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R. BATTY, M.D.
AND
A. A. NOEHDEN, M.D.

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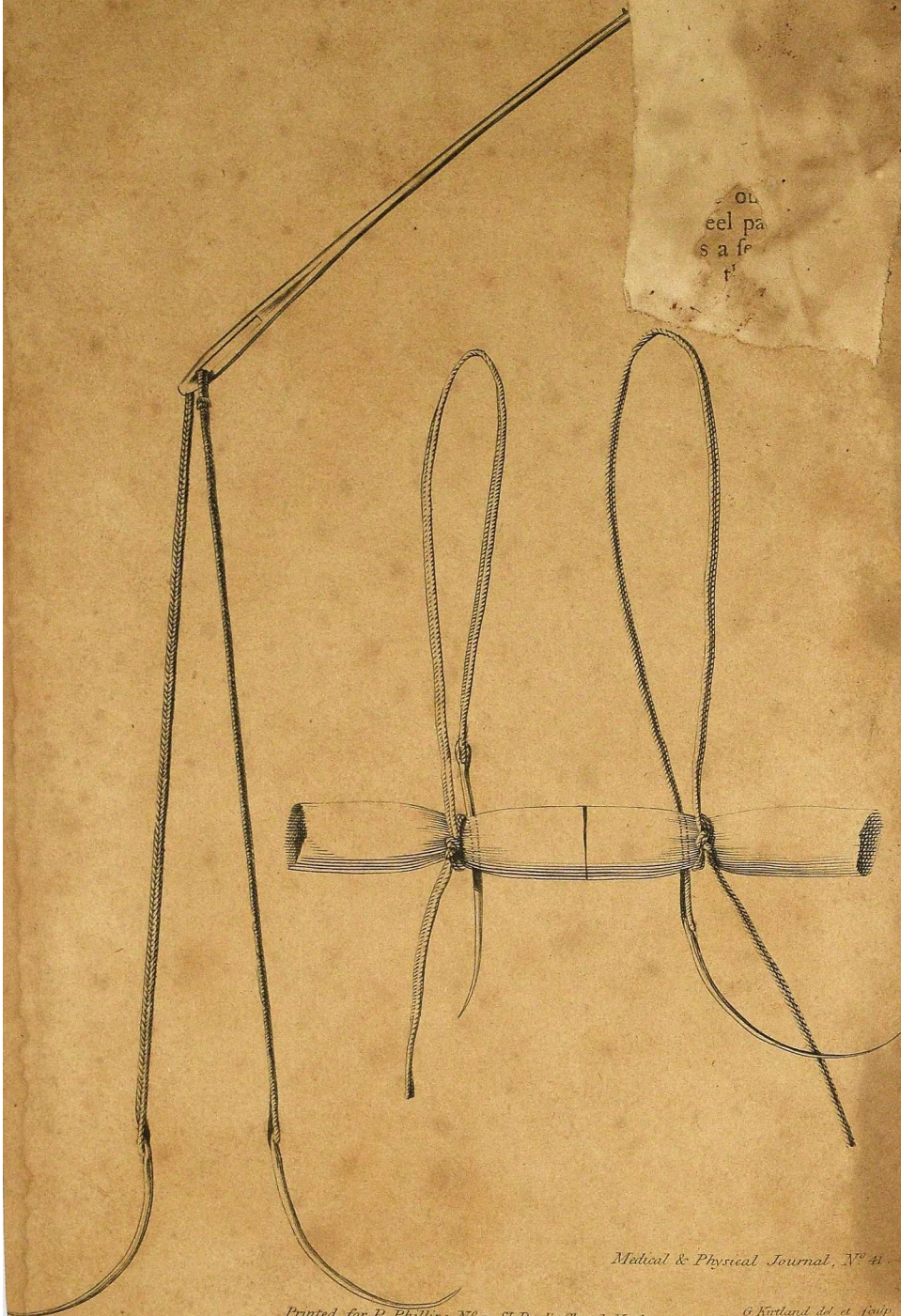
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Mode of tying an Artery in Aneurism



Medical & Physical Journal, N^o 41

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THE
Medical and Physical Journal.

[L. VIII.]

JULY, 1802.

[NO. XLI.]

To Dr. BRADLEY.

DEAR SIR,

THE following cases of Aneurism contain some facts relative to the operation for that disease, which appear to me to deserve attention; and I shall therefore request you to insert them in the next Number of your Journal, as from the extent of its circulation, they are thus certain of being generally known.

I am, &c.

June 24, 1802.

ASTLEY COOPER.

The alteration which has been made by my friend Mr. Abernethy, in Mr. Hunter's operation for popliteal Aneurism, by tying the artery with two ligatures instead of one, and afterwards dividing the vessel,* has certainly tended to lessen the danger of hæmorrhage, at the time the ligature is occasioning ulceration in the coats of the artery. But there is a danger resulting from this practice, the nature of which the first of the following cases will explain, and the others will shew the mode which has been adopted to prevent such accidents in future.

CASE I.

Edward Powell, aged 27, by trade a rope-maker, was admitted into Guy's Hospital on the 7th of April for a popliteal Aneurism. It appeared that he had been a healthy, laborious man until November last, when he first felt, whilst at work, a sense of stiffness in his knee, with a considerable degree of pain, and perceived a small swelling in the ham, which, he said, did not then pulsate.

He continued to work, though with difficulty, for three weeks, complaining of great pain in every attempt to straight-

* See Abernethy's Essays, Part iii. also a work of Mr. Maunoir, Surgeon at Geneva, and Mr. John Bell's Surgery, Vol. i.

en the leg; and the swelling increasfing, and becoming pulsatory, he obtained admission into the London Hospital.

Prior to any operation being proposed, an ingeniously constructed instrument was applied by Mr. Blizard, whose patient he was, with a hope of obliterating the femoral artery by compression.

The points of support for this instrument were the outer part of the knee and the great trochanter, a piece of stiff iron passing from the one to the other; and to the middle of this semicircular piece of iron was fixed, which projected over the femoral artery, having a pad at its end moved by a screw, by turning which, the artery was readily compressed, and the pulsation in the Aneurism stopped, without any interruption to the circulation in the smaller vessels.

But although this patient possessed unusual fortitude of mind, and indifference to pain, he was incapable of supporting the pressure of the instrument longer than nine hours; and when it was loosened, the pulsation in the tumour returned with unabated force.

After a fair trial of this plan, the man quitted the hospital, and placed himself under the care of Mr. Young, surgeon, in Coleman Street, who requested me to admit him into Guy's Hospital.

At the time of his admission, the tumour in the ham was large, and had a strong pulsation, but the leg was free from swelling; and the man's general health appearing to be tolerably good, the operation for Aneurism was proposed to him, and it was performed on the sixth day from his admission, in the following manner.

An incision, three inches in length, being made in the middle of the inner part of the thigh, exposed the sartorius muscle, which being gently raised by the finger brought the femoral artery into view. The artery being then separated from the vein and nerve, and detached from the surrounding parts, an eyed probe armed with a double ligature was conveyed under it; the probe being cut away left two ligatures beneath the vessel; the threads were then separated and the one tied upon the upper, the other upon the lower portion of the artery, with such a degree of force as could be used without the risk of cutting its coats. The vessel was then divided between the ligatures by means of a probe-pointed bistoury, and the operation was supposed to be concluded.

But as I was proceeding to dress the wound, I saw a stream of blood issuing from the artery; and when the blood was sponged away, one of the ligatures was found detached from the vessel. Soon after, the other also was forced off, and thus the divided femoral

femoral artery was left without a ligature; and unless immediate assistance had been afforded him, the patient must have perished under hæmorrhage.

No apprehension was excited of the case terminating fatally, because I knew that the bleeding was completely in my power, and putting my fingers therefore on the groin, and compressing the artery upon the pubis, the divided vessel ceased to bleed.*

I then directed an assistant to preserve a similar pressure upon the groin, whilst I attempted to secure the artery. The divided vessel being considerably retracted under the skin, it was with some difficulty drawn out by a tenaculam, and secured by a needle and ligature.

The delay occasioned by this circumstance produced no bad consequences; the man had but little symptomatic fever. On the twenty-fourth day after the operation, the ligatures came away; and on the 20th of May, he was discharged the hospital, as it was thought that his health was suffering from remaining in it; but it was found that the constitutional irritation which then appeared, had arisen from the coagulum in the aneurismal sac having become dissolved and putrescent, and it afterwards discharged itself by producing an abscess in his ham. The wound in the thigh was healed on the 25th of May.

It was a very fortunate circumstance that the ligatures were forced from the vessel whilst the man was still in the operating theatre, as, if he had been put to bed, and quitted, he would have fallen a victim to bleeding before any assistance could have been procured.

Had this accident happened only to myself, I should have rather attributed it to some fault in my mode of performing the operation, than to any want of security in the operation itself; but when I state that the same accident has happened to Mr. Cline, whose superior skill and caution are universally acknowledged, it must be confessed by every candid mind, that it is one against which it is necessary to guard, and to which all may be occasionally liable.

Mr. Cline, in the last autumn, performed the operation in the manner I have described; he used extraordinary pains in securing the ligatures, which were placed upon the artery an inch asunder; the artery was then divided, the wound dressed, and the patient put to bed. In three hours a violent hæmorrhage succeeded; one of the dressers happened fortunately to be

B 2

upon

* It is a circumstance which, perhaps, may not be generally known, that it is not difficult to stop any bleeding in the thigh, or leg, by pressure upon the femoral artery as it passes over the pubis. In an amputation of the thigh, performed by Mr. Lucas, it was necessary to remove it so near to the groin, that no tourniquet could be applied, and the patient was secured from bleeding during the operation, by pressure upon the artery at the groin.

upon the spot, pressed upon the artery, and sent for Mr. Cliné, who, when he removed the dressings, found the upper ligature lying loose in the wound. He secured the artery by means of a needle and ligature, and the man did well.

These accidents naturally gave rise to reflections upon the means which were to be employed to obviate them; and the first which suggested itself was to include a larger portion of artery between the two ligatures: But this plan was given up, when it was recollected that many branches of arteries must be divided, and that it was a mode of security (if it was so) which could only apply to particular cases of Aneurism; since, in some situations of that disease, there is scarcely any length of vessel between the tumour and a principal anastomosing branch of the artery.

A plan of greater security and more general application consists in conveying the ligatures by means of two blunt needles under the artery, an inch asunder, and close to the coats of the vessel, excluding the vein and nerve, but passing the threads through the cellular membrane surrounding the artery. When these are tied, and the artery is divided between them, the ligatures will be prevented from slipping from the artery by the cellular membrane through which they are passed. In this way I lately performed the operation in the following case.

CASE II.

——, aged 19 years, was wounded in the brachial artery in bleeding. The artery, I was informed, was at the time of the operation suspected to have been punctured, from the florid colour of the blood, the force with which it issued, and from the pulsatory motion of the stream. A very tight bandage was applied, but the lad suffered so much pain, that it became necessary to loosen it in about eight hours; and the bleeding did not recur.

In two months he returned to the place at which the accident happened, with a pulsatory swelling at the fore part of the elbow joint, under the scar which had been made in bleeding. Nine weeks after the accident, I was requested to see him.

The swelling was then about the size of a pigeon's egg, it pulsed strongly; and as the disease was gradually increasing, it became necessary to perform the operation for Aneurism. I made an incision upon the brachial artery, three inches above the swelling, and passed a ligature by means of a blunt needle, close to the artery, excluding the vein and the median nerve, with which this vessel is accompanied; and having tied it, another was passed in the same way, three-fourths of an inch
below

below the first; this being secured also, the artery was divided between the two ligatures, and the needle being thus passed through the cellular membrane, the thread could not slip from the artery, to which that membrane firmly confined it. The wound was united as far as it was possible by the first intention; the thread separated upon the fifth day, and in seven weeks the wound was healed, and the motions of the limb restored*.

But although this plan, as to the event, answered my expectations, yet a different mode of securing the ligature, suggested to me by my young friend, Mr. H. Cline, (son to the surgeon) struck me so forcibly for its simplicity and security, that I felt immediately disposed to adopt it.

Before, however, it was used upon the living, I resolved to ascertain its effects upon the dead subject; and finding that when the ligature was applied, I could not by throwing water into an artery with all my force disengage the thread from its situation, I felt perfectly satisfied of the security which it afforded, and adopted the plan in the following case.

CASE III.

Henry Figg, aged 29 years, a farmer's servant, of so healthy a constitution as not to recollect his having been confined by any sickness; in August last, whilst at work, felt a severe pain at the back part of the right knee, which prevented his pursuing his labour, but ceased when he became warm in bed; from that time to the month of December, he had frequent attacks of a similar kind; and he then first observed a small swelling in his ham, in which he could not discover any pulsatory motion; as it increased it became pulsatory, and the pain and inconvenience which he suffered, induced Mr. Martin, of Ryegate, (whose patient he was) to send him to me. On Wednesday, April 28, he was admitted into Guy's Hospital, and, on the ensuing Monday, I performed the operation for Aneurism in the following manner. An incision being made on the middle of the inner part of the thigh, and the femoral artery exposed, the artery was separated from the vein and nerve, and all the surrounding parts, to the extent of an inch, and an eyed probe, armed with double ligature, having a curved needle at each end, was conveyed under the artery, and the probe cut away. The ligature nearest the groin was first tied; the other was separated an inch from the first, and tied also; then the

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needles

* Some curious and interesting circumstances took place during this lad's recovery; but as they do not relate to the immediate object before me, I have intentionally, in this account, avoided relating them.

needles were passed through the coats of the artery, close to each ligature, and between them; the thread they carried was tyed into the knot of the ligature which had been already secured around the vessel; and thus a barrier was formed in the artery beyond which the ligature could not pass.

The wound was united by the first intention, except where the ligature projected; one of the threads separated on the 14th, the other on the 15th day; and upon the 30th of May, the man walked across one of the wards of the Hospital. On the 14th of June the wound was healed, and he ceased to suffer any inconvenience from the operation.

The annexed plate will explain the nature of this operation. One part of it shews the probe, armed with the ligature and needles; the other, the artery tyed at two points; the needle is seen passed through the artery, and the ligature which it carries is to be tyed to the thread hanging from the knot upon the vessel.

Two questions will naturally suggest themselves to those who reflect upon this subject. First, it may be asked, If a ligature is liable to be thrown from the femoral artery, in the operation for Aneurism, why does not this accident happen in an amputation of the thigh, when the thread is applied only by means of a tenaculum? To this I would answer, that the artery in the two operations is under very different circumstances. After amputation, the vessel contracts to admit only so much blood as is necessary to nourish the part of the limb which remains; but when the operation for Aneurism has been performed, the arteries of the thigh must receive a sufficient quantity of blood to restore circulation to all the parts below. Secondly, as this operation has been several times performed without the ligature having separated, what was the reason of the accident in the case which I have described? The cause, I believe to have been this: that this patient, unlike the subjects of Aneurism in general, was of a strong constitution, and did not appear to be reduced by previous indisposition; in such a person the impulse of the blood at each pulsation of the artery, will be greater than the ligature can resist, unless it is applied with a degree of force, which will endanger a laceration of the coats of the vessel.

But, as the plan which was pursued in Case the third, removes, under the greatest force of arterial action, the possibility of danger, and can in no instance be productive of the smallest risk, it appears to me to deserve to be generally adopted.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Was one of those whom an apparently unfavourable case led at first to doubt of the security afforded by the cow-pox against the small-pox. However, on account of my very doubts, I attended with deeper interest to the investigation; and it is now long since I offered the poor of Bristol the benefit of the new Inoculation at the Pneumatic Institution. Every instance has confirmed the good effect of the practice. The deviations from the usual appearances, Mr. King will relate in the account of our transactions.

With as high a sense of what mankind owe to Dr. Jenner as has been expressed by any of your correspondents, I cannot but be deeply mortified at the smallness of the parliamentary reward which he is likely to receive. The largest sum now proposed must, I think, be felt as very inadequate; and without a NATIONAL SUBSCRIPTION, the communication of discoveries of immediate and general utility, will be checked. I feel this more sensibly, as I shall have to announce in my eighth Essay on Health, a discovery of apparently very great importance, but of which the author, not being a medical man, can receive no emolument but through the means of secrecy, public remuneration, or private contribution.

I hope to see by the newspapers, or your next number, that many others feel as I do. If professional men exert themselves, they will find abundance of families, who have received, or hope to receive, benefit from Dr. Jenner's labours, ready to help towards advancing his fortune; and he surely will not blush to receive such proofs of their sense of obligation. Probably those very Members of Parliament, who from a sense of duty, shewed themselves most sparing of the public purse, will be among the most forward to open their own.

I am, &c.

June 4., 1802.

THOMAS BEDDOES.

Criticisms on the Treatment of the Venereal Disease.

By T. VAGE, M.D. F.R.S.

[Continued from Vol. VII. p. 559 — 564.]

THE nocturnal pains, &c. of the second stage of the disease, are commonly very severe, and the mitigation of them,
of

of course, is an important concern; especially as the specific itself is incapable to procure ease for a considerable time. Opiates are usually, and properly, given in this intention; but notwithstanding their utility, a free and frequent use of them always induces a relaxation of the system, and debilitates the chylific organs, which are primary things to guard against, in mercurial courses. Although both these effects of opium appear to spring from one common source, by producing a nervous, sedative stupefaction, yet some observation in practice inclined me to suppose, that ease may be procured without any concomitant debility. The ease of opiates is the consequence of forced sleep; but sleep, instead of being the cause, is often the direct effect of ease. All inflammations and ulcerations become more painful, it may be observed, upon any febrile impulse in the circulation, and easier in proportion as that impulse is diminished. The reason of it is, that the nervous fibrillæ are, on extension, in a state of inflammation or corrosion, and any additional force in the circulation must increase the tension, and consequently the pain; as, by a parity of reasoning, every diminution of that force will produce relief. The digitalis is a substance well ascertained by the ingenious Dr. Maclean, and others, to have the property of retarding the circulation to a remarkable degree; and it was reasonable to imagine, that it would, upon that account, answer the present intention; and its good effects in phthisis is probably owing to the suspension of irritation produced by this means, by which the pulmonary ulcerations receive time to heal. Upon this principle I have given the digitalis for some time, and think it may be fairly recommended to the notice of others.

