal or sound state. *Ch. i. Therapeutic of nature*. It must be allowed, that the organic body possesses the faculty of preserving not only itself and its life, but of removing any disturbances in the diseased state, and of restoring the whole to equilibrium; or, in a word, it is in the power of nature to cure diseases by itself without medical assistance. The *vires naturæ medicatrices* are proved by the test of experience and theory, as organism is endowed with the faculty of self-preservation and regeneration. The *vires naturæ medicatrices* originate properly in the *vis vitalis* of organic nature, which penetrates, preserves, and vivifies the whole body. In this point of view, a sanative power of nature may indeed be adopted, as the same conditions which preserve life and its sound state, to act here for the restoration of health. It seems, however, that health and the restoration of health depend on the extraneous impressions upon the organic body, and on the manner and possibility of their action on it; on which account physicians ought not always to rely on the sanative power of nature, and still less ought it to be adopted as a proper power of organism.

Dr. HUFELAND proposes, 1. *The laws of incitation*, according  
Z 2 ing



ing to which the therapeutic of nature seems to proceed; he farther considers, 2. *The sympathy of the single parts*; 3. *Antagonismus*. It is a known fact, that a diminished or suppressed action in any organ is replaced by that of another, and in this way the cure of many diseases is effected. Thus a suppressed febrile action in an intermittent fever may produce exanthemata, diarrhœas, &c. whereby any harm is prevented, that could result from that suppression: suppressed or retrograde exanthemata often occasion consumption, which is sometimes cured by their being again restored. These phenomena, however, admit a different explanation, according to the new theory of excitement, as in all the cases brought forward by Dr. HUFELAND in support of his opinion, the essential character of the disease remains always the same, degree and form being only changed. In intermittent fevers, for instance, the essential character is debility; when the degree of debility becomes still less, another symptom of asthenic affection supervenes, as an exanthema; if now the body continues to be debilitated, the eruption perhaps disappears, and a third form of asthenia succeeds, as dropsy, &c. It cannot, however, hence be concluded, that the cure of the fever is to be ascribed to the eruption, or this to the dropsy, &c. Which way of explaining is more adequate to nature, we leave our readers to judge. 4. *Secretion*, as a principle of the sanative power of nature. 5. *Pathological change of matter*. 6. *Instinct*. Some objections may be raised against adopting this as a principle on which a cure, performed by nature alone, is to be founded; and though there are cases, where the patients have a particular longing for things that are proper and salutary, or a disgust for such things that may do harm, yet it quite as often happens, that they long for things which would injure them. In several cases the aversion for any thing may be as easily explained by a topical affection in the organs: Thus a patient in a high degree of typhus will have a disgust for all solid food, which he is at this time unable to digest, the organs of digestion being diseased, and not feeling the sensation of hunger as a natural consequence of their morbid state. 7. *Habit and custom*, as a principle of the sanative virtue of nature.—Ch. ii. *General theory of cure*. This chapter contains a number of interesting and ingenious ideas, which are at the same time of practical use; but the nature of the whole admits of no extract. Every cure consists in changing the anomalous state of the body into a normal one, or in an alteration that is purposely produced in the body, for removing the diseased state. The author has adopted several ideas of the theory of excitement, but with some restrictions, a circumstance which characterises him as an unprejudiced thinker and a lover of truth.—Ch. iii. *Remedies, their action, and manner of employing them*. After having discussed with much ingenuity the manner in which remedies act on matter and on the humours of the body, Dr. HUFELAND distinguishes the actions of remedies into those which act on excitability and into the actions on the organic mixture of matter, that is to say, remedies act partly by causing a change in the external condition of life or of the stimuli,



stimuli, partly by causing a change in the inner condition of life or in the organization and its mixture, on which the quality and quantity of vital action depend.—What the author states of specific remedies is very true and of much practical use. Their action is either confined to a particular organ or proceeds in a particular manner. The specific action, however, does by no means exclude the general action that attends it. — Ch. iv. *Method of cure and its difference, according to different purposes.* The whole cure ought to be founded on the diagnosis of diseases as a disease that we know is easily to be cured, though the diagnosis itself is subject to many difficulties. Dr. HUFELAND proposes here some excellent practical rules concerning the diagnostic part of medicine. The scope of cure is, 1. To remove the causes of diseases, and consequently to perform a *radical cure*. 2. To remove the effects of the disease, or the symptoms; *palliative cure*. 3. To preserve the life of the patient, not by removing the disease itself, but by using such remedies as have an immediate effect, *cura vitalis*; this cure is employed, 1. When any symptom supervenes, which threatens a sudden danger to the operation of life. 2. When the disease has an advantageous influence for preserving life. 3. When the disease itself is incurable. The scope of medicine is farther, 4. To prevent future diseases, *cura prophylactica*, which is effected by removing a particular disposition of the body to any disease; for instance, a morbid sensibility by corroborative medicines, &c.— Ch. v. *Pathogeny and account of the fundamental diseases, with respect to therapeutic.* Those diseases deserve the appellation of fundamental, or primitive diseases, which originate in a change of the operation of life and vital activity, according to the laws of organization. Amongst the proximate causes of them we observe, 1. A defective state of the internal conditions of life; i. e. of the chemical mixture, structure, and form of the organic matter; 2. A defective state of the external conditions of life, or of the stimuli; 3. A disturbed equilibrium and harmony in the peculiar actions of the single organs that constitute the whole organization. The changes arising in the vital activity are either *quantitative*, that is to say, with respect to the degree, or to sthenie and asthenie, or *qualitative*; i. e. with regard to the modality of the effects and the quality of the products. Every organic body enjoys a peculiar organization, to which its mode of acting bears exact proportion, whence, also, a peculiarity in its diseased state arises.— Ch. vi. *The fundamental methods of medicine.*— Ch. vii. *The exciting method.* To excite is to increase the vivacity and strength of the vital exertions. The author here enumerates the proper remedies, and proposes the best mode of applying them.— Ch. viii. *The corroborative method.* To corroborate is to increase the quantity of life, or the sum of internal and external vital exertions, in so much that they proceed with a certain degree of force, steadiness, and duration. Some excellent remarks on the use of strong acids are added here.— Ch. ix. *The lenient method*, by which we intend to mitigate the too vehement and anomalous vital exertions produced by the disease.



ease, or, at least, to make them less perceptible to the patients:—Ch. x. *The debilitating method*.—Ch. xi. *The specific method* relates to a peculiar quality of the diseased state, requiring to be changed by remedies that have a peculiar action upon it.—Ch. xii. *The antagonistic method*. Any affection of a part may be removed by an opposite affection in another part; this is a law on which that method is founded.—Ch. xiii. *The restorative method*, by means of which such substances are imparted to organism as are fit for becoming constituent parts of the organic mixture.—Ch. xiv. *The evacuant method*.—Ch. xv. *The method for changing and improving the mixture, properties, and proportion of the organic body*.