We shall now bestow a few observations upon the infirmities of constitution, which frequently remain after the disease has been perfectly eradicated, and after every atom of the mercury itself has been discharged from the system. Thus it is common to see patients of this description, not only reduced to a most debilitated state of both body and mind, but subject, from the slightest causes, to a variety of other complaints, as rheumatism, dropsy, asthma, dysentery, and particularly typhus fever. These infirmities are caused, either by the disease itself, or by the remedies or methods of practice. The subject, as a matter of disquisition, is somewhat novel, but we shall attempt an explanation of it. The defects of the constitution, produced by the venereal poison, always arise from the parts which were, in some degree or other, ulcerated; for the parts which were only inflamed, or indurated, recover their healthy state as the infectious irritation subsides. But in the ulcerated parts there is less of substance; some of the small vessels, muscular fibres, nerves, &c. are destroyed, which, according to the importance

of the part, that is, the more they belong to the principal offices of the system, the vital, natural, and animal functions, the more they will leave the habit in an impaired state. Hence it happens, that as such places are not within notice, considerable blame is sometimes cast upon practice and practitioners without reason. For though one mode of practice may stop the further destruction of organized parts sooner than another, yet it is evident, none can replace those already destroyed. Mercury, however, with all its anti-venereal properties, is naturally inimical to the nervous system, and exerts its injurious effects, in some degree or other, in the most judicious use of it. When it is exhibited too copiously, and suddenly, it is apt to produce violent effects, as great swelling of the head and tongue, apoplexy, &c. because it breaks down the blood before any outlet is prepared for its evacuation. When its use is gradual, these effects will be moderate, but they will accumulate in time to considerable injuries of the same nature. The most violent and mildest effects of remedies are produced upon the same principle; and the former are frequently the only index to explain the latter, which would otherwise be too minute for observation.

The infirmities which arise from the use of mercury, appear to originate from two principal sources; one is, its dissolution of the blood, by which a redundancy of serum is forced into the interstices of the cellular substance of the muscular, vascular, and nervous systems, in consequence of which, the gluten* which gives strength and stability to the solids, becomes relaxed, and the different functions of the animal economy so debilitated, as to be incapable to be properly actuated by the nervous influence, while the nervous system itself may remain in a tolerable condition. The other source of infirmity, on the contrary, is when the nervous system has been left impaired, and cannot invigorate these functions, which may not have suffered any considerable detriment. For it is experimentally ascertained, that if the nerves of any part are injured, either at their origin or in their course, that part will become proportionably inert in its office. The mode by which the nervous debility is here effected, appears abstruse; it would seem to be the opposite, or diminution of that influence, on which muscular motion depends, and which has hitherto evaded demonstrative knowledge, because most of the functions of the system are performed by muscular fibres. It is certain, from many instances, that such a general debility can be produced by the diseased
affections

* Vide Haller's *Primæ Linæ*.

affections of the nerves alone; for it can be done before any change is wrought in the other parts of the body; and there are some things which, even by a local application, can at once suspend, or totally destroy, the vital actions. The effects of mercury on the nervous system, seem something similar to those of lead; both have power to produce paralytic affections; both, in a weaker degree, abate inflammations and mitigate pain; and the imbecility of both remain, after they have been quite expelled from the habit. But however abstruse the nervous power may be, in its modes of action upon the solids, we have one thing in favour of our abilities, that it is, in a great measure, constrained to operate but in a two-fold manner, either by invigoration or weakness; and experiment and observation have discovered a multiplicity of things, which act in these respects with quickness and energy, and which would seem, if methodically and closely regarded, to reflect an additional light on the nature and cure of diseases. I have been accustomed to arrange such things under three general heads, enervants, irritants, and cardiacs. The two last are usually, but erroneously, considered under the idea of stimulants. Both, indeed, effect invigoration, but they produce it in a very different way. Irritants imply a degree of pungency and pain, as mustard, horse-radish, volatile salts, &c. but give no refection, nor any nutritious strength: while cardiacs, such as wine, spirits, the odours of some plants, &c. are, in a great degree, congenial to the nervous system, and may be considered as immediate substitutes for what is prepared in the brain, when the strength is exhausted by sickness or fatigue. Enervants, as the word imports, have properties to debilitate or repress the nervous influence; yet many things, which agree in this respect, differ widely in others; as opium, digitalis, preparations of lead, lauro-cerasus, &c. and mercury, according to our present hypothesis. The effects of enervants appear hurtful, chiefly when the nervous influence is at or below its natural standard; when it is above it, they become remedial by their sedative efficacy. Irritants and cardiacs are useful, or hurtful, where the former have contrary effects; that is, useful in cases where the sensibility of the system is on the ebb, and hurtful where it is too susceptible and energetic.

The nervous source of mercurial infirmity, and the humoral one, may indeed exist separately, but they are generally combined; and their methods of treatment may be considered as co-efficient, and united also. As the solids, and especially the alimentary viscera, in these cases, are in a relaxed condition, both the irritant and cardiac plans of invigoration must be employed; and the first thing indicated, is a supply of light nourishment,

nishment, as near as possible to its natural state of assimilation. Young food is most eligible in this point of practice; for young animals are nourished without the help of strong digestive faculties; hence their sustenance is easily assimilated, and suitable to their feeble state, and consequently their juices are fittest for weak or decayed constitutions. And agreeably to this opinion, it is observable, that these juices have naturally a disposition to jelly, which they lose as animals advance to maturity. Generous wines may be allowed at proper intervals, and in a moderation proportioned to the former habits of living. When the stomach is very languid, and inert, a glass of mustard whey, at times, is a good nutritive irritant; and where there is much depression of mind, which is sometimes the case, when patients have been addicted to spirituous liquors, a little French brandy may be added to the whey. Besides liquid aliments, some light solid food, however, ought never to be omitted; as by mastication, it promotes the secretion of the saliva, one of the digestive fluids, and is afterwards a natural stimulant for the action of the intestinal canal. The obstinacy of these complaints, frequently obliged me to deviate from common doctrines; and many practical reasons induced me to observe, that the nearer animal juices are to their natural, commonly called their crude state, the easier they are of assimilation, and more nutritious; for by that degree of heat, which is usually employed to extract them, they seem to undergo a change, which again requires the assistance of strong digestive powers. But as animal substances are apt to run into putrefaction in cold water, before they sufficiently impregnate it, it was supposed, that if they were infused in wines, and other cordial liquids, which resist the egetic process, and are, at the same time, capable to extract the nutritious parts of them, considerable advantage would accrue. Agreeably to this idea, I was induced to try preparations of this nature, and found them to answer so well, that I have been in the habit of prescribing them for some years past, not only in these cases, but in constitutions broken from other causes, where nutritious restoratives were judged necessary, and wherever the digestive viscera were in a dyspeptic condition. The parts of animal food most conducive to this end, seem to admit of a very judicious choice; for we find considerable difference in the texture, taste, &c. between the different parts of the same animal, although they draw nutrition from the same common stock of digested aliment: and this can only arise from a peculiarity of fabric in each part, which separates and assimilates further its own proper nourishment. According to this position, as singular as it may appear, is there not some reason

reason to infer, that preparations of such parts, in the manner above-mentioned, as having already undergone the changes necessary for that peculiar fitness, would in some measure be applicable to similar parts in the human system, when they are by any means impaired, or when the principal offices of digestion are debilitated? Vegetables, from their supposed flatulency in weak habits, are generally prohibited, but probably in the extreme. Animal food alone, has its disadvantages; a proper mixture of both is necessary for salutary nutrition. By what means they qualify each other, cannot be here explained; but it is certain, that even such as are reckoned the most flatulent, may be given in most cases, with advantage, in a suitable proportion; and some there are, such as water and garden cresses, and the like, which from their warm and irritant nature, are particularly useful. But this subject shall be more fully handled in a future Paper, when we come to the treatment of constitutions enervated from other causes, as luxury, irregularities, and intemperance.

The interstitial effusion is the next consideration; and though this does not always appear in dropical symptoms, yet it always occupies the internal recesses of the system, and is usually marked with a pallid flaccidity of countenance and skin. The emunctorial evacuations, here, especially cuticular and renal, must be promoted, for some time, above their natural quantity, but without exhausting, in any degree, the strength or spirits; so that, in this respect, evacuants may be considered as tonics and bracers: For by removing the redundant humidity, the fibres of the relaxed parts will recover their cohesive and contractile power. But cathartics, and particularly drastic ones, must be avoided; the bowels are in a state of humid relaxation already, and any considerable irritation will bring an additional flux of humours, and increase their debility; all that is necessary in this point of practice, is only the aid of some laxatives, occasionally, to keep up the energy of their vermicular motion. Whatever propriety there may be in active purgatives, immediately after a course of mercury, they are, certainly, injurious in the debility which is left (at least by common practice) upon the habit. But if, at any time, an active cathartic is given, the only way to derive benefit from it, and which, in common inflammations I have experienced, is an abstinence from liquids during its operation.

In the corroboration of the solids, the chylific viscera claim the chief attention; so much so, that in other cases of general debility as well as these, the invigoration of them may be regarded as the re-establishment of the whole: For on the proper digestion of the food, depend those further changes that

fit the chyle for the various offices of nutrition and health; our fluids become organized by it; they acquire a consistency, and cohesion, which disqualify them for interstitial effusion, and which, at the same time, sustains that gluten, which gives stability to the parts, and which is always relaxed when our humours are poor and watery. It avails but little to evacuate morbid fluids, if no better are supplied.

All the functions of the animal economy, indeed, mutually assist each other in the recovery and conservation of health; but the natural ones may be regarded as the basis of the rest: For before our aliment can be fit for nutrition, if of a vegetable nature, it must be in some degree animalized; or if an animal substance, it must be assimilated to the particular constitution it is to nourish; and all this is effected by the digestive organs, and a mixture with the fluids secreted into them, which have already undergone these changes; such as the salivary, gastric, and pancreatic, and hepatic secretions. Whatever may be the particular use of these fluids in chylification, it is certain that the suppression or deficiency of any one of them, will sensibly hurt nutrition, and impair health. And here it may be useful to remark, that the three last of these secretions depend very much upon the due vermicular action of the intestinal tube, and which, in these cases, is generally inert. In this intention of cure, I found it advantageous to begin with an emetic, not merely for the evacuation of the ventricular contents, but for the extensive agitation of the habit, which the irritation of the stomach produces. The exhibition of warm bitters must, afterwards, be adhered to; among which cinchona and gentian hold a chief rank, and which will be much improved by the addition of aromatic spices. When the enervation of the stomach is urgent, as may be known from flatulencies and eructations after food, with giddiness, vertigo, and nausea, a most efficacious bitter is a strong infusion of flor. chamomel. with some elix. vitr. acid. This acid has a singular property to arrest the fermentation of vegetable and animal substances, but its use must be only occasional, from its tendency to obstruct the cuticular pores.

[To be continued.]

ACCOUNT OF DISEASES IN AN EASTERN DISTRICT OF LONDON,

From May 20, to June 20, 1802.

ACUTE DISEASES.			
Febris Intermittens Tertianæ	5	Epilepsia - - - - -	3
Quotid.	1	Paralysis - - - - -	4
Pneumonia - - - - -	3	Cephalalgia - - - - -	8
Catarrhus - - - - -	4	Gastrodynia - - - - -	10
Scarlatina Anginosa - - -	3	Hæmorrhoids - - - - -	5
Cynanche Tonsillaris - - -	4	Scrophula - - - - -	5
Rheumatismus Acutus - - -	2	Herpes - - - - -	7
		Rheumatismus Chronicus -	16
CHRONIC DISEASES.		PUERPERAL DISEASES.	
Tussis - - - - -	10	Ephamera - - - - -	3
Dyspnœa - - - - -	12	Menorrhagia Lochialis - -	4
Tussis cum Dyspnœa - - -	10	Peritonitis - - - - -	2
Phthisis Pulmonalis - - -	4	INFANTILE DISEASES.	
Asthma - - - - -	1	Rubeola - - - - -	2
Hydrothorax - - - - -	3	Pertussis - - - - -	7
Palpitatio Cordis - - - - -	1	Vermes - - - - -	2
Anasarca - - - - -	5	Herpes - - - - -	5
Ascites - - - - -	3	Erysipelas Infantile - - -	1
Syncope - - - - -	1		

Far as the season of the year has advanced beyond that period in which coughs, colds, and different diseases of the pneumonic kind usually appear, we have, till very lately, seen a number of patients labouring under these complaints. The long continuance of cold winds have undoubtedly been the occasion of prolonging the appearance of these diseases beyond the usual term. The change in the state of the weather which has now taken place has diminished the number of these cases, and the symptoms of these diseases appear in a milder form.

The diseases of children, which have been so frequently taken notice of in these late Reports, have declined in the number of cases which have occurred, and in the degree of aggravation with which the different symptoms have been attended. The measles and hooping cough, however, are not yet extinct, though they form a less prominent feature in the general appearance of disease. The throat has lately been a frequent seat of disease both in children and adults. Frequent instances of the scarlatina anginosa have occurred. This disease has in many cases been attended with its usual symptoms, and without any peculiar degree of aggravation. The tonsils have been swelled and inflamed, and consequently a degree of pain has been felt upon deglutition; a few white sloughs have appeared, which have not, however, been succeeded by any troublesome ulcers; the fever has subsided under the use of common means,

and

and the eruption has gradually disappeared. Cases, however, of a different description might be selected from the Reports of medical practitioners, in which symptoms of the most alarming nature appeared, and a fatal termination, in some instances, very speedily ensued. In one of the cases of cynanche tonsillaris, besides the usual symptoms of redness and tumour of the fauces, and particularly of the tonsils, with difficult and painful deglutition and continued fever, there were some apthous ulceration about the roof of the mouth, the tongue, the gums, and the inside of the cheeks. After some days an eruption appeared on the hands, attended with some degree of swelling; upon which appearance, the fever gradually subsided, the painful symptoms in the throat abated, and in a short time the whole disease disappeared within the course of a few weeks. It has fallen to the lot of the present Reporter to have an unusual number of intermittent fevers under his care. In a conversation with some other medical practitioners, he found that several cases of a similar kind had fallen under their notice. These intermittents have been chiefly of the tertian kind, and have yielded in general to the usual mode of treatment.

List of Diseases at the Bath City Dispensary, from May 1, to June 1, 1802.

Angina - - - - -	3	Menorrhagia - - - - -	2
Asthma - - - - -	1	Ophthalmia - - - - -	2
Abscess - - - - -	1	Pleuritis - - - - -	3
Anasarca - - - - -	2	Phthical - - - - -	6
Afcites - - - - -	1	Pulmonary Complaints - - -	2
Althemia - - - - -	1	Pertussis - - - - -	1
Bilious Complaints - - -	3	Paralytic - - - - -	1
Catarrh - - - - -	2	Pleurodyne - - - - -	3
Contusion - - - - -	3	Prurigo - - - - -	1
Chlorosis - - - - -	3	Psoriasis Gyrata - - - - -	1
Diarrhoea - - - - -	3	Rheumatism - - - - -	14
Erysipelas - - - - -	1	Rubeola - - - - -	7
Eruptiones - - - - -	4	Synochus Biliosa - - - - -	13
Fever - - - - -	5	— Pleurítica - - - - -	2
— Intermittent - - - - -	2	— Dysenterica - - - - -	1
Fistula in Perinæo - - -	1	Syphilitic - - - - -	2
Gastrodynia - - - - -	4	Scrophula - - - - -	2
Hernia - - - - -	2	Scirrhus - - - - -	2
— Humoralis - - - - -	1	Tinea - - - - -	3
Hæmoptysis - - - - -	1	Tussis cum Dyspnœa - - -	1
Herpes - - - - -	3	Ulcerated Legs - - - - -	3
Hicuria - - - - -	1	Vertigo - - - - -	1
Icterus - - - - -	1		
Infantile Complaints - - -	3		
Lepra - - - - -	4		
		Total	120

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Thought proper to send the subjoined case, as another instance of the efficacy of opiate friction, corroborative of Mr. Ward's statements, although the case occurred long before his Remarks were published. I am, &c.

Bath, June 11, 1802.

W. WHITE.

JOHN BULMER, aged 54, a servant of Col. G——, was visited by Mr. Creaser, surgeon, of this city, in April, 1800, on account of a severe strain in the ankle joint. On the second day after the accident a delirium succeeded, which rendered his admission into the Infirmary necessary. When I saw him, he complained of a pain in his left side, attended with a troublesome cough. His pulse was 106, and the stroke hard; his tongue was clean, and his bowels open. The ankle was somewhat swelled and discoloured, but he did not complain of any pain in that part. Although he gave a tolerably clear account of himself, yet there appeared at the same time a considerable degree of wildness about him, and incoherency of speech; his eyes were much suffused, and the pupil contracted. The antiphlogistic plan was adopted, and the blood taken from his arm put on an inflamed appearance. The delirium, however, increased to such a degree that it became absolutely necessary to confine him. He was cupped; the temporal artery was opened; blisters were successively applied to the back, and inside of the legs, and sinapisms to his feet. Opiates were given him, and also digitalis pretty freely. Notwithstanding all these means were made use of, he remained without any sleep for five days, still continuing highly delirious, at last refusing every thing that was offered him, whether of food or medicine. In this deplorable situation it was determined to try the effects of opiate friction. One scruple of opium was dissolved in half an ounce of spiritus ætheris viriolicæ comp. half of which I rubbed on the inside of his thigh, at 10 o'clock P. M. and directed the remainder to be used in the same manner, at 2 o'clock, A. M. The next morning there appeared no alteration whatever; but at two o'clock in the afternoon he was seized with a violent convulsive fit, which terminated in a profound sleep of twelve hours continuance; when he awoke perfectly sensible. For two or three days he scarcely awoke but to take his food; but there was no return of delirium, and in a short time he perfectly recovered.

Continuation

*Continuation of the Evidence delivered before the Committee
of the House of Commons, in Support of Dr. Jenner's
Application for Parliamentary Reward.*

Continued from Vol. VII. pp. 489—496.

Mr. CLINE was consulted upon the case of a child of Mr. Austen at Clapton, with whom it was said the cow-pox inoculation had failed; but from particular enquiries of the parents and nurse, he was perfectly convinced the child had never received the vaccine disease; and this evidence Mr. Taylor, the Surgeon, who inoculated it, confirmed. He thinks that experience has sufficiently demonstrated that persons inoculated with the cow-pox, are incapable of receiving the small-pox; and he believes that in the instances where the small-pox has been caught, and the patient has, before the coming out of the disease, been inoculated with the cow-pox, it mitigates the virulence of the small-pox. The vaccine disease is not contagious, nor does it create any blemish on the human frame; nor does it excite scrophula, or any other disease, which is sometimes the case with the inoculated small-pox.

In November, 1800, he performed the operation for the stone on William Rench, a child in Isaac's Ward of St. Thomas's Hospital. In a few days after, hearing that this boy was in great danger of catching the small-pox, he directed that he should be inoculated with cow-pock matter, which took effect, and proceeded in the usual manner: but in thirteen days after this inoculation, a few eruptions appeared that seemed to be variolous.

Admitting these eruptions were the true small-pox, the time of their appearance shows the infection had been received before the child was inoculated with cow-pox matter; for the natural small-pox frequently does not appear until sixteen or eighteen days after the patient has been exposed to infection.

A second case was in November 1801. The child of Mary Solloway, in Mary's Ward of the same Hospital: this child was known to have been exposed to the infection of the small-pox, and therefore the mother permitted it to be inoculated with cow-pock matter; but in four days after, the small-pox appeared, and the disease was very severe; however, the child recovered.

A third case was a patient of Dr. Lister's, whose mother had the small-pox. In six days after the complaint had appeared in the mother, the child was inoculated with cow-pock matter, and the complaint from this inoculation proceeded as usual; but

in about fifteen days a few eruptions appeared that were of a doubtful nature.

From the most minute inquiry, these are all the cases which have occurred in St. Thomas's Hospital, where variolous eruptions have succeeded the vaccine inoculation, and in each of which there can be no doubt that the patients were exposed to the infection of small-pox previous to their being inoculated. (No. 33.)

Mr. DAVID TAYLOR, Surgeon, of Wootton-under-Edge, Gloucestershire, spoke to two cases which had been brought before the Committee, as disproving the efficacy of cow-pox in preventing small-pox; the one of a child of Mr. Austin of Clapton, the other of a woman at Old Sodbury. With regard to the first, he had inoculated the child with vaccine matter himself, but did not see the progress of the disorder, nor was the child attended by any medical person; but from the account given by those who were with the child, he was apprehensive at the time that the vaccine disease had not taken effect, and strongly recommended that she should be inoculated for small pox, which she afterwards caught in the natural way. He stated, that a full and minute investigation of the second case had been made by five or six persons, who were unanimous in their opinion that the woman at Old Sodbury had never had the cow-pox. His own practice in vaccine inoculation has been considerable, and he has inoculated about 2000 persons without a single failure; nor has he met with any ulcerations, humours, or diseases following it, supposed to be excited by it. He has inoculated a large proportion of his patients with variolous matter afterwards, without any disease being produced. He further stated, that he was acquainted with the extent of Dr. Jenner's medical practice before he left Gloucestershire, where he was situated in a very populous neighbourhood, without any practising physician within 16 miles; well supported, and of course in the most considerable practice; and he thought that in consequence of his quitting his situation in the country, and coming to town, he had lessened his income most considerably, as two physicians had succeeded to the situation which Dr. Jenner had left, both of whom are in considerable practice, and of course Dr. Jenner's former situation cannot be re-attainable. (No. 40.)

Mr. JORDAN, Member of the Royal College of Surgeons, two or three years ago inoculated between one and two hundred with vaccine matter; some matter was received by him from the Apothecary of the Inoculation Hospital (over which Dr. Woodville presides) for vaccine, which proved to be

to be variolous; the patients, not being prepared for it, were very ill, but recovered; he has avoided these mistakes since, by taking the matter himself from the patient; and has learnt by Dr. Jenner's publication how to distinguish and select the proper time for taking it, since which no mistake of the kind above mentioned has occurred. He is of opinion that errors of that kind brought vaccine inoculation for a time into disrepute. (No. 25.)

Mr. GARDNER has known Dr. Jenner more than twenty-two years, and been in the constant practice of hearing his medical opinions and discoveries. It was in the month of May, 1780, that Dr. Jenner first informed him of the particular nature of the cow-pox as a sure preventive from small-pox, and the theory he had framed on the subject; declaring his full and perfect confidence that it might be continued in perpetuity of inoculation from one human being to another, in the same way with the small-pox, and in time supersede that disease. (No. 26.)

Dr. THORNTON, Physician to the Mary-le-Bone Dispensary, stated the case of two children belonging to Lord Somerville's coachman, whom he inoculated three years ago, with what he supposed to be true cow-pox matter; the matter from which the inoculation was performed at that early period of vaccine inoculation, was taken indiscriminately as long as there appeared a pustule from whence matter could be procured, he being unacquainted at that time, that the cow-pox inoculation ceased to produce the disease after a certain period, which was known to Dr. Jenner, and published by him, and forms one of the important discoveries respecting the new practice; he was some time afterwards informed that these two children had the small-pox, and upon examining their arms, there were found no scars, which is a criterion that these children had not had the true cow-pox, and he was confirmed in this belief by the mother of the children declaring that the pustules had advanced more rapidly than in the true cow-pox; this case appears to him important, as exhibiting a proof that all other cases adduced against the general principle of security from vaccine inoculation, must arise from want of acquaintance of the inoculator with the period when to take the matter; which difficulty he deems to be now completely done away, by Dr. Jenner having elucidated a subject before involved in much obscurity. He further states, that matter taken from a pustule, which was a week old, never failed to produce the true cow-pox; but in the aforementioned instance of the two children, he has great reason to believe it was taken the fourteenth day, or later: he states another source of spurious cases in the lancet
C 2 being

being corroded with the cow-pox matter, on which it is placed; he inoculated a week before some patients from the same matter with which he inoculated the afore-mentioned children, who went through the disease in a regular way; one patient in particular has been, during these last three years, inoculated with small pox matter at least twelve different times; he has even slept with a person who died of the natural small-pox, and has been otherways exposed, but could not take the infection; he says, when he was in the north, at Lord Lonsdale's, he inoculated upwards of one thousand persons, and completely satisfied himself, and all the medical practitioners in that part of England, that the cow-pox was a mild disease, hardly deserving that appellation; not contagious, never disfiguring the person, never producing blindness, never fatal, nor exciting other diseases; equally safe, whether during the period of pregnancy, or the earliest infancy, or extreme old age. (No. 2c.)

EARL of BERKELEY stated, That his youngest son was inoculated with the cow-pox by Dr. Jenner at six months old, and went regularly through its course; about a year after a maid servant in the family caught the small pox in the natural way, and was attended by Mr. Robert Pope, surgeon, from Staines, who pronounced the girl to be in a very dangerous situation; having in the house at that time three persons who had been inoculated with the cow-pox, the child above-mentioned, a maid servant, and a little girl, and being desirous of proving the efficacy of vaccine inoculation, he sent for Dr. Jenner, and permitted him to inoculate the child and one of the girls with variolous matter, taken from the maid servant; the small-pox took no manner of effect on either of them (the girl had been inoculated with vaccine matter four years before) the other girl that was not inoculated attended on the maid servant the whole time until her death, and resisted the infection.—The effluvia in that part of the house was so offensive, that all the servants were obliged to be removed to another part of the house. Lord Berkeley further stated, That there is an old servant now in his family, seventy-two years of age, who had the cow-pox, from milking cows, when a boy of fifteen, who has never been in the least cautious in guarding against the small-pox, but has exposed himself repeatedly, without being sensible of its effects; and Lord Berkeley once saw him, himself, sitting next a boy who had the small-pox visibly out upon him. (No. 6.)

ROBERT POPE, surgeon, at Staines, attended the servant maid from whom Earl Berkeley's son and the girl were inoculated with variolous matter; he deposed to the virulence of the disease, and to her death in consequence. His opinion was

was not favourable to vaccine inoculation on the first publication of it; but he is since pretty fully convinced, that if properly conducted, it is a preventive of small-pox, and he has practised it himself with success. (No. 7.)

The Rev. G. C. JENNER is conversant in the practice of vaccine inoculation, and has inoculated three thousand persons, without meeting with one unfavourable case, although he has inoculated persons from the earliest infancy to eighty years of age, and under those circumstances in which it would not be prudent or indeed safe to inoculate with variolous virus, such as children at the time of dentition, and women in every stage of pregnancy, from the first month to the last week. Upwards of two hundred of his patients have since been inoculated with active small-pox matter, and at least an equal number exposed to contagious effluvia, but in no one instance was the small-pox produced. On the arms of some those inoculated with small-pox, a slight local inflammation shewed itself, which disappeared in the course of four or five days; some of these persons were put to the test of the small-pox, after a period of a year. The perfect pustule is always to be distinguished from the imperfect or spurious, by those who have paid a proper attention to the practice of vaccine inoculation. He believes that vaccine inoculation will frequently supersede the infection of the small-pox, when the patient has been exposed to a variolated atmosphere previous to the inoculation, in confirmation of which he related a case under his own immediate observation. A boy, infected with the natural small-pox, came home to his father's cottage; four days after the eruption had appeared upon this boy, the family (none of whom had ever had the small-pox) consisting of the father, mother, and five children, were inoculated with vaccine virus; on the arm of the mother it failed to produce the least effect, and she had the small-pox; but the six others had the cow-pox in the usual mild way, and were not affected with the small-pox, although they were in the same room, and the children slept in the same bed with their brother, who was confined to it with the natural small-pox, and subsequently they slept with their mother. He is of opinion, that if the practice of vaccine inoculation is universally adopted, it will in a short time annihilate the small-pox. He has known many instances of the infection not taking in the early part of his practice, owing to his using vaccine virus taken at too advanced a stage of the disease, but since he has made it a rule never to inoculate with matter after the eighth or ninth day of the disease, he has seldom met with a failure; he inoculated two hundred and thirty-eight individuals on the same day, with

recent fluid virus, taken on the eighth day of the disease, and every one of them had the cow-pox in the most perfect manner. The progress of the cow-pox is in general uniform; he has seen a few exceptions, one or two cases have occurred when the progress of the disease has been retarded for at least a fortnight before there were any visible appearances of the inoculation having succeeded; the course of the spurious disorder is universally quicker than the perfect, so as to form a certain criterion between the sorts in every case which has come under his observation; when the pustule assumes the genuine character, the patient may be considered as safe from any future attack of small-pox, although there has been no apparent constitutional indisposition. (No. 8.)

Dr. JOSEPH MARSHALL, Physician Extraordinary to the King of Naples, first began to inoculate in the summer of 1799, in Gloucestershire, having received instructions on this subject from Dr. Jenner. In July, 1800, recommended by Dr. John Walker, who assisted him in some of these inoculations, he commenced this practice on board his Majesty's ship the *Endymion*, eleven of whose crew were inoculated, and went through the vaccine disease without any remission of their ordinary duty, or any deprivation of their usual allowance of wine or provisions; he also inoculated such soldiers of the garrison of Gibraltar, as had not had the small-pox; the plague, at this time, prevented the garrison from receiving their usual supplies of fresh provisions from Barbary; and Spain was shut against them by the war; their food in consequence was principally salt provisions sent them from England, and they generally indulged in drinking new wine; this diet, added to the excesses which soldiers usually commit, put the cow-pox to a severe trial, especially when it is further considered that they, whilst under inoculation, performed their ordinary regimental duties; and so far was the cow-pox from preventing their doing this, that not a single case occurred where any application was requisite to the inoculated part, though the heat of the atmosphere was frequently upwards of ninety degrees; in corroboration of which the Surgeon Major's certificate was produced. At Minorca the same success attended the inoculation, where it was also generally introduced amongst the inhabitants; and their medical men were instructed in the practice; such seamen also on board of the British fleet, under the command of Admiral Lord Keith, as had not had the small-pox, were inoculated with the cow-pox. At Malta, its practice was also generally introduced both among the troops and inhabitants; and an hospital, called the Jennerian Institution, was established by the governor, for the inoculation

inoculation of the poor; in this island the ravages of the small-pox had always been dreadful, and some of the men of war, then in the harbour, had the small-pox on board, and had buried several men; this apprehension was also entertained by the Admiral and General Sir Ralph Abercrombie, who each issued general orders for the inoculation of such seamen and soldiers under their respective commands, as had not had the small-pox. A certificate, confirming the above facts, was delivered in, signed by Sir Alexander Ball, governor of Malta. In Sicily, the small-pox had been, if possible, still more fatal than in Malta, for the computation of deaths, occasioned by it in the year preceding his arrival, exceeded eight thousand in the city of Palermo alone; the introduction of the cow-pox was therefore received with enthusiasm, and an hospital, similar to that at Malta, was immediately established by his Sicilian Majesty; and although the small-pox, soon after his arrival in the city, again appeared, it was immediately stopped by the practice of vaccine inoculation, which was also extended through the whole island; the benefits received at Palermo from the cow-pox excited a great wish for its practice in Naples, where the small-pox has always been considered as very fatal; an hospital was also there established by his Majesty, and the practice of vaccine inoculation was speedily adopted throughout the whole kingdom. His Majesty having commanded that children to be inoculated, attended by surgeons to be instructed in the practice, should be sent from each province to the hospital at Naples, to carry both the knowledge of the disease, and the practice of it into their respective provinces; on his leaving Naples, the witness received very honourable testimonials from his Sicilian Majesty, which were produced. He also extended this practice to other parts of Europe, to Rome, Leghorn, and Genoa, and in every instance, where tried, he found it resist the infection of small-pox. He never heard that any such mode of inoculation had been practised or known in those countries before; and as an example of the disbelief entertained by the medical men of Naples, he related a trial which they instituted soon after his arrival there, and without his knowledge, at the Foundling Hospital; where they first inoculated with the cow-pox, a considerable number of children; and after they had passed through the disease, exposed them to all possible modes of infection of the small-pox, both by inoculation, and by making them sleep in the bed with people infected with the small-pox. This trial, which had excited the attention of the whole city, completely established the reputation of the cow-pox; and they appointed a deputation to him, publicly to express their conviction of its efficacy. He believes the number inoculated under

his direction was upwards of ten thousand, many of whom were subjected to every possible means of variolous infection, which all of them resisted. He never did observe the vaccine inoculation to introduce or excite any other disease; on the contrary, children in a weak state of health have immediately, after passing through the vaccine inoculation, begun to thrive and became vigorous. He is of opinion, that the spurious or imperfect sort is easily distinguishable from the perfect disease, and that a person who has once seen the true cow-pox pustule can never be mistaken. (No. 9.)

Mr. JOHN GRIFFITHS, Surgeon to the Queen's Household and to St. George's Hospital, has inoculated upwards of fifteen hundred persons with vaccine matter, not one of whom has had any untoward symptom; among them three of his own children, at various periods, within three years. (No. 10.)

Dr. SKEY, Physician to the Worcester Infirmary, stated, That in the spring of last year the small-pox being generally and fatally epidemic in the city of Worcester, he seized the opportunity of inoculating a number of children with the cow-pox; that in the district where he inoculated the greatest number, the small-pox contagion ceased to exert its influence, and the number of victims gradually diminished; that in every case which he witnessed, the inoculated cow-pox was incomparably less severe than the natural small-pox; that none of those patients whom he inoculated with the vaccine matter, received the small-pox afterwards, although they were constantly exposed to the small-pox contagion, and although cases of the two diseases not unfrequently occurred under the same roof, and at the same time; that he had never yet known a case in which any considerable degree of hazard was incurred by the vaccine disease, and that he had not met with a single instance in which, after a second or third inoculation, he did not succeed in producing the vaccine disease. (No. 14.)

Dr. CROFT has paid particular attention to vaccine inoculation ever since its first introduction; from that time his own children have been inoculated with it, and he has uniformly recommended it to his patients; he has even recommended infants to be inoculated at the end of the month, but he never dared to recommend the inoculation of the small pox earlier than at two years of age, except under very particular circumstances. Upon being desired to relate what he knew concerning the inoculation of a child of Sir George Dallas, he stated, that he recollected a child of Sir George Dallas's being inoculated with the vaccine disease by Dr. Jenner; he believed, in
five

five days from the time it was inoculated, it broke out with the small-pox; it went through the disease rather favourably; he was not called in to the child till about the third or fourth day of the eruption of the small-pox, when the arm inoculated appeared in the state one should naturally expect to find it from the fifth to the seventh day. He imagined that the inoculation of this child with the vaccine matter might have some effect in abating the violence of the natural small-pox, the eruption not being equal to what might have been expected from the violence of the first attack of small-pox fever. Sir George Dallas has since had an infant of one month old inoculated with the vaccine disease. He had seen children, whose arms had been considerably inflamed from being inoculated with matter taken from under the vaccine scab as late as the fourteenth day, but does not know why this should be called a spurious sort of cow-pox, as they had none of the characters of vaccine disease. He is of opinion, that if the vaccine inoculation were generally introduced, it would be productive of greater blessings on mankind than any other discovery that was ever made in medicine, as it would ultimately cause the small-pox only to be remembered by name. (No. 15.)