Such are the contents of the first volume of this valuable work, which we may rank amongst the best literary productions on medicine that have lately appeared, and the continuation of which will be ardently expected by the medical world.

*Journal de Medicine, Chirurgie, Pharmacie*; i. e. Journal of Medicine, Surgery, and Pharmacy; conducted by the Citizens CORVISSART, LE ROUX, and BOYER, Professor of the School of Medicine. Paris, *Mequignon*, year 9, small 8vo.

THE physicians of France have for a long time regretted the discontinuance of the old *Journal de Medicine*, which was begun in the year 1754, by VANDERMOND, conducted afterwards by Mr. LE ROUX till 1776, continued by DUMANGER and RACHER to 1781, and by the latter till the year 2 of the republican era, when it ceased to appear. The wishes of the public are at last gratified by the Citizens CORVISSART, LE ROUX and BOYER, who have begun to publish the Journal of Medicine we are now announcing, of which a number of about 96 pages is to appear monthly, six of which will form a volume of about 576 pages. This new Journal of Medicine, which may be considered as a Continuation of the old *Journal de Medicine*, is to contain the following heads.

1. Observations, memoirs, dissertations, &c. on all parts of the art of healing.
2. Extracts, notices, advertisements of all books on the different branches of that science, foreign as well as domestic, which are to appear, or which have been published since the cessation of the *Journal de Medicine*.
3. Accounts of the proceedings of the different medical societies in France and of the National Institute, as far as they relate to medical science.—In the *Introduction*, the editors present the principles on which their plan is founded, and which seems likely to meet with approbation. In the two numbers which we have before us, we find, 1. An observation on a hydrops cysticus of the liver by CORVISSART and LE ROUX. 2. Researches and observations on the same disorder, by LASSUS. 3. Observations on an aneurism of the heart. 4. Observations on an anomalous tumour at the fore arm by Cit. BOYER. 5. An historical memoir on the cow-pock, by Cit. AUBERT. Two historical memoirs on the medical school at Paris. An observation on excrescences placed at the orifice of the aorta; on the scirrhus of the heart, &c. by CORVISSART and LE ROUX. Observations on

a new



a new proceeding of Cit. BOYER in the constrictions of the œsophagus, by introducing elastic probes, by Cit. VARELIAUD. Meteorological observations made at Paris in the year 8. Medical constitution of Paris during three months of the same year. Literary news, extracts of books, &c. conclude each number.

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*Recherches et Decouvertes sur la Nature du Fluide nerveux; i. e. Recherches and Discoveries on the Nature of the nervous Fluid, or vital spirit, and on the manner of action, after new and exact experiments by Professor W. LE FEBURE. Paris, Koenig; and Frankfort, Fr. Eslinger; year 9.*

THE author discusses in the first paragraphs some general notions, and relates in the seventh section, in a few words, the ideas most generally adopted on the nervous fluid, into the nature of which he enquires in the following paragraphs. He describes the pneumato chemical apparatus, which he used for making different curious experiments on the nervous fluid, the results of which are as follow. 1. That inflammable air exists in the brain and medulla oblongata, as well as in the nerves themselves and in the sperma, the most elaborate secretion of organism, where it is mixed with the lymphatic humours, which serve it as a vehicle, and with a portion of carbonic acid. 2. That these two gasses are found in different animals. 3. That they are likewise observed in the medulla, nervous, and seminal parts of females. 4. That the inflammable air has a different specific weight in the different animals, on which account its constituent principles must be different. 5. The inflammable air which circulates in the nerves, is altered in the morbid state of the body. After having thus stated these corollaries, the author proceeds to discuss the following questions. 1. The nervous fluid consists of inflammable air; but how does this gas circulate in the nervous tubes? This cannot proceed in the same manner as the blood circulates in the arteries and veins. How does this air give impulse to the animal body? How does it vivify it? What is its action and its effect? 2. The nervous fluid is differently combined or modified in different animals; what is the nature of it? 3. The nervous fluid is altered in the diseased state, but in what manner? By what means does nature re-establish it to the natural state? Such are the contents of this pamphlet; but whether we shall penetrate in this manner the abstruse doctrine of the nervous principle, is a matter of farther enquiry, and, we fear, not quite exhausted by the author of this publication.

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*Taschenbuch fur die Gesundheit; i. e. Pocket Book for Health, for the year 1801; edited by FREDERIC HILDEBRAND, Professor at Erlangen, 250 pp. 12mo. Erlanger for Walther.*

It is indeed a very useful undertaking to communicate medical notices and truths to the public at large; but it requires great care and precaution in choosing proper materials, and in proposing them in a proper manner. Mr. HILDEBRAND, whose merits in medical science



science are generally acknowledged, affords in the present publication both instruction and amusement to his readers, as he unites a proper choice of materials with a pleasant manner of treating them, so that this popular work may be considered as one of the best of the kind. The author premises some general rules for the preservation of health, in which he communicates some remarks on what sick people ought to observe, &c. *First section*, Rules concerning the different actions to which men are exposed. Ch. i. of the air, in which he discourses on the constituent parts of the atmosphere, their different actions, the pernicious effects of irrespirable vapours, &c. and at last he treats of the eudiometers. Ch. ii. on the hygrometer, and on the advantages of a dry and warm dwelling. Ch. iii. warmth and cold, on the effects of both, on stoves, beds, on freezing to death. Ch. iv. on eating and drinking, whether the food and drink ought to be cold or warm; this depends on custom, on the impurities of the primæ viæ; on food easily and difficultly digestible; animal food, vegetable food; on sugar, milk: *liquors and drinks*; water, beer, wine, coffee, tea, &c. — on fruits, vinegar, spices, snuff, tobacco. Ch. v. on the excretions, perspiration, excretio alvi, urinæ, feminis, &c. Ch. vi. on dress. Ch. vii. on the gesture and situation of the body. Ch. viii. on sleep. Ch. ix. on motion and rest. Ch. x. actions of the mind. *Second Section*, Rules with respect to the different parts of the body; for the eyes, teeth, breast, belly, and skin. The contents of this book are instructive and pleasant.