Mr. JAMES SIMPSON, Surgeon to the Surry Dispensary, and to the Magdalen Hospital, has practised vaccine inoculation, and has inoculated between fifty and sixty patients, and in no one case had any symptoms occurred injurious to the part inoculated, or constitution of the patients; and he believes them to be completely secure from the small-pox. In one particular instance where the patient, a child of nine months, was covered with a crust commonly called the *crusta lactea*, which generally covers the body from head to foot, and had resisted the usual remedies for that disease, but on the tenth day after the infection it began to disappear, and on the twelfth was wholly gone, during which time not a particle of medicine was given to it, and it continued in perfect health ever since. (No. 16.)

Many other persons, of the first respectability, gave evidence to the same effect as these we have selected; and Dr. Jenner assured the Committee, that he was prepared to adduce any number they might choose to examine. They informed him, that he had established the allegations contained in his petition to their entire satisfaction. And it does not appear that any member of the house, when the Report was taken into consideration, entertained the smallest doubt of the Petitioner's claim on the munificence of his country. We have never witnessed a
more

more unanimous and general disappointment than that which has been expressed, not only by the profession but by the public at large, at the smallness of the remuneration. Although the Minister franks the Petition through the House of Commons, he cannot frank the £. 10,000 through the Exchequer, where we understand that double tythes of the sum generally disappear. Some of our Readers may, perhaps, suppose that the contravening evidence, which tended to diminish the Petitioner's claims, was of considerable weight; or that the number of adverse cases or failures bore a large proportion to the successful ones. We can, however, assure them, that in our judgment, and we attended the examinations very diligently, there was not a single failure established, though much industry was employed in searching for them; and the patience of the Committee in investigating every rumour, even though presented in anonymous letters, has seldom been equalled. As the public, however, will doubtless be curious to know what could be alleged against Dr. Jenner's claims, and as the Committee have published the *whole* of the contravening evidence, though that in favour of the Petitioner was necessarily abridged, on account of the number of repetitions it contained, we shall give an abstract of it in our next.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN your very useful work for the last month, Mr. Knight recommends a plan for collecting the testimony of those of the Medical Profession throughout the kingdom who are favourers of, and have practised and witnessed the beneficial effects of the Vaccine Inoculation. The execution of this plan, I fear, is rather to be hoped than expected.

I believe few persons are more fully convinced of the great value of the Discovery than myself, or feel a more sincere wish that the Discoverer may receive those Honours and Rewards, to which the great blessing he has bestowed on mankind justly entitle him.

I consider the benefits of the Vaccine Inoculation too apparent, and the testimony in its favor too complete, to need the further communication of any individual: But as it cannot be made known too publicly, how far and how generally the practice is already extended, I am desirous, through the medium of your Journal, to communicate the result of my practice.

I began

I began in the autumn of the year 1800, and continued the inoculation through the following winter, in a limited mode, that I might observe its progress, and become acquainted with the appearances of the disorder.

In the spring of 1801, I offered a general inoculation to the poor of this populous part of the kingdom, which I had the pleasure to find very generally received; I discontinued the inoculation the three summer months, and recommenced it in the month of October following, from which time I have uninterruptedly continued it.

I have inoculated above two thousand persons; I have seen no pustular eruptions beside the inoculated pustules, excepting a very few cases where one or two minute ones have appeared, not far from the inoculated one; and I have met with no one circumstance, which has given me a moment's concern, or in the least shaken that confidence in the disease which my practice was progressively establishing in my mind.

Previous to the recommendation of Dr. Jenner, that matter should not be taken for inoculation later than the eighth day; that I might be more certain of procuring matter, I usually examined my patients, and took it on the morning of the tenth day. But since the fact has been ascertained, that the matter taken so late as the tenth day, or when the areola has spread, is less active, I have been in the practice of taking matter on the eighth day.

Once only have I been under the necessity of deviating from this rule; and as it gives another clear proof that a change does take place in the power of the virus, and the inoculation was on rather a large scale, I will state the circumstances.

I had engaged to inoculate the children of the poor in the village of Eggington, in Derbyshire, and in my way thither I passed through the village of Marston, where I had inoculated a few children some days before, and the poor of Marston and the neighbourhood requested I would inoculate their children.

As I thought I had plenty of matter, I appointed the next day, but at Eggington I found assembled a much greater number of children than I expected; I inoculated ninety-three, and found I had expended nearly the whole of the matter I was provided with.

To perform my promise at Marston, I was obliged to revert to the children from whom I had taken the matter for the Eggington inoculation, and I selected two on whom the pocks had appeared rather backward on the eighth day, and on that account from whom I had taken no matter; but now, on the tenth day, the pocks were fully formed and the efflorescence spreading; the matter was abundant, and perfectly fluid and limpid.

With

With this matter, on the same day it was taken, I inoculated sixty-nine children at Marston.

When I examined the children at Eggington, only three were uninfected; and with the exception of three or four, the whole shewed the disease in a regular and perfect form. Of the sixty-nine children at Marston, seventeen were uninfected; and on many of those who had taken the disease, it appeared in a languid backward state on the eighth day.

One child I inoculated again, as I was doubtful whether the speck of inflammation which appeared would produce the disease; but I found eight days after that it had succeeded, and the areola appeared on the thirteenth day.

Another I inoculated again, because the pocks were backward, small, and acuminate, and wore the character of the Small-pox, rather than the Cow-pox pustules; but the first inoculation went on progressively, and the second did not take effect.

I am, &c.

D. WHALLEY, jun.

Great Fenton, near Newcastle, Staffordshire, May 16, 1802.

P. S. Many of my patients were exposed to the severest tests of variolous infection after the Cow-pox, but none of them took the Small-pox.

*Observations on Measles; communicated by Mr. EDLIN,
Surgeon, of Uxbridge.*

AS you have expressed a wish in your truly valuable Journal, to be favoured by Correspondents with an account of any epidemic disease that may appear in the districts in which they practise, I beg leave to submit to your notice a few Observations on the Measles, which appeared in this town last autumn, in an irregular form, and continued its destructive career with little interruption; during the winter, many of the cases assumed the usual form, others that of an inflammatory fever, and several had every symptom of malignant typhus.

The Measles usually makes its appearance at the commencement of the year, but the first cases that occurred here was about the latter end of September; in general, they were so mild as to require no medical assistance, but in the course of October a variety of cases came under my observation, and in these the fever was not unusually severe, nor the cough particularly troublesome; and confinement to the house, with moderate

ate dilution, was all that circumstances at this time appeared to indicate. However, as November approached, and the weather became colder, a greater number of cases occurred; the fever now put on a more inflammatory appearance, some difficulty in the breathing was observable, the eyes were more red and inflamed than usual, and the eruption assumed a more fiery redness; but in all these cases, confinement to bed, small doses of James's powder, and a blister on the stomach, were found to moderate the symptoms; and I believe every case terminated favourably, not in my practice only, but in that of other gentlemen also.

Towards the middle of the month the attacks were more sudden, more violent while they lasted, and terminated in health or death very speedily. Some of them commenced like a common catarrh, and were hardly noticed by the parents till the dangerous symptoms came on; while, in others, the eyes all at once appeared as red as blood; the pulse became full, quick, and hard; the cough incessant; a rattling noise in the throat came on, like that from obstructed phlegm; the breathing quick and laborious; skin hot, parched, and dry, and not unfrequently a vomiting occurred, which, instead of affording relief, greatly aggravated the difficulty of the breathing, and endangered suffocation. If, on the first attack, recourse was had to the lancet, if leeches were applied to the breast, the warm bath used, with blisters and an antiphlogistic regimen, then these unfavourable symptoms subsided, and the eruption made its appearance, and frequently went through its several stages as mildly as the attack had been violent; but if, on the contrary, the lancet, through the solicitation of parents, was withheld at the first attack, or deferred but for a few hours, then the breathing uniformly became more oppressed and interrupted, the trachea seemed loaded with obstructed phlegm, the countenance became full, bloated, and assumed a livid aspect, every vein being distended with unoxygenated blood, and in a short time death relieved the unhappy patient from his complicated sufferings.

Another peculiarity in this epidemic was, that the cuticle in many children did not separate after the disappearance of the eruption; and in several others that I particularly noticed, it came off in large flakes instead of branny scales; and the appearance of the rash in others assumed so striking a resemblance to the Scarlet Fever, that had it not have been for the violent cough and other measly symptoms, many such cases occurring singly might, upon a superficial view, have been considered and treated as that disorder: But that this was not the case I remember some well-marked instances, particularly in a family of
four

four children, where one was seized with every symptom of Measles; they put on a favourable appearance, went through their several stages regularly, in a clear and satisfactory manner, and terminated in a branny scurf. Two others, while this was recovering, were attacked with sneezing, watery inflamed eyes, cough, difficult and oppressed breathing, fever and thirst; and when the eruption came out, it was not distinct, but an universal, red, fiery rash, exactly resembling scarlet fever, took place. When this declined, the skin separated in large flakes, the cough subsided, and the patients did well. Soon after, the other child was taken ill; this had the usual symptoms, but more violent than the others; the eruption was out but one day and part of another, and then gradually disappeared.* In this case the fever did not decline, but about the tenth day of the disease the pulse became quick and small, an orange coloured fur appeared on the tongue, extreme debility followed, with black fetid stools, and other symptoms of typhus fever. This child's skin never separated at all, and he was supported with bark, wine, blisters, and other cordials; notwithstanding the cough, he in time finally recovered, although after convalescence took place the debility for a considerable time was very distressing.

This malignant form of the disease became more common as winter approached. The first clear marked case of this kind that occurred was about the tenth of December, in a child of six years of age; he had been ill eleven days, but as it *was only the Measles*, it was not judged necessary to call in medical assistance till a violent purging supervened. I found on enquiry that he had had the Measles; they went through their several stages regularly, but the skin, instead of becoming branny, separated in large flakes. I found him with a small fluttering pulse beating 120 pulsations in a minute, his face bloated, and of a dark livid colour, mouth in a state of apthous ulceration, constant delirium, breathing difficult and oppressed, skin hot, dry, and parched. In this situation little could be expected from medicine, and the next day I heard he was dead. In another case, I was called in on the thirteenth day; in this the symptoms were nearly similar, except that the pulse was more regular, and the tongue moist and of a more florid hue. I applied a blister to his breast and another between the shoulders, and gave him a mixture with decoction of bark and aromatic confection; and desired him to take for nourishment a little wine

* In other cases the rash did not disappear on the accession of the symptoms of debility, but changed its colour to a more purple hue.

wine and sago occasionally. The tenth day, his head still continuing unrelieved, and petechial spots beginning to appear on every part of his body, I directed him to be sponged with vinegar and water, and mustard poultices were applied to his feet. An opiate procured him a few hours rest, and he drank pretty plentifully of wine and water acidulated with muriatic acid. On the morning of the 15th, a perspiration broke out on his skin, which was the forerunner of a rank, red eruption, which effaced the appearance of the petechial spots; the symptoms of debility, however, still kept increasing, and he lingered till the twentieth day, when he died. His sister,* a child about two years of age, was taken ill with cough and fever about the middle of November, which continued till the 19th in the morning, when I saw her. Her breathing was oppressed, she sneezed violently; her eyes were red, inflamed, and watery; her nose ran; tongue white and furred; pulse full and quick. She took a spoon-full of a diaphoretic mixture once in four hours, and was confined to her bed. In the course of the night the measles came out on her neck, face, and breast; but by noon of the 20th, they had entirely disappeared, and a great number of distinct small-pox pustules made their appearance. From this time the fever, in a great measure, subsided, and all the measly symptoms went off; the pustules matured, and on the 7th day began to turn; on the eighth the cough and other symptoms of measles returned; and on the first of December the eruption made its appearance; the pulse was full and quick, the inflammation of the eyes and eye-lids was so excessive that blindness followed, and the breathing was extremely laborious, without the least appearance of expectoration. This affection of the breast has been one of the most distressing and unmanageable symptoms, not in this case only, but in a great proportion of those which have occurred this winter. Two leeches were this day applied to her breasts, which bled copiously, and a blister was put on as soon as the bleeding had subsided. Attention was paid to the state of her bowels, and she took a saline febrifuge draught every four hours. On the 2d, her pulse was not so full or quick, the breathing less oppressed, and her cough not so troublesome. The remedies were continued, and on the 3d the eruption began to decline, the appetite in some measure returned, and symptoms of returning health were beginning to take place. These favourable appearances continued

* This case I have given in detail from its peculiarity, and by its serving to confirm the observations of Dr. Darwin, Mr. Hunter, and others, that the progress of one disease is delayed till the other has run its course.

nued till the 8th, when she took a gentle aperient, which operated three times. The next day a coldness and shivering took place, which was succeeded by intense heat, quick low pulse, oppressed breathing, and delirium; dry, parched tongue, and stools uncommonly fetid. The means that are usually recommended in typhus fever were immediately had recourse to, but without affording the least relief; the parts where the blisters had been applied became sphacelated; vesications arose in various parts of her body, filled with gold-coloured water, from the size of a pea to that of a shilling, and when the fluid was discharged, directly became gangrenous; and farther, a little before she died, a large tumour suddenly arose in the right side of her neck, which in a few hours increased to the size of a turkey's egg. How this tumour might have terminated had the child survived, I cannot say; but past experience would lead one to suppose that suppuration* would have followed.

The usual consequences of the Measles, are inflamed eyes, and a distressing cough, which sometimes terminates in Phthisis Pulmonalis; but this winter they have proved as irregular, and assumed as great a variety of appearances as the complaint itself; the most remarkable of which I shall briefly beg leave to notice. The first is Aphthous Fever; two well marked cases of this kind have occurred, and immediately succeeded the disappearance of the eruption; they gave way to bark, wine, and astringent gargles, joined to occasional purging, but in both instances several weeks elapsed before the health was re-established. Several cases of dysenteric purging have also come within the scope of my observation, attended with a most exquisite tenderness of the abdomen, but they all terminated favourably by blistering, and the use of saline purgatives, joined with opium and ipecacuanha. In some children, where the symptoms were by no means untoward, the eruption came out as favourably as could be expected, and from the consternation that several unfortunate cases occasioned, every possible care was taken to prevent a retrocession; yet, in spite of every endeavour, it sometimes did occur, and was the harbinger of the most

* The inoculated Small-pox assumed a very unfavourable aspect during the whole of last year; many children had the glands of the axilla inflamed, which brought on a considerable degree of irritative fever, that terminated in a large abscess. As soon as this was ripe, and the matter discharged, the fever subsided and the wound healed. As far as I have noticed, it took place only in those children who scratched the scab off the inoculated part of the arm; a sore was the immediate consequence, which, in a few days, was as large and deep as would cover a couple of horse beans; but as soon as the glands of the axilla began to swell, then this sore presently filled up and healed.

most alarming symptoms, if not of inevitable destruction. In one case that came under my observation, the rash suddenly disappeared, after being out about six and thirty hours, and was immediately succeeded by a laborious respiration, threatening instant suffocation, with a total subsidence of the cough, which before had been very troublesome. In this case bleeding, the warm bath, blisters, and a mixture composed of Mist. camph. conf. arom. et spt. ammon. succ. not only relieved these symptoms, but caused the rash to appear again, and the child, after a difficult struggle, recovered its health and strength. In another child neither the fever nor cough declined on the disappearance of the eruption, but terminated in a hectic fever in spite of every remedy that could be suggested. In many children, after the disappearance of the inflammatory symptoms, an oppression and difficulty in the breathing remained, which was sometimes so distressing as to endanger suffocation, and notwithstanding the continuance of the cough, and rattling of the phlegm, little expectoration took place; and at this period of the disease, in most cases, venesection appeared hazardous or inadmissible; however, some relief was always obtained from blisters: but the most decided benefit resulted from the use of a decoction of the seneka root, joined with opium and ipecacuanha, given in small and repeated doses. Before I tried this medicine I was extremely perplexed with several cases that put on a most alarming appearance, when I was advised by a gentleman of this town, whose experience and extensive practice give weight to his recommendation, to try the effects of the seneka, either in the decoction or syrup; and I was surprised to find, that in a very short time this distressing symptom was considerably mitigated, and expectoration soon followed without endangering vomiting; a circumstance I particularly wished to avoid, as it manifestly increased the inflammation when present, and after it had subsided endangered its return, from the irritable state of the lungs. And I believe I may assert with confidence, that in no one instance was I disappointed in the effects of this medicine, which appeared to act like a charm; and notwithstanding its bitterness, the children took it pretty well.

Such was the general appearance and termination of this epidemic, which continued its destructive career till the beginning of the present year, when it gradually subsided; and such cases as have since occurred have neither excited any alarm, nor been attended with any symptom, that could give uneasiness either to the parent or practitioner.

Uxbridge, June 1, 1802.

Observations on the Hydrocele. Communicated by
 Mr. G. ROWLANDS, of Chester.

SEVERAL months ago, a gentleman consulted me about his only son, a child *five months* old, for a swelling on one side of the scrotum, which not being before observed, was supposed to have come on very suddenly. It was easily ascertained to be a collection of fluid in the tunica vaginalis testis, and I encouraged his parents with the prospect of having it dispersed by the use of a lotion.

With this view, compresses dipped into equal parts of brandy and vinegar, in which a small portion of crude sal ammoniac was dissolved, were kept constantly applied; finding, however, no diminution of the swelling, the strength of the lotion was increased in the proportion of half an ounce of the salt to six ounces of brandy and vinegar. This produced much irritation on the scrotum and uneasiness to the child, but had no effect on the complaint, for notwithstanding a week's continuance of the application, the tumour still became larger, I therefore let out the fluid with the point of a lancet, covered the little orifice with cerate spread on lint, and repeated the lotion as before. In ten days a fluctuation being again evident, the fluid was a second time evacuated, and stimulating lotions of various kinds were steadily persisted in, until all hopes of a cure by that means were at an end.

I was very unwilling to operate in any way for a radical cure, as my little patient was cutting his teeth; but his parents being urgent to have the cure effected before their return to Ireland, I determined to adopt the method by seton, in preference to the incision, caustic, or injection, both the incision and caustic being at all times very painful in the execution, as well as in the necessary removal of the dressings, and, on that account, ought to be rejected; but in the case of an infant would be inadmissible for other reasons, viz. the difficulty or impossibility of defending the wound from the urine, and of keeping dressings to the part.

Sir James Earle's easy and efficacious method by injection, I should certainly have employed, as I have invariably done for several years, had it been possible to pierce the hydrocele of so young a subject with a trocar, without the utmost risk of injuring the testicle.

The seton, consisting of six threads, not very fine, was passed from above downwards, with a common eye probe, which being held in readiness, I introduced into the puncture the instant
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the lancet was withdrawn; a measure necessary to be attended to, as much difficulty would ensue in this part of the operation, if the tunica was suffered to collapse.

The following day the scrotum swelled and inflamed, and gradually increased until the third day, when a *little* pus appeared at each orifice. From this time it remained nearly stationary for five days, and then began to subside. Two of the threads were now taken away, and the whole of the seton on the ninth day from its insertion.

No other dressing was required than small pledgets of ung. lap. calam. over each orifice, which the nurse was obliged occasionally to renew.

I believe it has rarely, if ever, been necessary to employ any of the operations practised for a radical cure of the Hydrocele on so young a subject, very simple external applications, or a small puncture, having proved sufficient to the cure of the disease in the state of infancy.

Mr. Pott, when treating of the disease, speaks of having performed the operation on patients of all ages from *six years* old to sixty and upwards.

Sir James Earle, Mr. Bell, and others of great experience, who have written on the Hydrocele, make no mention of its having required a radical operation in very young children. And Dr. Underwood, whose practice has been extensive in all the complaints of childhood, says positively that the simple puncture has invariably produced a cure.

I therefore presume that the recital of this solitary case, which proved more obstinate, with the method of treatment, will not be deemed unimportant.

Chester, May 28, 1802.

Case of Dysphagia. Communicated by
Dr. STEVENSON, of Kegworth.

THE successful issue of the following formidable case of Dysphagia, effected by a peculiar mode of treatment, together with the annexed remarks, will not, I persuade myself, be deemed irrelevant to the spirit and design of a publication, which has for its object the advancement of medical science, and consequently the alleviation of human misery.

Mrs. Wagdin, Trent Lock, Derbyshire, the subject of the subsequent communication, is forty years of age, of a thin spare habit, and irritable temperament.

She dates the origin of her complaints from a violent attack of cynanche maligna near twelve years ago, to the contagion of which she was exposed almost immediately after her recovery from a severe parturition. During the whole term of, and indeed for some years previous to, utero-gestation, her health was extremely delicate, and at times interrupted by alarming pulmonary affections, which it was feared would terminate in phthisis. The most prominent features of her disorder from that period till the expiration of more than three years, were a slight though progressively increased difficulty of swallowing, accompanied with some degree of soreness, and an augmentation of the salival excretion. With a view to the palliation of these symptoms, she was directed to have occasional recourse to aperients, leeches, blisters, and gargles. By this time, however, the difficulty of deglutition had become so alarmingly exasperated, that she was no longer capable of swallowing solids, even of the magnitude of a field pea. In this situation she put herself under the direction of Dr. Smith, late of Nottingham, who very judiciously prescribed mercurials. A most severe salivation was the consequence, under which she laboured for the protracted space of three months. By this method the symptoms were so considerably alleviated, that she was capable once more of swallowing soft and well comminuted solids. But though thus rescued from her impending fate, the *remedy* was productive of effects no less formidable. I allude to excessive debility, frequent syncope on the least motion, colliquative sweats, her system being greatly emaciated, and a prey to hysterical paroxysms. By the aid of proper dietetical management, as the complaint it was vainly hoped was subdued, her attendants flattered themselves she might still survive even this severe contest. Alas! no sooner were her drooping spirits re-animated by the sensible acquisition of renovated vigour, than the fond expectations she had cherished became depressed by a visible return of her former impediment to swallowing.

During the last seven years, she found herself reduced to the sad necessity of supporting a miserable existence by means of liquid aliment, such as soups, milk, &c. I saw her for the first time in the beginning of October, 1801, in consequence of her having been choaked by inadvertently attempting to swallow a morsel of biscuit soaked in tea, not equal in size to a grain of wheat. Several efforts indeed now became necessary to enable her to swallow a tea spoonful of any liquid, a part of which regurgitated several times before the whole descended into the stomach, and the pain produced by the effort was so severe, as not unfrequently to usher in a general convulsive agitation of some continuance. She had then a dejected emaciated appearance,

ance, a quick pulse, and other hectic symptoms, and was harassed by an almost incessant ptyalism, more particularly urgent during the earlier part of the day, at which time she was always hoarse. The breathing was much incommoded when she reclined on a sofa or bed, which concurred with the other symptoms in rendering her nights very restless. Her bowels were habitually inactive. She expressed a keen sense of hunger, but her case in this respect was similar to the poetic fiction of Tantalus, alluded to by Horace,

“Tantalus a labris sitiens fugientia captat
Flumina.”

Though equally alive to all the wants of fainting nature, and solicited to relieve them by a copious board, she was doomed to experience the extremity of *feeling*, without the possibility of *gratifying* those sensations. There was not any external tumefaction of the thyroid gland, nor could the obstructed part be observed by inspecting the fauces.

Dysphagia in this inveterate stage, has I believe hitherto almost invariably bidden defiance to the best directed medical expedients; and the singularity of the case will, I trust, be deemed a sufficient apology for the minuteness of its description.

Indeed several eminent practitioners who had, previous to myself, been consulted, were unanimously of opinion, that she must shortly and inevitably perish from inanition. It is not my disposition, however, to abandon hope whilst life remains; and under the sanction of that maxim of Celsus,

“Melius est anceps remedium quam nullum,”

I proposed to her, as a dernier resort, to have recourse to mechanical dilatation, a practice none of the faculty had before even suggested. Sensible that if not speedily relieved, she must fall a victim to this relentless disease, she agreed to submit implicitly to any plan from the adoption of which the smallest prospect of success might rationally be anticipated. Several considerations determined me to resort to this method.

First, The supposition that the complaint originated in a contraction of the circular fibres of the œsophagus, constituting a disease closely analogous to urethral strictures.

Secondly, That in some instances of this malady, when incipient, that had fallen under my care, the subjects of which were liable, from attempting to swallow solids not sufficiently masticated, to be occasionally choked, the probang had been introduced not only with perfect safety, but that by several repetitions of the operation, the individuals, instead of a palliative, have eventually though unexpectedly obtained a radical cure of the stricture.

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Thirdly,

Thirdly, Mercury, first recommended by the ingenious and learned Dr. Munckley, had in this dreadful example been tried, and though it very much mitigated for a time, yet proved ineffectual in eradicating the disease, notwithstanding the remedy exerted its peculiarly pernicious influence on her irritable system.

And fourthly, That the disorder, if not speedily alleviated, must prove fatal; and this circumstance justified me in the application of even an ambiguous remedy.

In pursuance of these ideas, I first cautiously introduced a common bougie into the lower part of the pharynx. In this place, a powerful resistance that occurred, and which occasioned my instrument on the application of somewhat forcible pressure to bend in various directions, seemed to confirm my theory of the nature of the disease. Thus foiled, I ventured to substitute a small probang copiously charged with oil. It was not without steady and continued efforts that this operation was made to dilate the stricture. After having overcome this obstacle, the instrument descended without much difficulty till it reached, I suppose, the lower portion of the œsophagus near the cardia, when a second impediment announced the existence of another stricture. The same measures however at length availed in enabling the probang also to force a passage through this contracted part, when it suddenly passed into the stomach. The instrument having been deliberately withdrawn, as soon as Mrs. W. had somewhat recovered from the irritation and fatigue produced by this process, I gave her some gruel which stood ready, in order that she might ascertain, by sipping leisurely a small quantity, whether any benefit had accrued from the operation. Upon attempting to swallow, she found the former impediment removed, and continued drinking till she had consumed at least half a pint of the liquid with the greatest facility as to the power of deglutition, though of course some soreness must have existed.

Apprehending that the passage would not by the small instrument employed, be sufficiently dilated to admit of the ready ingurgitation of solids, the operation was repeated with a larger instrument three successive times, a few days being suffered to intervene between each, in order that the topical pain might be allayed by the exhibition of oily linctuses and aperients, and by fomentations. The *fourth* operation enabled her to swallow solids without experiencing the smallest inconvenience, a faculty she still continues to exercise in its fullest extent.

By adopting a regular system of analeptics, all the hectic symptoms, &c. speedily subsided, her enfeebled constitution soon rallied, and put her in the possession of better health than she ever enjoyed during the earlier part of her life.

As a further testimony of the efficacy of mechanical means in the radical cure of this tremendous disease, permit me shortly to add, that the only daughter of the above mentioned lady, aged twelve years, had from her earliest infancy, indeed from her birth, laboured under the *Dysphagia Oesophagia*. Her constitution partakes much of the nervous irritability of her mother. The want of substantial food (for her existence had been supported by the suction of liquid aliment alone) tended obviously to retard the physical evolution of her system. The compleat success which had crowned my efforts in the case of Mrs. W. naturally created an anxious wish in the parents to have the same means resorted to in the present instance; of the absolute necessity of which my intelligent little patient was fully satisfied, and readily consented to undergo the operation, from the sanguine expectation of deriving equal benefit. It is with sentiments of the greatest satisfaction I am authorised to state, that the expedient has proved altogether salutary and efficacious. The texture of her body, which previous to the operation had ever been extremely delicate, has acquired a wonderful degree of renovated vigour, and her spirits, formerly subject to great depression, have obtained such a healthy flow, that she can now engage in juvenile amusements with the greatest cheerfulness and vivacity.

OBSERVATIONS.

The foregoing disease seems decidedly a case of *Dysphagia Oesophagia* species, 5th of Sauvages, arising from a contraction of two portions of the oesophagus. Its occurrence is by no means the most rare phenomenon in the disorders incident to the human race. Abstracted from the consideration of pain, which is seldom considerable, (except in inveterate cases during the act of deglutition, when a general tremulous affection follows the attempt) it constitutes a complaint the most distressingly formidable to the patient, from the apprehension of an eventual obliteration of the passage to the stomach. As far as my observations have enabled me to form a comparison, persons of a slender make and irritable temperament appear especially obnoxious to its attacks; hence the female sex are more particularly susceptible of this affection. Its commencement is for the most part obscure and insidious, and its progress far from rapid; it scarcely ever arises from any obvious assignable cause, nor can it challenge a connection with any other disorder. Perhaps the case of Mrs. W. may be considered as affording an exception to this position. It is admitted that she discovered a difficulty of swallowing only posterior to her recovery from the *Cynanche Maligna*; but that this disease was the occasion

casion of the Dysphagia is at least problematical, as its appearance at that juncture of time might have been casual; and general experience, if appealed to, will be found to contradict this inference. No age is exclusively shielded from its dreadful shafts; however, individuals who have passed the meridian, and are in the vale of life, become proportionably oftener the victims of it. Occasional exacerbations take place, more particularly during a moist atmosphere. A catarrhal indisposition never fails to exasperate its symptoms. To these two causes co-operating, may be referred its greater urgency during the autumnal months. The genuine disease disclaims any necessary combination with the struma, on which account we seldom find any concomitant enlargement of the glands of the neck or throat. The occasionally impeded deglutition, the effect of local pressure from bronchocele, is essentially different in its symptoms and phænomena from the contracted œsophagus. A spontaneous ptyalism, the most considerable during the earlier part of the day, and after eating, is an usual attendant of this disease. This symptom probably depends, not so much upon any specific increased action of the salival glands (except indeed during deglutition, when they are probably stimulated to a more copious secretion) as upon the saliva, when secreted, becoming accumulated in the fauces; and hence the cause, probably, of the hoarseness so common in the morning before expectoration has commenced. The bowels, as it might be expected, are usually torpid. The most characteristic diagnosis of the contracted throat, added to the difficulty in swallowing, is the regurgitation of solid, and, in very desperate cases, of liquid ingesta. The ejection does not ensue instantly upon the food being swallowed, but generally a few seconds elapse before it takes place. It may be remarked, that the longer the interval before this occurs, the more malignant proportionably is the disease. Anatomical dissections of persons who have died of this complaint explain the cause of this phenomenon. In consequence of the distension occasioned by the repeated remora of alimentary substances above the strictured part, a sac or pouch is usually formed, in which the food lodges, till by its irritation a violent straining and vomiting effect its expulsion through the mouth or nose, and sometimes both. There is only one complaint that I am acquainted with that is sufficiently imitative of this under consideration, as to be liable to be mistaken for the contracted œsophagus. What I now allude to, is a spasmodic affection of the œsophagus, frequently also extending to the trachea, to which hysterical females are particularly predisposed. But the circumstance of its attack being periodical, and of only temporary duration, and of its yielding readily,

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for the most part, to antispasmodic tonics, will serve to distinguish it from the disease which is the subject of these remarks. As to the scirrhus pylorus, the aliment, besides being swallowed with the greatest facility, is reduced by digestion to a *pultaceous mass* before it is rejected by vomiting; which two circumstances will always afford marks of distinction between it and the contracted œsophagus.

I shall beg leave to conclude these narratives and observations with the following inferences, clearly deducible from the foregoing premises:

First, It appears, I presume, pretty satisfactory from what has been advanced, that the cases of Mrs. and Miss W. were instances of Dysphagia Oesophagia, occasioned by a gradual contraction of the circular order of muscular fibres in the œsophagus, and not by an enlargement of the lymphatic glands, with which the posterior part of this canal is studded, as Dr. Currie, of Liverpool, imagined, in a case of this kind which he relates that proved fatal. This supposition is, I think, admissible, from the consideration of my method of cure, which has been adopted with compleat success.

Secondly, These cases confirm the observations of Dr. Hunter, that strictures of the œsophagus occur chiefly near the pharynx or cardia, or both; probably from a peculiar arrangement of fibres in these parts performing an office somewhat similar to that of sphincters.

Thirdly, That the operation here recommended by mechanical dilatation, when cautiously conducted, is perfectly safe, productive of inconsiderable pain, and that of short duration, and apparently of lasting effect; if not, it might be repeated without inconvenience.

Fourthly, And that (what renders it still more valuable) it is applicable in the most inveterate stages of this hitherto intractable disease; in cases where the most approved remedy was capable of affording *only a temporary alleviation* of the symptoms.

Kegworth, 23 May, 1802.

Observations on the Hooping Cough; communicated by
Dr. BELLAMY, of Preston.

I Think it a duty I owe to Society, to communicate the successful effects of any medicine, or mode of treatment for any disease, especially for one whose ravages are so often fatal; I mean,

mean, Hooping Cough; in recommending for which the artificial musk, I am warranted by experiencing its powerful and permanent efficacy in the case of my infant daughter, who, a few months since, laboured under that dreadful distemper, previous to which the child had always enjoyed good health. The disease was ushered in with common cold and cough, and had existed about six weeks before I began the artificial musk. I had previously exhibited gentle emetics, frequently gave nauseating medicines, and kept the stomach in a state of rejection. Opium and digitalis were also employed, both which merely palliated so long as their immediate influence operated. Rhubarb with magnesia were occasionally given, to keep the bowels open. This mode of treatment merely seemed to keep the disease at bay; fond hope flattered from time to time, and with the insidious intermissions of the complaint, seemed to lull me, as I believe is too often the case with others, into a kind of indolent expectation of security by the work of time. I think it is too readily admitted that this, and most other disorders, must have their course; on the contrary, I feel fully persuaded that it is the duty of a medical man ever to be active in new resources; and that that activity, and the power of the means he employs, should be proportioned to the action of the enemy he has to contend with. I do not mean to deny the operations of Nature in the cure of disease, nor am I incredulous of the fatality attending empirical practice; but, on the other hand, I have no doubt that as many lives are lost whilst we stand thinking without acting, or rather whilst we do not think at all; but after having tried the old routine, resign the rest, like old nurses, with a stupid complacency, to Nature and a change of air; powerful agents, no doubt, but, alas! too often unavailing. This fact is too severely felt by most parents, and too well known to the profession at large not to be acknowledged. As in some diseases, it cannot in this be said, that the mode of treatment usually employed contributes to rid us of the patient. Death must therefore follow from the power of the disease over that of Nature, and from the inefficacy of the common means effectually to assist her, or of taking the business successfully out of her hands.

It may be said, I presume too much from a single case; but I am supported by the high authority of Professor Hufeland and the success of Mr. Bartley, in consequence of whose Communications I was induced to employ the remedy in question, as the *ne plus ultra*; the cough returning, or rather increasing, with greater violence than ever, the child whilst in the fit bringing up blood by the mouth, and wasting in flesh and strength rapidly. (Though seriously alarmed for its fate, I certainly

tainly cannot state it as the most deplorable case.) I remembered having read the above gentlemen's accounts in your Journal, and turned to the pages and their advice immediately. I prepared the resinous substance, as directed by the Professor, and dissolved it in Sp. vin. R. instead of alcohol, used by Mr. B. I began with three drops twice a day, and gradually increased the dose to six, three times; lastly, I kept a little mixed in Aq. menth. c. magnes. alb. & mel. ord. which I gave a little of urg. tuss.