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*The Family Physician; or Domestic Medical Friend: containing plain and practical Instructions for the Prevention and Cure of Diseases, according to the newest Improvements and Discoveries; with a Series of Chapters on collateral Subjects, comprising every thing relative to the Theory and Principles of the Medical Art, necessary to be known by the private Practitioner. The whole adapted to the Use of those Heads of Families who have not had a classical or medical Education. By ALEXANDER THOMSON, M. D. Author of a Treatise on Nervous Disorders; of Dialogues in a Library; and other Productions. 12mo. pp. 580, price 6s. in boards. London, 1801. Phillips.*

THE work here offered to the public, the author observes in his preface, "is so intimately connected with human happiness, that little need be said in favour of its general utility. To preserve the health of the body, and to cure its diseases, have ever been regarded as objects of great importance to mankind; and a knowledge of the means for promoting these salutary purposes can never be too widely diffused. The art, however, of preserving health is, in general, so little cultivated, as well as imperfectly understood, that more diseases proceed from a violation of its precepts than from all other causes whatever; and, with regard to the cure of them, an early observance of their approach, and a prompt application of medicine, are circumstances which, if unfortunately neglected,



neglected, no subsequent skill or exertion may ever afterwards be able to retrieve.

“ Another circumstance also contributes greatly to favour the progress of diseases. People often, from various motives, are disinclined to call for the assistance of a physician, until the disorder has so far advanced, that neither the distress of the patient, nor the apprehensions of his friends, can admit of any longer procrastination. Whether the disease be chronic or acute, this disease proves equally pernicious. If chronic, the disease may become so fixed in the habit as to resist the utmost efforts of medicine; and if acute, the rapidity of its progress may not only bid defiance to all restraint, but utterly preclude every reasonable hope of recovery.

“ Nothing, therefore, can so effectually obviate these inconveniences as a work of the present kind, which not only teaches to discover a disease at an early period, but to apply the proper means, as well for preventing its increase as, if possible, for its total extinction.

“ The author's principal care, he observes, has been to describe the various diseases with accuracy, and to recommend such a method of cure as is conformable to the latest established improvements in medical practice. In executing this plan, he has every-where endeavoured to be sparing in the use of technical expressions; but the total exclusion of them being incompatible with precision of sentiment, an explanation of all such terms is given in a Glossary.”

In our perusal of this comprehensive work, we have been particularly struck with the conciseness and perspicuity with which the symptoms of the various diseases are described; and the care every where taken to point out those marks or symptoms which distinguish one disease from another. This is indeed an essential requisite in a popular work of this kind; for if the disease be mistaken, the well intended means of relief may prove fatally pernicious.

In delivering the method of *cure*, the author has very properly accommodated his directions to the understandings of plain, unlettered parents, and guarded them against the consequences of using deleterious remedies without medical assistance; we think, however, that even the experienced practitioner will find many valuable hints and improvements not to be found in any other work.

Besides the subjects usually treated of in works on the subject of domestic medicine, Dr. T. has given the method of treating accidents; an account of the medicinal baths and springs in this island with their uses; an account of the substances most commonly employed in medicine, more especially those found in Great Britain, with their virtues and uses, together with rules for collecting and preparing them. There is also, what no good book should be without, a proper Index.

Upon the whole, if extensive research, important observation, and practical utility, can stamp a value on a popular medical production, we believe the present volume has such just pretensions to the approbation and favour of the public as cannot fail to ensure its success.



*A Practical Treatise on Diet, and on the most salutary and agreeable Means of supporting Life and Health, by Aliment and Regimen; adapted to the various Circumstances of Age, Constitution, and Climate; and including the Application of modern Chemistry to the Culinary Preparation of Food.* By WILLIAM NISBET, M. D. Fellow of the Royal College of Surgeons, Edinburgh, Author of the Clinical Guide, &c. 12mo. pp. 430. price 6s. boards. London, 1801, Phillips, &c.

WE cannot introduce the account of this work better than by an extract from the preface and introduction.

“ The subject of diet is of the first importance to mankind. It has received, however, from the generality of physicians, a less share of attention than its importance demands, and the cure of actual disease is commonly more aimed at than its prevention, or the real preservation of health.

“ Compared with the other branches of the medical art, the works upon diet are few, and of these a very small number can be considered as possessing practical utility. Hence they are little fitted to instruct society at large. Those which do afford practical instruction, consist generally of small detached works on particular subjects; and those which assume a more complete form, are entirely of a professional and scientific nature, and abound in hypothetical and conjectural matter.

“ Among the ancient physicians, diet was considered as a subject of the first consequence. Their remedies were fewer in number than those of the moderns, and they were consequently led to the regulation of diet, as a more successful means of curing disease than the application of medicine. It would have been well for society at present, if the same opinion and practice were followed by modern physicians.

“ Of the advantages attending a proper regulation of diet, most individuals can form a judgment from their own experience. It is at least this idea upon which the common maxim is founded, that every man, after the age of forty, is best fitted to be his own physician; a maxim which implies, in other words, that every man, in respect to what he eats and drinks, is enabled to distinguish, by that period, the food which best agrees with him.

“ In chronic diseases, it is obvious that the chief means of cure consist in the proper regulation of diet alone. The origin of diseases, it must be allowed, is more frequently to be traced to improprieties in diet, than to any other cause; and the mode of relief must necessarily be sought for in the reversing of that plan of living which gave rise to the diseased state.

“ In the following work it has been the leading object of the author to unite the knowledge of particular facts with general principles and reasonings; and to carry these reasonings no further than to connect facts and principles with practice.

“ He has collected together a greater mass of matter than has appeared before in any single book, and, without assuming any merit



merit to himself, his work must be useful entirely on that account. It might, indeed, have been extended to a much larger size; but his chief labour was to condense his materials, that he might enable readers of all descriptions to acquaint themselves with a subject of such particular importance, and exhibit every fact, at the same time, in the simplest and clearest point of view.

“ Nothing, indeed, could tend so much to improve the science of medicine, as to endeavour to make man acquainted with himself. The principles of the animal œconomy rendered familiar and plain, and a knowledge conveyed of the action of substances upon it, is the only way to root out those false maxims and prejudices which ignorance and education produce.

“ How far the present attempt has succeeded, must be left to the decision of the public. The endeavours of the author, he can at least assert, have been well intended for the benefit of mankind.

“ When we consider that in the catalogue of diseases, at least two-thirds are of a chronic nature, or the effect of our own irregularities; the importance of this part stands in a conspicuous view. By the very instinct of self-preservation, we are more immediately excited to its investigation; and by a knowledge of it, seasonably applied, we shall often have it in our power to prevent disease—Even where disease has actually occurred, we shall be enabled by this knowledge to check its progress, and at the same time to assist the efforts of medicine. But while the principles of the animal œconomy, being once rendered familiar and plain, is the only way to root out those false maxims and prejudices which education and ignorance introduce, there are certain limits beyond which this knowledge should not be carried. An acquaintance indeed with the subject of diet, cannot fail to be attended with the best consequences; but when this familiar or domestic kind of knowledge is extended to what is styled strictly the province of medicine, its influence there is often of the most fatal tendency,—Medicine is a science complicated in its principles, and from the varying appearance of disease frequently uncertain. The man, therefore, who, confiding in this superficial knowledge, attempts to be his own physician, seldom is so to much purpose. He is liable to mistakes at every turn he takes, and the mischief is often irreparable before he is aware of the danger. Even the physician who prescribes for himself is not unfrequently led into an error; and the remark made to the friend of one, on an occasion of this kind “ He has a chance of getting well, for he no longer prescribes for himself,” contains much truth and just observation.

“ At the same time, while a superficial acquaintance with the science is thus condemned, we are equally averse that any mystery should hang over it, or that the veil which has been withdrawn from the other branches of knowledge should continue its obscurity here. Let the principles of medicine be once fairly known, and let its precepts be directed by judgment and experience; it will be then of little consequence whether its aid is bestowed by a professional hand, or by the zeal of humanity and friendship.



To assist in doing this is the object of the following Treatise, in which we shall consider as the extent of our subject the various means of supporting life, as applied—

1st. To the surface or external part of the body.

2dly. To the lungs, or what we may term the intermediate surface; and,

3dly. To the internal parts, through the proper organ of the stomach.

We shall next examine the action of the body, as modifying the power of these means of support when introduced into the system; then consider the influence of the mind as affecting the body in the same way; after which we are naturally led to trace the passage of the various alimentary matters from the body, in their different altered and assimilated states, through the several evacuations; and lastly, we shall be prepared to concentrate in one detail the various means for the preservation of health, and to mark the circumstances to which the prolongation of life is chiefly to be attributed; concluding this systematic view of the subject with an abstract of the general principles of chemistry, as applied to this part of medicine, first in the detection of the component parts of diet, and secondly in their various preparation for the purposes of nourishment and the delicacy of the table.

Thus we shall be led to trace the human body as a wonderful system of parts:

By the lungs drawing life and heat from the surrounding atmosphere:

By means of the stomach supplying itself with nourishment from the various parts of creation, for the preservation of its animalization and form:

Then removing, first, the useless part of this nourishment by the intestines:

Secondly, discharging the accumulation of the animal principle derived from the same nourishment by the lungs: and,

Thirdly, giving outlet to the various saline products arising from the operations of the œconomy, by the kidneys, the skin, and the other lesser excretions."

We are convinced that this compendious work, on the important subject of Diet, will prove a valuable and acceptable present to the public.

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*Practical Observations on the Nature and Treatment of some exasperated Symptoms attending the Venereal Disease.* By EDWARD GEOGHEGAN, Member of the Royal College of Surgeons; of the Royal Medical Society, Edinburgh; and Surgeon to the Dublin General Dispensary. 12mo. pp. 75, price 3s. London, 1801, Debrett, &c.

"I propose," says the author in his introduction, "to consider some symptoms attending the venereal disease, the nature and treatment of which, I think, are not well understood; and I am the more



more desirous of entering into the investigation, finding that the most respectable modern authorities are not only undecided in their opinions, but inculcate a practice, which appears to me highly injudicious, and from which I have witnessed the most destructive consequences. The variety of forms which this disease assumes, and the symptoms of extraordinary malignity which occasionally occur, involve its treatment in considerable difficulty: there is scarcely a disease which it does not resemble in some of its features, and there is no general plan of treatment which is not contraindicated, under some particular circumstances; hence in investigating its phenomena, an extensive field of research presents itself, and indeed we have to lament that in considering the varieties in this disease, professional men calculate by so very limited a scale.

“ Although almost every form which the venereal disease presents, furnishes ample matter for observation, I shall confine myself to some aggravated symptoms, in which I have had considerable experience.

“ The symptoms termed phymosis is that to which I particularly allude; and I know of no affection, the event of which is more interesting; it frequently terminating in mortification, and the loss of a part or of the entire of the penis. The number of instances of this kind, which occurred during the summer, autumn, and winter of 1799, excited my astonishment, and on communicating with other practitioners, I found that they had met with similar cases in a much greater number than at any former period: as to the nature and treatment of it, there were a variety of opinions, in general different from those I had formed.

“ It was noticed by the public, that the venereal disease then raging appeared to be singularly malignant; and I have heard even professional men say, that they thought there was an increased degree of virulence in the infection. The appearances which gave rise to these remarks, were violent tumefactions of the penis often terminating in gangrene, particularly when injudiciously treated; other symptoms were also observable, singular for intensity of degree. Although I was always decided in the opinion and practice I now maintain, yet the frequent instances within so limited a time, afforded opportunities for much observation, and led me to question the propriety of the practice generally pursued and recommended.

“ When the ordinary symptoms attending an infectious disease appear to be exasperated in an unusual degree, the question arises, to what are we to attribute this increased degree; whether to increased acrimony in the poison, or to any adventitious or physical causes infensibly operating? This is the pivot upon which the point of practice must turn. If to the former, mercury is the remedy; if to the latter, a great variety of circumstances are to be taken into consideration, which are too frequently neglected. There is nothing so common as to hear the surgeon declare in every case which does not yield to the usual mercurial discipline, that the constitution is in fault, and his mode of rectifying it is, in general,  
the



the free use of bark and wine, opium, cicuta, decoctions of the woods, sea-bathing, and those means sometimes are conjoined, but generally follow mercury in a kind of routine, as if they had a specific operation in every disease connected with the venereal, or with its antidote. Before I proceed to enquire into those causes, which, I conceive, are but little attended to in accounting for the varieties in this disease, I think it necessary to notice the opinions of Mr. John Hunter on this part of the subject; he says; 'That when this tumefaction takes place, in consequence of a chancre, he suspects there is an irritable disposition in the habit, for it is plain there is more than the specific action; the inflammation extending beyond the specific distance.' In his directions for the constitutional treatment he seems a good deal puzzled—his words are, 'In those cases, where violent inflammation has attacked the seat of a chancre producing phymosis as before described, and often so as to threaten mortification, a question naturally arises—Is mercury to be given freely to get rid of the first cause? Nothing but experience can determine this; I should incline to believe, that it is necessary that mercury should be given, for I am afraid our powers to correct such a constitution, whilst the first cause subsists, are too weak; however, on the other hand, I believe the mercury should be given sparingly, for if it assists in disposing the constitution to such symptoms, we are gaining nothing, but may lose by its use; I therefore do suppose, that such medicines as may be thought necessary for the constitution, should be given liberally: as well as the specific, bark is the medicine that probably will be of most general use; opium, in most cases of this kind will also be of singular service; the bark should be given in large quantities, and along with it mercury, whilst the virus is still supposed to exist; or if the inflammation has arisen early in the disease, they may then be given together, so as to counteract both diseases, and not to allow the inflammation to come to so great an height as it would otherwise do, if mercury was given at first alone. This inflammation may be so great in many cases, or be so predominant, that mercury may increase the disposition, and therefore become hurtful. Where this may be supposed to be the case, bark must be given alone.'