The relief obtained was really sudden and surprising; indeed, the proportion of benefit was greatest in the first twenty-four hours; the disease then abated, and the child was positively well of the cough in ten days; its health and spirits returned as that went off, and in about a month were quite re-established, and have continued so to this day. One remark ought to be made, that ever since, if a cough be excited by a crumb of bread, by crying, or other means, the characteristic of the disease is evinced by a hoop or two, very short and trifling. This I consider to be the effect of fear and habit, (the powers of which are so great even in infants; fear, indeed, of the accession of a fit, is to every observer a painful mark attending the disease, and greatly augments its distress) rather than the remains of the complaint, after four months; and, indeed, can be of no consequence in a picture of health.

I should have sent this case before, but expected to have been able to add others; which, however, the nature of my avocations as a House Surgeon, has not afforded me an opportunity of doing. I have resolved to delay it no longer, hearing so often of late the fatal effects of the disease. I hope others may be induced to give the artificial musk a fair trial, and have no small confidence of their success.

Feb. 20, 1802.

P. S. On a future day, I may be induced to offer a few Remarks on the nature of the disease, the indication of cure, and the *modus operandi* of the artificial musk.

*Case of Lumbar Abscess; communicated by Mr. J. WILSON,
of Gillingham, in Kent.*

TO the EDITORS of the MEDICAL and PHYSICAL JOURNAL:
GENTLEMEN,

AS the best means of making a very interesting, and indeed a very doubtful case public, I beg leave to request that you will insert in your valuable Journal the following relation of a case which has occurred here, and which it is presumed may not be unacceptable to a large body of your readers.

Mrs. Hazlewood, about thirty-five years of age, was brought from London to Gillingham, and received into the Poor-House, on account of a tumour in the abdomen on the right side, and a swelling of the thigh and leg. She had been discharged from Guy's Hospital as incurable, and had been an out patient of the Surry Dispensary, without receiving any alleviation of her sufferings. The gentleman who attended the Poor-House (Mr. Congreve of Brompton) considering the case obscure, and presenting some symptoms worthy of remark, did me the favor to request my attendance with him. The tumour in the abdomen, which had been rapidly increasing, was then about the size of the hand when clenched; it evidently contained a fluid, and was so circumscribed in its external form as to leave but little doubt as to its being contained in a sac or cyst. It was situated above the tendon of the oblique muscle, stretching from thence obliquely upwards, and towards the ilium; it was not discoloured. The thigh, which was bent towards the abdomen, was much enlarged; the leg also was swelled, very painful, and the knee bent. The tumour was not so exquisitely tender, nor did she at any time suffer so much pain there as in the extremity. She complained of pain in the loins; she could not pass urine except when on her hands and knees, and then in small quantity and much distress. She had not any intestinal evacuation but when an enema was administered; she had not menstruated since the commencement of her complaint. Her breasts were absolutely gone; her pulse was small and quick; she was much emaciated; had the hippocratic countenance; and without the aid of opiates her nights were sleepless. She had borne several children. Judging from the site and form of the tumour, with other concurring appearances, I hazarded an opinion that it was an ovarian dropsy. Mr. Congreve was disposed to consider it a ventral hernia. About a week after, on the annual change of parish officers taking place,

place, I was nominated to the superintendence of the poor, and felt myself happy in the opportunity afforded me of investigating this case by a scrutinizing inquiry. When I desired a particular history of her disease, she gave me the following information. Nearly four months before the swelling in the thigh and leg came on, which was accompanied by so much pain, that she was compelled to apply for medical aid. The thigh had been blistered and some other means used, but her misery continued daily increasing. A short time after the thigh and leg began to enlarge, she felt a hard body, nearly the size of a large marble, in the same side of the abdomen, but this was soon lost in the augmenting bulk and fluctuation of the abdominal tumour. A difficulty in evacuating the contents of the bladder and rectum now supervened, and the swelling of the leg and thigh, with proportionate pain, was gradually increasing. Her sister, who came from London to see her a few days before her decease, gave me farther intelligence, but I shall relate it in the order of time in which it was received, and leave it to the reader to connect it with the above. Such was her state when she came under my care. I invited several medical gentlemen to examine the case, and amongst others, Dr. Vaughan of Rochester, whose talents are too well known both here and in the medical circle of the metropolis to make any encomiums from me necessary; he thought it involved in much obscurity, but recommended the ung. hydrargyri to be rubbed upon the tumour and a bandage applied, with a view to promote absorption. This treatment was not persisted in, because the patient became extremely anxious to obtain more speedy relief than could be hoped for from such process, however rational. I mentioned to the Doctor my opinion of its being an ovarian dropsy, and thought that opinion strengthened by the circumstance of her having lost her breasts, and ceased to menstruate about the beginning of her complaint; but he did not coincide with me in idea that the ovaria were strictly necessary to menstruation, and moreover, urged that the left ovary offered no appearance of disease. The symptoms becoming more urgent, the patient was examined, per vaginam, to discover whether the uterus was affected. On introducing the finger within the vagina a protrusion was plainly felt on the side next to the tumour, and evidently diminishing its passage. The distance being so great between the external and internal points of contact, I could not feel any fluctuation internally, when I applied my other hand to the abdomen and pressed the tumour down, though I felt the whole of the protruding part in the vagina enlarge. I did not then feel the uterus. On the 30th of April I resolved on the operation as the only possible means to save or protract her

her life; partly, because the tumour began to point externally, which made me fear it would break; and partly to comply with the poor creature's wish, that something should be done to procure her ease. Before I proceeded, I wished to examine accurately the state and situation of the uterus, and on introducing the index finger as far as I could, I felt the os uteri very plainly, lying high, and receding above the vaginal protrusion. Mr. Brennan, (a surgeon in the navy, and whose opinion respecting the case accorded with my own) also being present, examined, and felt the uterus distinctly. I was the more particular on this point, because the derangement consequent to so large a tumour might have been embarrassing, and any mistake dangerous.

The patient being placed on her back with the posteriors over the edge of the bed, and the thighs supported and separated by assistants, I took a small trocar, and guarding the points with my fore finger, introduced it into the vagina. When the finger came in contact with the tumour I plunged the trocar in, penetrating about an inch, in a direction obliquely upwards, and, as near as I can guess, parallel to a line drawn from the pubes to the superior spinous process of the ilium; on withdrawing the trocar, and leaving the cannula within the orifice, about three pints of a fluid, scarcely turbid, passed off, and towards the latter part something like pus, with small floccules resembling the coagulated lymph often found in the abdomen, thorax, &c. The external tumour subsided as the fluid drained off; the cannula was left in the orifice, and a bandage passed round the abdomen. She was ordered to lie with her body raised, and turned towards her left side. As soon as she was laid on the bed, she made water with great ease. In the evening she complained of prickling pains resembling the sensations after a limb has been what is termed asleep, but more intense. Nearly a pint more discharged; no pus, but a portion of membrane resembling part of a cyst or sac.

May 1. Had a very bad night; no stool; made water easily; very low; prickling pain in the abdomen; little discharge; upper part of the tumour hard and unequal like schirrhous; thought there might be scirrhus adhesion to the rectum.

2d. Evacuated nearly three pints, similar to what passed when tapped; no stool; ordered an enema, which brought away a small quantity of feces like the grounds of coffee, and very foetid; the tumour again enlarging.

3d. Discharged nearly three pints; tumour still enlarging; withdrew the cannula because it irritated the vagina.

4th. Passed about a pint, very foetid, resembling the discharge per anum in colour. The right labium pudendi enlarged;

larged; suggested the probability of a communication between the tumour and the rectum; more convinced of there having been at first either a sac or cyst, presuming, that when the cannula was withdrawn the orifice in the cyst had receded from the line of the puncture in the vagina, and the fluid had consequently escaped into the cellular membrane.

5th. Discharge and other symptoms as yesterday.

6th. About half a pint with much pus, very dark coloured; an enema produced a very sparing evacuation.

7th. Rigor at eleven, a. m. and at four, p. m. discharge as yesterday; no stool; makes water very well; tumour at a stand.

I now learned from the sister, who came to see her, that six months ago she had a fever, after which she did not menstruate, and the whole abdomen became enlarged; but on lifting too heavy a weight she brought on an excessive flow of menses for a fortnight; and immediately succeeding that time her thigh and leg began to swell. She had, as I observed before, always complained of a pain in her loins.

8th. Rigor and discharge as yesterday; the surface of the tumour threatens sphacelus.

9th. The tumour becoming of a leaden hue, and blistered; three rigors; sinking; at twelve, p. m. an hæmorrhage from the vagina supervened, which carried her off in a few minutes.

Permission being obtained to open the body, it was done in the presence of Mr. Congreve and a neighbouring practitioner. On making the incision through the abdominal muscles, the first object that attracted our notice was a large coagulum of blood about the size of a goose's egg, occupying that part of the tumour which was sphacelated. The cavity of the tumour contained a pint of pus mixed with coagulated blood: it reached from the perinæum along the side of the vagina and rectum, which were protected by a condensation of the cellular membrane, forming the parietes of the tumour next those parts. On the other side it passed along the ilium to the lumbar region; the back part being the psoa muscles, which were almost suppurated away, and leaving the internal iliac artery bare through its whole length. The ischium, from the spinous process upwards, the sacrum and the lumbar vertebræ, where some pus was lodged, were all carious. The cervix vesicæ was slightly inflamed on the left side, where it had been pressed against the pubes by the tumour before it was tapped. The uterus, ovaria, and Fallopian tubes, the vagina and rectum, bore not the least appearance of disease; nor were there any other marks of disease to be met with. We did not discover the vessel that had produced the hæmorrhage. I should have mentioned, in another place, that the swelling of the leg and thigh

was nearly subsided, but that she complained of pain in the leg and foot to the last. As to the former, there can be no difficulty in supposing it caused by lymph obstructed by the ascending lymphatics; nor the exquisite pain as caused by pressure or disease in the ischiadic nerve.

This, Gentlemen, being a faithful detail of the symptoms when the patient was alive, and of the appearances on the inspection of the body when dead, we must, I think, on a review of the whole, be compelled to acknowledge the case either a lumbar abscess, complicated with an encysted tumour, or a lumbar abscess itself, under an uncommon form. What the event of an earlier operation might have been we can only surmise; but from the easy access, the little danger of wounding any important artery, and the depending situation, I shall not, on any future occasion, hesitate a moment to open a tumour in a similar situation, by puncturing through the vagina, if within reach of the trocar.

We have greatly to lament this as an additional instance, that even examinations, post mortem, will not always solve the mysteries we wish to unfold. Should, however, the experience of any of your Correspondents suggest a solution of these difficulties, I shall be happy to have my mind informed, wherein I confess it is bewildered. If the case was lumbar abscess, complicated with an encysted tumour, why did we not meet with the cyst? Could it be dissolved? If merely a lumbar abscess, why did not pus follow the trocar? But it is intricate; and should I learn that it has afforded instruction on any future emergency, I shall derive ample satisfaction for being instrumental to its publication.

May 31, 1802.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

DR WILLAN, in common with most other practitioners in this country, appears to be fully acquainted with the good effects of the medicine known by the name of Griffiths's Mixture; and has devised an imitative preparation of iron, (*ferrum præcipitatum*) to which he attributes peculiar efficacy. This preparation, which my slight knowledge of chemistry will not furnish me with one reason for supposing materially different from the *ferri rubigo* of the shops, may be exhibited in a pilular form, and the nauseous liquid one of the original
medicine

medicine thus avoided. The advantages of such a change are, no doubt, of great consequence in practice, for several reasons not necessary to be detailed here, as well with regard to other nauseous medicines as this. We need not, however, content ourselves with getting one ingredient into this manageable state; for nothing can be more easy than to attach both the myrrh and the kali to vitriolated iron in a *pilular form*, preserving exactly the proportions of Dr. Griffiths, and of course every thing which can possibly assist in producing the effects of the mixture. This I have for some time been in the habit of doing, without losing any of the efficacy of the old compound; and as I have never heard or read of it being done elsewhere, I have deemed the matter worthy of being communicated to you; how justly, your insertion or rejection of my letter will determine. My first formula, the principle of which needs no explanation to those who have read what Dr. Percival, and after him Mr. Chamberlain, have told us respecting the solvent property of camphor, is the following:

R. G. myrrh, pulv. ʒj. Kali præpar. ʒfs. Ferri vitriolati, gr. xv. G. camphoræ, (sp. v. sub.) gr. viij. hæc contunde in massam, et divide in pilulas xvij. quarum tres quatuorve simul adultis sumendæ sunt.

Rather more than usual pains must be bestowed, as the mass sometimes requires to be worked between the fingers before it will assume a proper consistence. All aqueous moisture being thus avoided, the alkali, partly enveloped in the body of the mass, and partly defended from the air by the flour the pills are rolled in, has never, to my knowledge, shewn any tendency to liquefaction; if it ever should, moistening the fingers when rolling the pills, with mucilage of gum arabic, which dries almost instantaneously, and leaves a coat of gum arabic over the whole surface it is applied to, will prevent it effectually. [This mode of coating pills I have often used when any of their ingredients have been of a volatile nature, with great advantage; even ammonia præparata, thus defended, may be employed in a pilular form, and will keep very well, as I have repeatedly experienced with much satisfaction.] Eighteen pills may appear too small a number for the weight of the mass; but, if properly made, it need not be divided into more on account of size, which, at this number, or even sixteen, is very moderate. I have another mode of making these articles into pills, equally convenient and easy, where camphor is inadmissible; and this consists simply in substituting a few drops of pure alcohol for the camphor set down in the preceding formula. I need hardly observe, that opium, pulvis scillæ, or any other drug, used in small quantities, may be added at plea-

sure, without detriment to the mass. Before I conclude, I cannot avoid relating a fact, which leads me to suppose, that the remedy, which is the subject of this letter, has not yet been employed in all the diseases it is capable of relieving. A country patient of mine, who had taken it in a pilular form for a threatening pulmonary affection with complete success, recommended its use to a neighbour, long afflicted, as I afterwards found, with a dyspepsia which had baffled the efforts of more than one eminent practitioner, and with the same result as in her own case. Convinced, as you must be, that the slightest improvements in pharmacy are of importance to the interests of medicine, (for what avails the skill of the greatest physician when the suitable remedies are too nauseous to be properly persevered in?) you will not condemn me for my minuteness if I have never totally lost sight of utility.

Manchester, June 2, 1802.

*On the Use of Opium in Fever. Communicated by
Mr. ATKINSON, of Abingdon.*

THE influence of contagious diseases, and their peculiar operation on mankind, have excited the attention and roused the sagacity of the Faculty from time immemorial. The noxious powers which produce fever are ascertained to be human effluvia, generated commonly in the confined miserable huts of penury and wretchedness, from the putrid atmosphere of marshes, and from the damp unventilated cells of imprisonment. Animals exposed to this malignant vapor, feel it absorbed into the system, and are affected with its well-known attendant consequences. He who is so situated as to witness the ravages which a pestilential disorder commits amongst the poor, and who knows the difficulty of stemming its sweeping violence amidst poverty and filth, will coincide with me, that in towns where extensive manufactories are kept, certain regulations and improvements, rigidly imposed, would be the means of saving from the jaws of Death a considerable portion of our fellow-creatures. The numbers which die annually from neglect, and from the cruel parsimony of managers of parishes, are almost incredible. I have had many opportunities of exploring these dreary abodes of distress, and have found the inefficacy of medicine when individuals have been reduced by starvation and disease. These considerations induced some humane professors of the healing art, to write upon this important subject, and to state the most probable mode of preventing or weakening the
force

force of epidemic fevers: But it is to be lamented, such benevolent, well-meant exertions are too often disregarded by the reputed guardians of a people's welfare.

Respecting typhus fevers, various remedies have been proposed; but since the writings of the illustrious Brown illumined the medical world, the treatment has been better understood; the art had been long buried under the accumulated, enveloping doctrines of different ages, till his *Elementa Medicinæ* appeared, and stripped her of all her antique, fanciful trappings, which were only calculated to puzzle and confound the student. Can there result any good from intricate theory and contradictory practice? The more SIMPLE the theory, does it not appear the most *rational*? Must not the simplest practice,* when supported by just principles and experience, be the most extensively useful, and the least dangerous in its application? Till lately, has the great efficacy of opium been rightly known; or has its properties † been justly investigated? Dr. Brown, and his disciples, Drs. Blane and Campbell, have given opium in low fevers with general success, for it sometimes supercedes the use of the Peruvian bark. I was sanguine to try the virtues of this valuable medicine, *without any auxiliary*, in the above disease; and the following is a Sketch of a Case, amongst

* Since the perusal of Mr. Cook's paper on Acetous Ablution, (No. 36) I feel much satisfaction in stating, that two cases of Synochus, which lately occurred to me, have been decisively remedied by the above excellent practice. One patient was a poor girl, twelve years old. She had been three days ill before I saw her. Her pulse was slow and small; perspiration profuse, with a shooting pain in her head, sometimes occasioning slight delirium. Her tongue was dry and furred. She was rubbed all over with common vinegar, and particularly well over the head and neck, three or four times a day. She took no medicines internally, as I wished fairly to ascertain the effects of the external application. I found she recovered sooner than those who had taken the common medicines, which too arbitrary custom prescribes. The other patient was younger, on whom the same mode of treatment was successfully adopted, excepting a mixture of aq. puræ, and a few drops of tinct. lavend. comp. were ordered, to satisfy the importunity of friends, who imagined the vinegar externally applied too insignificant to effect a cure. The difficulty which is immediately started on recommending to a patient the means which Dr. Currie has found so beneficial in fever, makes it impossible for me to speak of its utility from experience. People feel such a horror at being taken out of a warm bed to be dashed over with cold water, it is probable such practice will never be universally employed.