"These are his observations in full, on the constitutional treatment of phymosis; what is to be learnt from them, I am at a loss to discover; he puts a case of inflammation threatening mortification; after expressing many doubts he advises mercury, but that it should be given sparingly lest it should do *harm*; in the next lines he recommends it accompanied with bark and opium, and concludes by telling us, it may become *hurtful* in the very case in which he advises it. It is evident from these equivocal and inconsistent opinions, that he had not come to any fixed or determined principle as to the nature of the disease, or mode of treatment; the surgeon who gives mercury, and he who does not, in this threatened mortification, are alike sanctioned by his authority; he also advises in the local treatment, to inject mercurials, even corrosive



rosive sublimate in the proportion of one grain to an ounce of water, and other mercurials to remain in contact with the parts, but concludes, that he has his doubts as to the propriety of using any irritating applications in such cases.

“ With respect to the question, whether the increased acrimony of the poison has any share in producing those aggravated symptoms? here, it is necessary to take a view of the effects which usually attend its application in the first instance. When applied to a non-secreting surface, ulceration is generally the consequence, and although attended with some degree of inflammation, yet it is rather circumscribed, and the ulcerative process goes on more rapidly than the inflammatory, and the latter is often totally wanting. Females having the slightest appearances, without even ulceration or any inflammatory symptom; indeed, ignorant of being infected, constantly communicate the disease, and the persons receiving it are variously affected; in one man it will exhibit the most trivial, in another the most dreadful appearances, and both infected by the same woman, at nearly the same time; taken into the stomach it produces no effect, and even proves harmless when applied to the surface of many persons; it also remains in the constitution for years, without manifesting itself, or exciting the least disturbance. In the small-pox, we every day see the mildest and most malignant kind, and both produced from the same infection. These facts establish the principle most unequivocally, that mild or violent symptoms, whether attended with inflammation or ulceration, or in whatever form they appear, are not characteristic of variety in the matter of infection; hence, we cannot account for aggravated symptoms, from the nature of the poison. We are led then to look for an explanation of the phenomenon (peculiarity of constitution is the generally admitted cause) to some other cause, and whilst I agree that it is the true source, I cannot but express my astonishment at the narrow view which is generally taken of this material point. One would think from the plans of cure laid down and usually pursued, that bad constitution meant some fixed and definite thing, for which there was a decided rule of treatment; not that fluctuating state of the animal machine which is liable to vary with every breeze.

“ Surely, in considering the constitution, the great variety of circumstances which influence it are to be taken into the account. The constitution of the air, place of residence, disposing to diseases of different types, disposition to particular diseases, effects of the human passions, intemperance, exercise, where rest is necessary, habits of life, also neglect of the local sore, or general habit, and many other causes of interrupting the general health, which it is impossible to recount, and all of which have their share in exasperating diseases, and changing their form. Many states of constitution may arise during the treatment of the different stages of the venereal disease, from some of the causes enumerated, in which mercury would be contraindicated, it is easy to conceive, that inflammations of the penis may be superinduced, whether chan-



cre exists or not, as in gonorrhœa; and that chancres may spread and put on the most malignant appearances, independant of the virus. When the penis becomes the seat of disease, its irritability is preternaturally increased. Should any additional cause of disease operate locally or generally, it is obvious that the part in a state of morbid sensibility, will feel its effects in a greater degree than any other, and that new symptoms will be produced *quo ad injuriam*. Was a person with a chancre to receive a hurt on his penis, and violent symptoms to ensue, could any thing be more absurd than to treat the case as venereal during the new symptoms? And might not the same effects arise from an injury of the constitution? Do we not every day see the most violent diseases come on suddenly from an accession of cold, and affecting those parts particularly which were previously in a morbid state? Those who are subject to diseases of the urinary organs, gout, rheumatism, ophthalmia, sore throat, &c. &c. expect a visit from their old complaints, at those seasons when the weather is remarkably variable, as in spring and autumn. Hippocrates observes, "*Mutationes temporum maximè pariunt morbos, et in ipsis temporibus, magnæ mutationes aut frigoris aut æstus aliaque congruentur rationi eodem modo.*"

"At those periods when catarrh is a frequent disease, and which is generally occasioned by an epidemic constitution of the air, it is observed, that pre-existing diseases are increased, and that the prevailing epidemic manifests itself in a variety of forms. Sydenham observes, that 'At the time of an epidemic, every other disorder, in some measure, participates of the nature of the reigning epidemic.' All the accounts we have of diseases arising from the state of the atmosphere, give instances of the variety of forms in which they appear, although the prevailing disease was catarrh, erysipelas often terminating in gangrene and death, palsies, convulsions, sudden deaths, mania, &c.

"That the principle contended for is admitted by every medical philosopher, there can be no question; and, I presume, that its application in explaining the phenomena under consideration is obvious. I have already endeavoured to explain, how diseases in the penis may be aggravated; and the circumstances of the aggravated symptoms occurring when the sores are nearly healed, and the system fully under the influence of mercury, prove, that they are not caused by venereal irritation, and that the virus has no other share in the disease, only in as much as it predisposes the part to be acted on by the remote causes; a morbid condition of body also is induced by mercury, which renders it peculiarly liable to adventitious diseases. These observations apply to every symptom attending the venereal disease, all which may be aggravated from similar causes."

We are convinced, as no doubt our readers are, that this Writer's *Observations* merit the serious attention of practitioners.



# MEDICAL AND PHYSICAL INTELLIGENCE.

[ FOREIGN AND DOMESTIC. ]

*Establishment for the Preparation of Artificial Mineral Waters at Paris.*—There exists at present in Paris, an establishment for the preparation of mineral waters, which is certainly unique in its kind. It has been instituted by *Citizen Paul and Company* under whose direction this manufactory of mineral waters is carried on with great success and profit. The Society of Medicine at Paris appointed a committee, consisting of the *Citizens Chaussier, Delunel, Tourcy, Jossee, Pelletier, &c.* in order to give an accurate account of that establishment to the society, and to examine the nature of an undertaking, which may prove very useful to the community, as by that means all the beneficial remedies which nature has placed at great distances are united in one place, and procured in a less expensive way than is otherwise the case. According to the report given by those gentlemen, the preparation of these mineral waters is executed upon a large scale with the greatest exactness, and the machines invented by *Citizen Paul*, for the purpose of combining the gasses with the water, have the double perfection of being very simple and perfectly calculated for the purpose. Particular attention has been employed for purifying the water that is to be mineralized by filtration, and to disengage it from all heterogenous particles. It passes five cylinders of lead filled with sand, and placed in graduated heights, by which the water being resorbed, comes out again in the highest degree of limpidness, which makes these waters more palatable than the natural ones. The chemical proceedings are extremely accurate. The gasses which admit it, are purified by making them pass by degrees four vessels full of water before they come into the last, which is hermetically shut, where the combination proceeds. The waters containing carbonic acid in their composition, are generally impregnated with a larger proportion of it than the waters that are produced by nature; but it must be considered, that a great deal of it evaporates when the bottle is opened, and the water poured into the glass to drink, and part of it is also discharged from the stomach. *Citizen Paul*, however, is able to charge his waters with any quantity of gas that may be thought proper, according to the prescription of the physician. In order to make his mineral waters imitate the natural ones as nearly as possible, *Citizen Paul* observes, most scrupulously, the analyses of *Bergman* and others, who have adopted the accurate method of that great chemist. Those analyses which have not been thought to be made accurately enough, were repeated by



that great operator, *Citizen Vauquelin*, for the sake of rendering the composition of these artificial mineral waters as natural as possible. The following table will inform the reader of the proportion of the constituents in the different waters that are prepared. Each bottle of 20 ounces (6,11 hectogrammes), contains the following doses :

1. *Strong water of Seltz.*

Carbonic acid disengaged by effervescence, 5 times its volume

Magnesia	2 grains.
Carbonat of soda	4 gr.
Muriat of soda	32 gr.

2. *Sweet water of Seltz.*

Carbonic acid disengaged by fire, 4 times its volume.

The three salts in the same proportion as in the former.

3. *Water of Spa.*

Carbonic acid, by effervescence, 5 times its volume.

Magnesia	4 gr.
Carbonat of soda	2 gr.
Muriat of soda	$\frac{1}{3}$ gr.
Carbonat of iron	$\frac{1}{2}$ gr.

The strong water at Spa has only the double proportion of the Carbonat of iron.

4. *Water of Sedlitz.*

Carbonic acid, 5 times its volume.  
Sulphat of magnesia, 144 gr.

5. *Water of Vichy.*

Carbonic acid by effervescence, twice its volume.

Carbonat of lime	2 gr.
Carbonat of magnesia	$\frac{1}{2}$ gr.
Carbonat of iron	$\frac{1}{10}$ gr.
Carbonat of soda	24 gr.
Sulphat of soda	4 gr.
Muriat of soda	4 gr.

6. *Water of Buffang.*

Carbonic acid, 3 times its volume.  
Carbonat of soda 6 gr.  
Carbonat of iron  $\frac{1}{2}$  gr.

7. *Water of Vals.*

Carbonic acid, 3 times its volume.

Muriat of soda	13 gr.
Sulphat of iron	$\frac{1}{2}$ gr.
Sulphat of argil	$\frac{1}{4}$ gr.
Carbonat of iron	$\frac{3}{4}$ gr.

8. *Water of Contrexeville*

Carbonic acid, twice its volume.  
Sulphat of lime 6 gr.  
Carbonat of lime 4 gr.

9. *Water of Balaruc.*

Carbonic acid, twice its volume.

Lime	4 gr.
Muriat of soda	12 gr.
Carbonat of potash	4 gr.

10. *Water of Plombieres.*

Carbonic acid,  $\frac{1}{20}$  of its volume.  
Sulphat of lime 3 gr.  
Carbonat of lime 2 gr.  
Sulphat of magnesia 1 gr.

11. *Alkaline Gaseous Water.*

Carbonic acid, 6 times its volume.  
Carbonat of potash 144 gr.

12. *Hydrogenated water.*

Hydrogen gas,  $\frac{1}{3}$  its volume.

13. *Hydro-carbonated water.*

Hydro-carbonated gas,  $\frac{2}{3}$  its volume.

14. *Weak Hydro-sulphurated water.*

Hydrogen gas, half its volume.  
Hydrogen sulphurated gas,  $\frac{1}{12}$  its volume.

15. *Strong*



15. *Strong Hydro-sulphurated water*  
Hydrogen gas, *half* its volume.  
Hydrogen sulphurated gas  $\frac{1}{4}$  its  
volume.

16. *Oxygenated water.*  
Oxygen gas, *half* its volume.

Such is the composition of the different artificial mineral waters which are made here, and it has been found perfectly agreeing with the analysis that those gentlemen have undertaken. The use of those waters which are imitated from nature is sufficiently known, but it may not be improper to add something of the medical properties of those that are only produced by art, viz. of the *alkaline gaseous, hydrogenated waters, &c.* The *alkaline gaseous water* has been much recommended in the calculus and gravel of the bladder; and though it is not able to dissolve the calculus, as has been by some asserted, yet it greatly diminishes the pains that attend those complaints. Three or four glasses of it, with a little milk, ought to be drank every morning within the space of six hours. It is likewise of use in other affections of the bladder. The *hydrogenated water* acts as an antispasmodic and soporific. The *hydrosulphurated water* has a great similarity with the sulphurated waters of hot wells by its hepatic smell and taste. It is diaphoretic and resolvent, and may be employed in obstructions of the viscera, tumours, &c.

Professor Odier, at Geneva, relates several cases that were cured by this water, and among others, of a woman who had for two years a painful tumour or scirrhus in the breast, which the surgeons intended to extirpate, and at the same time an enormous wen (*goitre*), for the last of which she began to take the hydro-sulphurated water; and having continued it for above two months, she was cured at the same time of her wen and the tumour in the breast.—The strong hydro-sulphurated waters employed in baths and lotions are extremely serviceable in all psoric diseases and inveterate ulcers. The art of preparing the *oxygenated water* is entirely owing to *Citizen Paul*, a discovery which is very important, and may prove useful both to arts and medicine. The oxygen gas is not very intimately combined with the water, but easily disengaged from it; however, a sufficient quantity is retained in it to produce sensible effects upon the animal œconomy, particularly if proper care be taken to prevent its evaporation. It increases and forces the appetite, and it has been found of great benefit in spasms of the stomach, humid asthma, dropsy, periodic and nervous affections, which even resisted the bark and the most efficacious antispasmodics, in lingering convalescences, and, in short, in all cases where it is required to increase the tone of the organs and to stimulate the circulation. It is given by glasses every two hours. Sometimes it produces dysurics, on which account we should begin with small quantities.