† A few days ago, for the sake of experiment, I swallowed four grains of opium; and the consequence was, I had more vivacity and better spirits than usual, but had not the least disposition to sleep. I never took opium before. I embrace this opportunity of thanking Mr. Ward for the pleasure received from the perusal of his excellent Dissertation on the *Modus Operandi* of Opium, inserted in the Medical Journal.

others, which terminated favorably, without leaving any œdematous swelling of the extremities behind.

R. Lawrence, of Wooton, Bucks, a boy aged fifteen, was taken ill of typhus fever on the 12th of May last. It came on with chilliness and lassitude. The face was flushed; the eyes red and watery; tongue furred; and he complained of universal tremors. An emetic was administered in the evening, which operated well. The day following, an ulceration of the throat appeared. Accordingly, blisters were applied with a gargle of *infus. rosæ et tinct. myrrhæ*, directed to be used frequently. Ten drops of *tinct. opii* were given every four hours; but on the 16th, every symptom was aggravated. The face was suffused with purple; he had great anxiety and moaning, and a low stupid delirium supervened. 17th, The pulse grew strong and full, and the inflammation of the uvula and tonsils abated. The drops were now increased to fifteen every four hours. The two succeeding days he recovered fast, and equal parts of *æther. et tinct. opii* were prescribed, to be taken as before. With this simple treatment, in ten days from the commencement of the fever, his usual good health and strength returned. It may be necessary to add, that an aperient medicine was now and then interposed, to obviate the costiveness occasioned by the use of opium.

The subjoined case is an additional evidence of the efficacy of Opium in contagious fevers of a putrid tendency. But there exists a blameable fault with many medical men, who refuse to describe fatal cases; they frequently regard such, as proofs of their incapacity or unskilful conduct. Continually advertizing successful ones, is certainly tantamount to saying, "We are infallible." But nothing can be more instructive, or of more sterling utility, than a relation of the impediments daily occurring in medical practice. We are warned by the fatal termination of diseases; but a continued succession of fortunate events leads to indolence, and we dream on till all difficulties vanish, like spectres before the magician's wand. At present, I believe, that simple uncombined fevers will uniformly yield to opium, judiciously given; but when one disease is complicated with others equally alarming, the prognosis must always be doubtful. Two soldiers of the 30th regiment of foot, just arrived from the campaign in Egypt, and on their march to the north of England, were left behind, labouring under fever. J. Spencer, one of them, was taken ill four days before he came under my care, which was on the 16th of May, 1802. By being conveyed here on the baggage cart, the disease was considerably increased. He had, a month before, been attacked with

with symptoms of peripneumony. His breathing was now difficult; expectoration bad, and streaked with blood; had acute pain in the whole chest; his face was livid, tongue dry, pulse low, and the characteristics of typhus were strongly marked. He took a pill of one grain of opium and four of camphor every four hours, and a mixture of lac. ammoniaci, acet. scillæ, syr. et tinct. digital. in the intervals. A blister was also applied on the sternum. On the 18th, he seemed relieved; his pulse full and strong, owing, I conceive, to the stimulating effects of the opium and camphor. 19th, The blister rose well. In the evening he had watching and delirium. An anodyne draught of tinct. opii gt. lx. joined with cathartic infusions, was given. 20th, Had had a few hours sleep. As the bowels were bound, an enema was exhibited, which produced one copious evacuation. At night the anodyne draught, with a few drops of æther, was repeated. 21st, Towards morning his breathing became more laborious, he moaned constantly, and death soon closed the catastrophe.

T. Macgowan was seized about the same time as his comrade. In the first instance they both had taken emetics. This man had typhus fever in its most desperate shape. He had great hurry and confusion of intellect, with low muttering delirium; his pulse was small and unequal. He also took the camphor and opium every four hours. For two days the disease appeared stationary, and then gradually gave way. The same medicine was continued till his health was so far established, that he could pursue his route to the regiment with safety.

There is no novelty in applying opium in low nervous fevers; and in the preceding favourable instances, can the recovery be ascribed to any other remedy? When combined with cordials and the bark, the efficient article cannot possibly be known; it may be attributed to one, or to the joint operation of them all. Is it not now sufficiently known, that opium will cure those low fevers so predominant amongst the poor? Or is the bark the only drug to be depended on? Does not the bark very frequently operate by the bowels? And is not the appearance of a diarrhœa of the utmost consequence, nay of the greatest danger, to the patient? Is not the aid of opium then absolutely necessary? it will check the progress of diarrhœa, of putrescency, and of gangrene. But I shall resume this subject in some future communication.

June 10, 1802.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

I Had the honor of addressing you in February last on the subject of the Air Pump Vapour Bath, a plate of which I transmitted to you. Your attention in having given it a place in the Journal of April, demands my best acknowledgements. It was then my intention not to have troubled you again so early, but rather to have waited the remarks and observations of others; none having yet been publicly made, at the suggestions of some of my medical friends, and from a thorough conviction in my own mind of the importance of the thing, I have been induced to alter my intention, and to attempt some further account of it myself.

Several medical gentlemen, who called on me in consequence of my former letter, expressed their approbation and surprize, particularly on finding the apparatus no larger than it is. One, the physician to an hospital, said, "Why, 'tis not much larger than a jack boot; really, my friend, you ought to have sent a scale of it, as I, for one, had imagined from the plate, that it bore some resemblance to a brewer's cauldron." This I think necessary to remedy by the scale* herewith sent, by which your readers will perceive, that though it is a little larger than a jack boot, as that was necessary for the circumambient steam, yet that it is by no means so large as not to be easily portable, more especially as the pneumatic parts take off, and can be easily placed along with the boiler into the inside of the cylinder, and the whole enclosed in a neat mahogany box. A board too I had forgotten to mention, on which the leg rests while in the machine. It consists of one piece as long as the leg, and another in the shape of the foot, which goes off at right angles, and is dovetailed to the leg-piece. The whole is so contrived, as to defend the limb from the current of steam, and to suffer it to diffuse itself equably through the machine.

A second gentleman declared there was nothing new in the invention, that it was originally a contrivance of Medea, the
E 3
wife

* The depth of that part of the machine to which the pneumatic parts are affixed, 1 foot 2 inches. The other, 1 foot. The length of the cylinder, 2 feet 2 inches. The opening for the admission of the limb, 7 inches by 5½. The cylinder is of an oval shape, but stands conveniently in a mahogany case, which has a flat bottom.

wife of Jason, by which she made her father-in-law Æson, young again. In proof of his assertion he quoted the following passages :

“ Passis Medea capillis
Bacchantum ritu flagrantibus circiter aras;
Multifidas faces in fossâ sanguinis atrâ
Tingit, et intinctas geminis accendit in aris.
Terque senem flammâ, ter aquâ, ter sulphure lustrat.
Interca validum posito medicamen ahenò
Fervet, et exultat, spumisque tumentibus albet.”

“ ————— Æson miratur et olim
Ante quater denos hunc se reminiscitur annos.”

OVID METAM. Lib. vii. Fab. 2.

The coincidence of many of the leading facts between Mrs. Medea's kettle and ours are certainly very striking, particularly in the power they both possess of making people young again. There can be no doubt of the fact; and the proof of it is, that they were in all probability arrived at by very different trains of reasoning, Mr. Smith having never in his life heard of such a personage as Mrs. Medea, much less of her kettle.

A third gentleman observed, that he supposed it was a machine invented to answer some preconceived opinion of the inventor. This, Gentlemen, was not the case; the inventor is not a medical man, nor had he, at the time of the invention, any thing more in his head than what I thought necessary to state in my former letter, viz. the old story of King Edward and Queen Eleanor at the Crusades. This, however ludicrous it may appear, was what gave rise to the invention. The above remark, nevertheless, was to me a most unlucky one; for I am free to own, that I had been violently seized with the *Caecoethes Scribendi*. In three months I had produced the most splendid Hypothesis respecting the Machine you can suppose! Were I to tell you how splendid it is, you might accuse me of, but could not blame me for, my partiality to it; for, as Gay says,

“ Where yet was ever found the mother,
Who'd give her booby for another?”

I am not sure that the above remark, unlucky as it was, would have been sufficient to have put me out of conceit with my hypothesis, had I not also recollected what vile purposes* I had seen those of others put to, which excited in me a kindred sympathy for the fate of my own. I revised it with great attention

* Et piper, et quicquid chartis amicitur ineptis.

HORACE.

tion, and must own that I did not feel all my former affection for it. At this moment,

"Cynthia aurem
Vellit et admonuit."

"Sunt geminae somni portæ, quarum altera fertur
Cornæa, quæ veris facilis datur exitus umbris;
Altera candenti perfecta nitens elephanto;
Sed falsa ad coelum mittunt insomnia manes.
His tibi tum me
Prosequitur dictis, portaque emittit eburnâ."

VIRGIL, *ÆN.* vi. line 398.

Apollo also suggested that I should place my hypothesis into the machine, and treat it after the manner of a gouty limb. Whimsical as the idea was, it was done. Nothing remarkable happened during the process. Upon examining the cylinder afterwards, in which I expected to find some caput mortuum, strange to tell, there was not the least: It had all vanished into thin air, and, like all other hypotheses, seemed to consist of

"Vox et præterea nihil."

This determined me to abandon it altogether and stick to facts. But think, gentlemen, what such a determination must have cost me, who, not many days before, had been hugging myself with the idea that I had produced an hypothesis (for I call none theories till facts have proved them so) which was to astonish the world, and last for ages!* And now, gentlemen, any of your readers may retire by the ivory gate; those who will patiently hear me out, I promise to conduct safely through that of horn. So much for hypothesis! and now to be very serious. Since I last wrote to you I have witnessed some very extraordinary effects from the application of the Air-Pump Vapour Bath, such as from an extensive practice in all the branches of the medical department for the last ten years, I am convinced could not have been produced by any other means with which we are already acquainted.

I shall now state a few cases† out of numbers which have occurred to me lately, and shall chiefly make a point of selecting those of such persons as are least difficult of access; and first, that of Mr. Seares, the surgeon, of Half-Moon Street, Piccadilly, to whom I am indebted for the following statement, which I shall give in his own words.

ACUTE

* "Exegi monumentum ære perennius." HORACE.

† "Segnius irritant animos demissa per aurem
Quam quæ sunt oculis subjecta fidelibus." HORACE.

ACUTE GOUT.

"Dear Sir,

Half-Moon Street, May 31, 1802.

"Seeing in the Medical and Physical Journal, a letter of yours respecting a machine for conveying a vapour bath to diseased limbs, I could not possibly think of withholding my testimony of its beneficial effects in gout; I can speak of it feelingly and with gratitude, having experienced such relief from it myself in a most violent attack of gout in the extremities.

In the winter of 1799, by being thrown out of my chaise, I received a violent contusion on the left foot, which terminated in a most severe paroxysm of the gout; it confined me a considerable time, and rendered me unable to pursue my professional avocations; the dread of a future attack may be readily conceived. The following winter confirmed my fears, and I was visited by another paroxysm with increased violence, for great as my sufferings were before, they were trifling indeed compared with what I suffered then. Fortunately, by mere chance, I heard that a gentleman at Pimlico, whom I knew, had received the greatest benefit from the application of the machine; I sent therefore to Mr. James, the proprietor of it, to hear from him the principles of its operation; and as it appeared to me to be perfectly innocent, I was willing to embrace such a mode as would be likely to relieve my pain, and enable me more speedily to prosecute my professional duties. It succeeded beyond my most sanguine expectations, as on the evening previous to its application I could not bear my feet to touch the ground; after the machine had been applied, I could press on them without pain. The succeeding application was still more gratifying, as I could shortly afterwards walk with very little assistance about the room; and the next day I suffered only from stiffness and the fear of reproducing an attack by any blow I might receive on the parts. This however subsided, and I was enabled in a day or two to attend to business. Grateful for the benefit I have received, I could not withhold giving you this hasty sketch. Without apologizing for its imperfections, I hope this, with other documents, will tend to make the machine more generally known, and I trust approved.

"I am, dear Sir,

"Your's, obediently,

"G. H. SEARES."

"To Mr. Blegborough, 330, Oxford Street."

After the above statement of Mr. Seares, little further is necessary to be said on the acute part of the disease, I shall therefore but mention one other case.

A Mr.

A Mr. Smith, of 47, Oxford Street, on the 20th of March, was labouring under a most severe paroxysm. He has been subject to frequent returns of its attacks, which always continue with him some time. The application was made on the 20th and 22d, under some unfavourable circumstances and irregularities in improperly moving. Nevertheless, on the 23d and 25th it was applied again under more favourable circumstances. The paroxysm entirely remitted, since which time he has continued very well; he escaped all the subsequent debility, which never failed to succeed former attacks, that were suffered to run their course under patience and flannel; and got into his business immediately. I hope I have given him such directions respecting his future regimen as will keep him out of the machine for a great length of time to come. It may not be amiss to remark here, that this patient considers the application, independent of its utility, as a luxury in no inconsiderable degree exquisite.

IRREGULAR GOUT.

I am happy in having rendered Mr. Mortlock, of Cambridge, much service in a complaint which comes under the above description. There seemed a strong general gouty diathesis; his stomach was much affected, into which he was putting a quantity of ginger every morning, a practice I could by no means approve, though much extolled by a very worthy Baronet. I gave him some general directions respecting regimen, and enforced the use of milk. The machine was applied fifteen times to his leg and arm. It seemed first to determine the affection to these two points, and soon to remove it altogether. He left town much improved in general health as well as nearly cured of the particular affection. I went to make him a visit at Abington near Cambridge a fortnight after; a considerable thickening and hardness of the ankle had given way, and he was much better in general health. He gave me letters to some of his friends, one of which I shall take the liberty with him of transcribing.

“ Abington Hall, April 10, 1802.

“ Dear Sir,

“ I know not whether you are ever afflicted with the gout; but knowing it has been severely felt in your family, I have requested my friend Mr. Blegborough, a surgeon in London, who is proprietor of a machine, which has done me very essential benefit, both for regular and irregular fits of the complaint. I will thank you to introduce him to your surgeon, not only as he wishes to make the instrument known, but also, as you will by him be assured that it can do no harm. It would
give

give me great pleasure to see you here; but I have long found so great a difficulty of detaining you when I was at Cambridge, and you there, that I now quite despair of it. I am,

"Dear Sir,

"Your's, most truly,

"JOHN MORTLOCK."

"To James Denton, Esq. Brandon."

ACUTE RHEUMATISM.

On the 20th of January, 1802, Mr. Clarke, of No. 18, Somerset Street, Portman Square, had been severely afflicted with Rheumatism for many months, so as not to be able to move without the most excruciating pain. It affected his breast, shoulders, and joints, and the muscles about the breast, that he was not able to breathe without considerable difficulty, nor could he by any means stoop to take any thing from the ground, or bring himself perpendicular, but was under the necessity of inclining forward at an angle of about 135 deg. On the above date I first saw him; he had been under the care of regular men, and all ordinary means had been used without effect. He had been to Bath, and nothing seemed to have been omitted which promised relief. His pulse was quick but small, tongue white, skin dry, parched, and hard, considerable thirst, and no appetite.

I directed him to take half an ounce of Epsom's salts with half a drachm of magnesia in two ounces of peppermint water, and took ten ounces of blood from the arm, and ordered the application of the machine the following day. On the 22d in the morning I found him much relieved. The blood shewed the inflammatory buff. There seemed a much greater freedom of circulation, and the pulse was more full and not so frequent; but the most remarkable change had taken place on the skin, which had become soft, moist, and perspirable. The patient could turn in bed, and the latitude of motion in other respects was much more considerable. The machine was applied on the evening of the 22d, and again on the 24th, on which day I ordered eight ounces more blood to be taken from the arm. The operation was mismanaged, and only two ounces were procured. On this day he repeated his draught, and on the following was so well as to induce me to inform him that he need use the machine no more; as he could now bend the body almost as freely as natural, and was entirely free from pain. He, however, of his own accord, chose to have another application, which was made on the 27th; since which time he has remained remarkably well.

I shall state another case, as bleeding was employed in the
above

above, though to a very small amount; yet it may, on that account, be objected to by some as not a fair one.

Thomas Pearce, a poor bricklayer's boy, Ward's Fields, New Road, Mary-le-Bone, on the 13th of May, infant, had been confined to bed for eight weeks with the disease. I saw him at the request of a medical gentleman. He was unable to straight his knees, which were much contracted and enlarged. His legs and thighs were literally worn to the bone; and such was the general debility, that it left little hope of its being possible that he should have sprung from the disease by any ordinary means, which had all been duly administered. His left hand and arm had much the appearance of a paralytic limb, except round the joints, which were swelled, and were as useless. The application was first made to the left leg twice with considerable relief; then to the left arm twice; then the right leg and arm, each once. His lost appetite began to return in proportion as the pain, &c. subsided. I found it necessary to regulate the porter he drank; but left him at liberty to eat any animal food they could procure for him. He gradually recovered, and has been, on the 28th, to the houses of two medical gentlemen to return them thanks; the one for recommending the machine to him, the other for his care and humanity towards him prior to the use of it.

I have seldom met in practice with a circumstance more pleasant to my feelings than the above case; that I recovered to this poor boy the use of his limbs, and to society a useful member, otherwise in all probability lost for ever, I firmly believe; nor shall the united scepticism of the world persuade me to the contrary.

PALSY.