The fabrication of all these waters is established in a very large house, in which *Citizen Paul* has at the same time endeavoured to unite every convenience for those who desire to use the waters in  
baths.



baths. In one wing of the building are several bathing rooms for men, and in another opposite to it, those for women, most of which are provided with a bed. Every sort of bath may be had here, simple or mineral, warm or cold, &c. In the upper story are several commodious apartments, to lodge any patient who might wish, on account of health, to live near the baths. They are furnished with every necessary, and their residence rendered as comfortable as possible. A meadow near the house is intended to feed cows, goats, and asses, for the use of those patients to whom milk might be necessary. There belongs besides to the house, a garden communicating with the delightful garden of Tivoli, which affords to those who use the waters, a most pleasant walk.

Every kind of gas is likewise made by the same company.

*VAUQUELIN on the Gadolinit.* It is about seven years ago since Mr. GADOLIN discovered a new earth, in a fossil found near Ytterby in Sweden, which he therefore called *Yttria*. It was afterwards submitted to a new analysis by Mr. EKEBERG; according to whose experiments, this new earth is contained in the fossil, in proportion of 0,47 to 100. The fossil itself is of a black colour, and its powder a blackish grey; at the place where it is broke, it appears vitreous; its specific weight is, after *Cit. HAUY*, 4,049. *Cit. VAUQUELIN* has also analysed this fossil, which he calls GADOLINITS, with acids and potash, and the proportion of its constituents are the following:

1. Siliceous earth	- -	25. 5
2. Oxyd of iron	- -	25
3. Oxyd of manganese	- -	2
4. Lime	- - -	2
5. New earth or Yttria	-	35
		<hr/>
		89. 5
		Loss, 10. 5
		<hr/>
		100

The following are the properties of this new earth. 1. It is quite white, though it is with difficulty obtained in this state, on account of the oxyd of manganese that adheres so closely to it. 2. It has neither taste nor smell. 3. It is not fusible by itself; borax, however, dissolves it, forming with it a white transparent glass, if too great a quantity be not added. 4. It is not perceptibly soluble in fixed caustic alkalis, on which account it differs from argil and the glucine. 5. It is soluble in the carbonat of ammonia, but about 5 or 6 times greater quantity of it is required to dissolve the Yttria than the glucine. 6. It rapidly combines itself with sulphuric acid; and while this combination proceeds, the salt that is hereby formed, crystallizes in small granula, which are but little soluble in water. It has at first an astringent and afterwards a sweet taste, and though it agrees in respect to this property with the glucine,



glucine, it sufficiently differs in other characters. 7. Its combination with nitric acid crystallizes with difficulty, and its affinity to water so great, that it is hardly possible to dry it. Sulphuric acid forms, when poured to a solution of nitrat of Yttria, a precipitate, which is sulphat of Yttria. 8. Its combination with muriatic acid has nearly the same properties as the nitrat of Yttria. 9. Ammonia precipitates the Yttria from the above three combinations, and likewise the lime and barytes. 10. Oxalic acid, and consequently the oxalate of ammonia, produce precipitates in appearance extremely like that of the muriatic of silver, whereas the glucine forms, with oxalic acid, a very soluble salt. 11. The prussiat of potash crystallized and again dissolved in water, occasions in the solutions of this earth by acids, a white granulated sediment, which it does not produce in the solutions of glucine. 12. Phosphoric acid does not precipitate it from other acids, but the phosphate of soda separates it in form of white gelatinous floccula. 13. It seems to have a greater affinity with some acids than the glucine. 14. An infusion of galls precipitates it from its solutions in form of brown floccula.

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Dr. Handel, of Menz, recommends the following remedy, as a very powerful sedative in tooth-ach, occasioned by corrupted or hollow teeth; upon the application of which, the excruciating pains almost instantly cease. R. *Olei hyosciam, dr. j. Opii thebaici drach. dimid. extract. belladon. camphoræ ana gran. xvj. Olei cajeput, tincturæ cantharidum ana gutt. viij. Redigantur in formam opiat.*

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*On the Analysis of the Honey-stone by Cit. Vauquelin.*—Our readers have been informed, through the medium of this Journal, of the different analyses that have been made of the honey-stone, (Germ. *Honigstein; Mellilithas*.) by Abich, Lampadius, and Klaproth, the last of whom has discovered, that it contained an acid of its own, named by him *Mellilithic acid*. This interesting mineral has been since submitted to a new analysis by that great chemist, *Citizen Vauquelin*, whose particular skill in the chemical analysis is sufficiently known.

Two grammes\* of this stone being reduced to powder, were mixed with four parts of saturated carbonat of potash, dissolved in a sufficient quantity of water, by which an effervescence was occasioned without the application of any external heat; but, in order to render the composition more perfect, the mixture was slightly heated in a sand bath. The liquor being filtrated, when cold, was of a brownish colour, and left on the paper a brown substance, which, after being dried by the sun, weighed about 0,8 grammes. This calcined in a crucible, became white, weighing only about 0,33 grammes.

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\* A gramme is about 20 gr. or a scruple, (gros in French.)



grammes. Being mixed with diluted sulphuric acid, a slight effervescence was produced, and the mixture was afterwards evaporated to dryness. It was then put into water, in which however, only a small quantity dissolved, the rest remaining untouched as a white powder. The liquor was evaporated so far, that only 3 or 4 grammes remained, to which one drop of sulphat of potash being added, 0,1 gramme of argil, with a little sulphat of lime, was obtained after the evaporation. *Citizen Vauquelin* now proceeded to enquire into the nature of that white substance which did not dissolve in water. For this purpose it was boiled with a solution of carbonat of potash, filtered, washed, and examined in the following way:—1. Muriatic acid, diluted with two parts of water, dissolved it with a slight effervescence, but the solution remained milky. 2. This liquor being filtered, gave with ammonia, a precipitate which much resembled that which argil affords in the same way; but though it did not quite dissolve, yet the part soluble in potash was the greatest, having all the characteristics of aluminous earth, or argil. The liquor from which the ammonia had precipitated the argil, gave slight precipitates with the carbonat of potash and the oxalate of ammonia, which proved its containing some lime. The insoluble part of that substance weighed about 0,1 grammes, and seemed to be siliceous earth. Having in this manner become acquainted with the nature of the first residuum, the liquor was examined, which ought to contain the acid of the honey-stone united with the potash. In hopes that it might yield its basis to mineral acids, a few drops of nitric acid were added to the liquor, which producing a very slight effervescence, disengaged a small quantity of a brown flaky substance. Some hours after, the acid of the honey-stone crystallized in form of small short prisms with brilliant facets. On finding that in this way the acid may be separated from the potash, the liq or was heated, and more nitric acid mixed with it, till it was perceived by its taste to predominate. Being now filtered, about 1.34 grammes of the new acid were obtained by the two crystallizations; the properties it showed, were the following: 1. It is of a considerable hardness, has a slight acid taste, attended with a little bitterness, which may be owing to the adherent bituminous particles.—2. A portion of this acid exposed to the flame of the blow-pipe, puffed up after a previous slight detonation, leaving a substance that easily penetrated the coal.—3. Heated in a crucible of platina, it puffs up at first, but is afterwards reduced to a coal, without producing any oily fumes, and this coal is light, and in a great measure alkaline. This acid remains therefore united with a certain quantity of potash, notwithstanding the superabundance of nitric acid that was added to its solution, a circumstance that also takes place in the tartarous and oxalic acid, which come by that means into the state of *acidulated salts*. 4. It is but little soluble. 5. Some grammes of it dissolved in water, were mixed with a solution of lime, by which instantly a white flaky precipitate was produced, that fell to the bottom; with a solution of sulphat of lime, a slight granulated crystallized precipitate was occasioned, which was increased, and became



became flaky by the addition of a drop of ammonia; with the solution of muriate of barytes, a number of needle-like crystals were precipitated; with a solution of silver a white shining precipitate was caused, that fell down in the shape of a fine powder; with a solution of lead in nitric acid, a heavy white powder was precipitated; with a solution of mercury, it gave a white precipitate, that was blackened by a drop of ammonia added to it.—The result of these experiments is, that the acid of the honey-stone has many properties analogous to those of the acid of sorrel, and seems to differ only by the following diagnostics. 1. The precipitate which it occasions in the solution of sulphat of lime appears not so soon, and is crystalline instead of being powdery, like that which is formed by the acidulated oxalat of potash. 2. It appears to be less acid to the taste than the acidulated oxalat of potash, which, however, depends probably on the nitric acid being not sufficiently added to its combination with potash, in order to deprive it of a sufficient quantity of that alkali. 3. It puffs up a little sooner than the acidulated oxalat of potash.—The octaedrous form of the honey-stone, seems likewise to have a sort of analogy with the oxalic acid. *Citizen Vauquelin*, however, had too small a quantity of the above acid to dispose of, to be able to show by farther experiments the identity of it with the oxalic acid, which he is much inclined to adopt; but if this be confirmed, we should have the oxalic acid in all three *regna naturæ*, viz. as acidulated oxalate of potash in several kinds of vegetables, in that of oxalate of lime in the calculus vesicæ urinariæ, and at last in the state of oxalat of argil in the honey-stone.

Dr. BOBBA, of Italy, has presented to the Medical Society at Paris, some ingenious remarks on the cause of rickets. It is known that the bones owe their solidity to the phosphat of lime, and that consequently the cause of rickets has been ascribed to a want of that substance. However plausible this theory may be, there are cases recorded by MORGAGNI, PORTAL and PINEL, where a mollification of the bones was observed to be complicated with the gout. Such a complication seems at first sight to be impossible, as one disease originates in a want, and the other in a superabundance of the phosphat of lime. This contradiction, however, is but apparent; for, when the bones begin to mollify, we are not always entitled to conclude, that the phosphat of lime is entirely wanting in the system, but it is sometimes probable, that on account of an inactivity in the vessels which carry this substance to the bones, it is directed to other parts, producing arthritic concretions, preternatural ossifications, &c. Frequently it is deposited in the urinary system, partly from being absolutely superabundant, partly because any morbid cause prevents its being carried to the bones; and it is remarkable, that in almost all the diseases of the bones the urine deposits a calcareous sediment. There are besides, some rare cases, where this calcareous matter has deviated to the genitals and urethra, and gives rise most probably to that species  
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of blenorraghy, called by SWEDIAUR *arthritis*. By a derivation, therefore, of the phosphat of lime from the bones to the joints, symptoms of gout are produced, at the same time a mollification of the bones, which complication is named *arthritis rachitica*. Dr. BOBBA terminates his paper with observing, that a bad quality of the milk with which children are nourished, is likely to be a frequent remote cause of the rickets, and that a tonic treatment of this disease would probably answer better than the alkaline treatment, which has been recommended by some practitioners.

*Professor Abildgaard*, at Copenhagen, relates in a letter to *Citizen Huzard*, the results of his experiments for the purpose of ascertaining the quantity of carbon that is contained in the blood; according to which, he has found it to exist in a greater proportion in the arterial than in the venous blood. 1. 100 parts of the venous blood of a horse have afforded, when dried at a moderate heat, 26 parts of a dry substance that could be pulverized.—2. 100 parts of arterial blood of the same horse gave 25 parts of a dry substance.—3. For alkalizing after Kirwan's method, one ounce of nitre by detonation, 192 grains of venous blood were required, and only 160 gr. of arterial blood. 4. One ounce of venous blood gave after being dried and decomposed in a close vessel,  $115\frac{1}{2}$  gr. of coal.—5. The same quantity of arterial blood gave only  $87\frac{1}{2}$  gr. of coal.—6. For decomposing 480 gr. of nitre, 145 gr. of coal of the venous blood were required, whereas for this purpose only, 119 gr. of coal of arterial blood were employed. This experiment, however, is not very exact, as a part of the coal being extremely light, flies away like dust. The coal of arterial blood is lighter than that of venous.—7. The red part of the blood, separated from the serum and the fibrous part, as exactly as this is possible in the common way, was, after having become dry, tried with nitre, and 130 grains of this red part were requisite for alkalizing the nitre.—8. Of the fibrous part, well separated from the serum, 202 gr. have been required for alkalizing the nitre by detonation. This part of the blood, however, detonates with greater vivacity than the rest.

Dr. GARNETT intends to deliver Lectures on the Theory and Practice of Medicine, and on the Animal Economy; he also proposes to deliver Lectures on Chemistry, and those Branches of Natural Philosophy particularly connected with Medicine. These different Courses will commence in October next, at his House, No. 51, Great Marlborough Street.

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#### TO CORRESPONDENTS.

Those Lecturers who wish their Autumnal Courses to be announced in the next number, are desired to send their Notice by the 15th of August.