John Rounenberg, No. 11, James Street, Brook Street, a patient of the Mary-le-Bone Dispensary, who, after being under the care of Dr. Thornton, the late physician, and using among other things, the vital air without benefit, was sent to me by Dr. Garnett. He has been paralytic for two years, which led me to expect very little from the machine; nevertheless, at the request of the Doctor it was tried. The effect has been very considerable, for after six applications he has much more use of his arm, so that he can now lift it over his head without the help of the other hand, can grasp any thing firmly, and carry a large pitcher of water, which he could by no means do before. A general state of excitement, however, has pervaded the whole system, so that I have deemed it prudent to desist from the application for the present. This general excitement, I have little doubt, was produced from the local one of the arm by the increased circulation and capacity of the vessels of the part. As soon as it shall have subsided, which is
nearly

nearly the case, I shall proceed, keeping in view *festina lenté*, and hope I shall be enabled hereafter to give a still better account of a case, which at this early period of it, I could not have omitted without calling in question the judgment of Dr. Garnett, to which I shall ever bow with deference.

DERANGEMENT OF THE FUNCTIONS OF THE BLADDER.

Capt. Rush, No. 25, Nottingham Place, New Road, Mary-le-Bone, was relieved from a most violent affection of the bladder of long standing. The *constans mingendi cupido* was so severe that he declared life was not worth the tenure. From the quantity of mucus discharged, the inner coat of the bladder must have been entirely abraded. It would be presumptuous in me to hazard an opinion respecting the causes, as various ones had been given by a number of gentlemen who had been consulted; stone and gout among the rest. The affection, however, entirely ceased after a few applications of the machine, a trial of which Dr. Frazer, who was attending at the time, had no objection to.

Farthingo, near Brackley, Northamptonshire,
June 5, 1802.

"Dear Sir,

"It is with much pleasure I inform you of the continuance of the great benefit I received from the application of your air-pump vapour bath. To have given so much relief in so short a time, and that in a case the most unfortunate that ever man was afflicted with, a case that the first assistance could scarce give me any relief from, certainly discovers a power from which, under your direction, every good may be expected. It has been recommended and introduced as giving relief in gouty cases; but although, as in my case, the gout formed a part of my complaint, yet be assured, Sir, that the other part of my complaint (inflammation of the neck of the bladder) was the cause from which my great sufferings proceeded.

As my physician, Dr. Frazer, who is one of the most liberal of men, attended me during the application of your remedy, and to whom I explained its effects in progression, I cannot do better than refer you to his testimony. I cannot omit acknowledging the candid and polite manner in which you pointed out the attention you thought necessary during the course of my application, a circumstance much to be desired by any one making the trial. Accept, Sir, every good with from

"Your very obedient servant,
"GEORGE RUSH."

The lady of a deservedly eminent physician in town, and
a surgeon

a surgeon of great respectability, are at present using the apparatus by the recommendation of Mr. Cline.

To mention even the names of all the the physicians and surgeons in town and country, who have expressed their approbation of it, would, after what has been said, but uselessly swell this letter, already too long.

Judging from the number of correspondents that my former letter added to my list, I think it necessary to request, that those gentlemen from the country, who wish to have further information respecting it, will have the goodness to direct (post paid) to Mr. James, one of the Patentees, No. 5, Cumberland Street, New Road, Mary-le-Bone.

I remain, &c.

Oxford Street, No. 330,
June 7, 1802.

RALPH BLEGBOROUGH.

*Case of Apoplexia Hydrocephalica. Communicated by
Dr. WOODFORDE, of Ansford, near Castle Cary.*

HARRIET WOODFORDE, ætat. 10. Dec. 23, 1801, complains of constant heaviness and pain in the anterior part and left side of the head, much increased on stooping. The vessels of the tunica adnata in both eyes are very red and turgid; pulse 120, and somewhat hard; skin hot; tongue almost natural; little thirst; one stool yesterday. Last night she awoke suddenly, with much agitation and great complaint of pain in her head, and said, that near objects appeared distant. The pain has been present three days, and on its accession was more general. It supervened to acute pain and stiffness in the posterior part of the neck, which came on suddenly, and continued, with slight remissions, a fortnight. Applicentur temporibus hirudines quatuor, & fiat v. s. ad 3vj. R. Pulv. rhei. gr. vj. Calomel. gr. iij. f. p. s. s. In the evening, I found the pain was diminished, and that the leeching and bleeding had succeeded well. Blood very florid, and with a small proportion of serum. No buffy coat; but it must be remarked, that the blood ran down the arm, and that she was fearful of the operation. Three or four copious stools from the physic.

R. Mistur. salin. 3j. sal. nitri. gr. vj. Mucil. g. Arab. syr. bals. aa. 3j. tinct. digital. gt. iv. M, ut fiat haustus 4tis horis sumendus. Pulse, whilst asleep, 100, and rather full.

24th, 10 A. M. Has passed a good night, and is free from pain, except on stooping. Eyes still inflamed. P. 100. No nausea. Repetatur haustus c. gt. v. tinct. digital.

Hora

Hora 8va. P. M. Continues free from pain; eyes less inflamed, and can bear stooping much better. One stool to-day. Repetatur haustus c. gt. vj. 8vis horis. P. only 73, sk. cool, app. good.

25th, 10 A. M. Has had a good night, and is without any pain. Eyes rather more inflamed, but feels no inconvenience from stooping. P. 100, t. sk. and b. natural. Continuantur M. ut heri.

27th, 10 A. M. Pulse 88, and sensibly a little intermittent. Slight and transient return of pain in the forehead last night; none since. Eyes still inflamed. Three stools yesterday. Fell asleep last evening, and upon awaking complained again that near objects appeared at some distance; pupils not dilated; vision good since. Repetatur haust. bis tantum in die c. gt. iv.

31st, No return of pain of head nor distant vision; yesterday complained of violent aching pain in the left leg, which lasted for several hours. Eyes still red and turgid; sk. t. and b. natural; p. 100. Has taken the tinct. digital. only twice a day; and this morning, by mistake, only four drops. Capiet T. digital. gtt. vj. 4ter die et etiam pulv. cinchon. gr. x. bis die.

Jan. 2. Pulse 80, and intermittent; eyes less red; no return of pain of head; some pain yesterday in the knees; app. good; bowels regular. Contin.

I was immediately and forcibly struck with the violence and sudden accession of the above symptoms, and was led to conclude them to be the incipient ones of that dreadful and generally fatal disease denominated by Doctor Cullen the *Apoplexia Hydrocephalica*. I had also a more accurate and ready apprehension of the disease, from the indelible impression made on my mind by the death of her sister, three years since, at the age of eighteen, after labouring three weeks under every characteristic symptom of the same. In this case, early and proper treatment was unfortunately omitted; I saw her on the fourteenth day, a period too late for success. In the present, a speedy and decisive practice flattered my expectation; and I need not mention the heart-felt pleasure experienced on the happy event.

Many cases may be adduced from others, in testimony of the success attending in this disease the early use of bleeding, both general and topical, with cathartics, digitalis, and the rigid observance of every part of the antiphlogistic regimen. Our knowledge of the *juvantia* throws much light on the nature and cause of the disease. It appears to me, that either active inflammation, or local plenitude, producing what may be called chronic inflammation, is in almost every instance the proximate cause; and that the effusion into the ventricles is only an effect

of

of previous turgescence, or increased action in the vascular system; and that the only means of saving the patient is by removing the first state, and thus obviating or preventing the second. To answer these intentions, in conjunction with bleeding, cathartics, and a proper regimen, I anticipate the great and salutary powers that will henceforth be derived from that potent auxiliary digitalis. It is in this and similar diseases, depending on or connected with increased action in the sanguiferous system, that both reason and experience teach us the efficacy of this remedy. In some other diseases, and especially in phthisis pulmonalis, a sanguine temper, inexperience, and enthusiasm, have led many of its advocates greatly to over-rate its virtues; and I think, from the disappointment thus occasioned, real injury has been done to the reputation of the medicine. Notwithstanding all that has been said and done in the cure of phthisis, who can yet step forward and assert, from long and unequivocal experience, that digitalis operates in it specifically, or similar to the Peruvian bark in the cure of intermittents?

February 1, 1802.

To Dr. BRADLEY.

SIR,

AS the Controversy respecting Apoplexy seems to be drawing to a conclusion, a dispassionate Observer may be permitted to offer a few remarks as they occurred on perusing the papers on this subject in the Medical and Physical Journal. I have not seen either Dr. Langslow's or Mr. Crowfoot's Publications on Apoplexy; I believe them both to be gentlemen of eminence in their profession, and highly respected by their particular circles of friends. In offering the following loose observations therefore, I shall endeavour to avoid giving umbrage to either party, and attempt to shew, that controversy may be engaged in without infringing the *golden rule*. I beg leave however to observe, as an apology for my concealment, that there appears to me to be no impropriety in wearing a mask, so long as my conduct is sufficiently respectful to all parties. But it behoves an anonymous writer, to be peculiarly circumspect and temperate in his expressions; because every wound which he inflicts on his adversary, may be compared to that made by the cowardly assassin, who lurks in the gloom of night, that he may stab, with more security, the man whom he dares not face in open manly combat.

The disputed points between Dr. L. and Mr. C. appear to be, whether emetics may be safely administered in apoplexy?
and

and whether compression of the brain from an extravasated fluid (I adhere to the etymology of the word) be always the cause of apoplexy. These are points of too great importance for me to determine; but after having taken a slight review of some of the opinions offered upon this occasion, I shall venture to give my own.

In No. xxxv. of the Medical Journal, Mr. Davies gives two cases of apoplexy, both of which were probably beyond the reach of art. The first of these appeared, on dissection, to have been a case of oppressed brain; whether the second case was genuine apoplexy, does not seem clear; but perhaps a treatment similar to that of the first, would have been less liable to objection. In No. xxxvi. Mr. Wilkinson, with great propriety, defends the character of the benevolent and judicious Dr. Fothergill, a man to whom science stands indebted, and whose memory is embalmed in every humane breast. The cases of puerperal apoplexy, related by Mr. W. appear to have been the eclampsia gravidarum of Sauvages, an alarming and fatal disease. In an instance of this kind, I regret having had recourse to embryulcia, when perhaps a few hours might have been waited with safety and advantage. Delivery appeared to have no effect in shortening the convulsions, which continued with dreadful violence for forty-eight hours. During the intervals of spasms, she laid in a state of profound coma, from which she at length awoke as from a deep sleep, unconscious of what had passed. She was a strong, healthy young woman, and this was her first pregnancy. In two succeeding labours which I attended, no untoward circumstance occurred, and she recovered her strength in all of them very rapidly. In the convulsions, dashing with cold water was principally trusted to, as bleeding could not be employed, owing to her violent struggles. Camphor and opium were also administered with apparent good effect; though it may not be improper to insert here, a caution respecting the use of opium in this disorder, as Dr. Hamilton of Edinburgh, asserts, that every patient died to whom opium had been exhibited. The termination of the case of apoplexy in dropsy, related by Mr. W. may, perhaps, admonish us to be more cautious in the use of the lancet, and rather to repeat the evacuation, if requisite, than to take away the whole quantity at once.

Mr. Atkinson's case, No. xxxvii. appears to me not to have been genuine apoplexy, but an instance of *determination* to the brain, or *engorgement*, such as so frequently occurs in the advanced state of typhus when it terminates fatally. What is the peculiar state of the brain in such instances, and in what particulars it differs from apoplexy is uncertain; but dissections

of typhus cases frequently shew us inflammation, suppuration, and even mortification, of the brain*.

In Mr. A's case, the prudent application of a blister, was attended with more immediate success than we are in general gratified with in such desperate cases. I should also suspect, that the case of a young lady, related by Mr. A. was rather an instance of hysteria than of apoplexy. In Page 364, Mr. A. asks, "Are frothing at the mouth, spasms of the muscular system, &c. &c. as represented by Mr. Wilkinson, the diagnostic symptoms of apoplexy? Are not they decisively characteristic of epilepsy?" In answer to this query it may be observed, that convulsions *sometimes* occur in apoplexy, and that *spuma oris*, is noticed by a variety of authors as occurring in this disease, Callisen Princip. Chirurg. Sprengel Handbuch der Pathologie, &c. Bellini observes, "*Spuma etiam circa os aliquando contingit, sed istud rarius multoque rarius spuma per Nares redditur. De Morb. Capitis.*" This is, however, positively denied by Cælius Aurelianus, who says, "Epileptici quidem totius corporis *conduetione* agitentur, & *spumas* agant, *apoplecti* vero nunquam." Apoplectics appear to be more or less in a profound sleep, and the *joints remain flexible*. Mr. A. gives an instance of apoplexy succeeding palsy; but many instances occur wherein a considerable degree of torpor, and even of palsy, precede apoplexy. A case was related by Dr. Cullen, in his Lectures, of a person who was accustomed to hang his head over fermenting liquors, and who became paralytic, and died apoplectic some time afterwards.

In No. xxxviii. Pyrrho enters the Palæstra, and wields the ponderous cæstus with dexterity and ease; nor shall I presume to oppose my puny efforts to so powerful a combatant, lest the fate of Dares should await me. Notwithstanding, however, that Pyrrho sets out very properly, with lamenting the virulence and personal invective which have been so much shewn in the present controversy, he falls into the same error, and treats Dr. L. in a more disrespectful manner than is consistent with that spirit of candour which he professes to possess. Does not Pyrrho likewise speak in a "*vaunting manner*" on several occasions? And in particular, in his office of gentleman usher, does he not too cavalierly introduce gentlemen to Dr. L's acquaintance, with whom the Doctor is probably intimately acquainted?—But, let me beware of censure.

Pyrrho's observations upon the effects of Emetics, are judicious; and I agree with him in thinking, that, owing to the diminished

* S. G. Vogel's Handbuch der Pract. Arzneywissenschaft.

diminished energy of the heart, less blood is sent to the brain during the *nifus* to vomit: but I differ from him in supposing, "that in the act of vomiting, the state of the brain is rather that of depletion than plenitude." If we attend to what happens during the instant of vomiting, we find the whole frame violently agitated; the primary muscles of respiration are, as it were, spasmodically affected to elevate the thorax; the muscles also inserted into the thorax and scapulæ, though not immediately subservient to respiration, are brought into action to support and fix those parts. Even the muscles of the neck, (not to mention those of the larynx and pharynx) the mastoid and scalene, which last arise from the transverse processes of the cervical vertebræ, and are inserted into the first rib, are excited to act with violence to support the ribs, which are attempted to be forced down by the abdominal muscles that now act as antagonists. These violent efforts, by pressing the abdominal viscera, expedite the return of blood by the inferior cava, which from its quantity, appears to give a momentary oppression to the right side of the heart: this, together with the action of the muscles, retards the blood returning by the jugulars, which appear ready to burst with their contents; the face assumes a purple hue; the eyes project, and the countenance appears turgid. From hence, it is probable, that in vomiting, the blood is merely delayed in its return from the brain; and if we consider the nature of the sinusses, it seems reasonable to conclude, that the increased turgescency is rather in the branches and trunks of the jugulars than within the cranium. We know that the skull is so completely filled with its contents, that no cavity remains; even the sides of the ventricles are closely pressed together. After death we find no void space: indeed, the brain is so closely packed, that when, to remove the upper portion of the cranium, the bones are nearly sawn through, and a degree of force is applied with a levator, they fly asunder with a spring; and it is absolutely impossible, with all our art, to *cram* the brain into the same space it occupied before. It is this firm pressure of the parts upon each other that preserves the vessels from rupture; for they are thinner in their coats here than in other parts of the body. If the brain could be removed by a charm, and the vessels be left suspended, though without suffering any injury, it is probable that rupture would be the immediate consequence. If a portion of the skull be removed by the trephine, a pulsating motion, an elevation of the brain is observed, merely because the resistance of the bony arch is removed: it does not occur in the natural state, and would probably be productive of injury.

In irritable and hysteric females, more powerful effects are

often produced by a slight inequality, suddenly arising in the circulation, than from the straining of an emetic; thus a trifling alarm, such as scarcely accelerates the pulse 6 or 8 beats in a minute, will produce a violent pulsating pain in the head for many hours; yet we frequently find such head-achs, especially when connected with a disordered stomach, alleviated or removed by an emetic, which acts, not so much by unloading the stomach as by producing a more equable circulation. In an asthmatic paroxysm, where the appearance of determination to the head, or at least of obstruction to the return of the blood, is often very alarming, we do not find an emetic productive of dangerous effects. Even in hæmoptylis*, emetics have been employed for the cure, if not with complete success, at least with impunity.

I cannot presume with Dr. Mossman, to think that no practice is fraught with greater danger than the administration of emetics during the attack of an apoplexy; because they have been tolerated, and even recommended "*by the highest professional authorities.*" In addition to the testimonies adduced by Pyrrho, I shall only add, that Baglivi, who divides apoplexy into sanguineous and pituitous, observes, "*Arcanum in sanguineis est phlebotomia. In pituitosis contra emeticum, aut purgans vehemens. Sunt qui apoplexia (pituitosa scilicet) liberati sunt, hausto singulis mensibus vomitivo ex infuso prædicto (infus. croc. metal. cum vino.)*" Aretæus does not recommend emetics, but observes, "*if the sacred purge should excite vomiting, it is not to be restrained, because it evacuates pituita, the cause of the disease, and rouses the patient by imparting a degree of vigour.*" Our venerable countryman, Dr. Heberden, in his valuable legacy (*Commentarii de Morbor. Historia*) appears to be much of the same opinion. "*When the patient,*" he says, "*is affected with nausea, an infusion of carduus benedictus may be given, but no stronger medicine.*"

* The two alarming cases of epistaxis, given by Pyrrho, which were put a stop to by the motion of a carriage, are useful in a practical view. The same good effects have been so frequently observed in hæmoptylis, that gestation has often been employed with success for its cure. It produces a more equable circulation by determining to the surface, and thus removes internal congestion. The same good effects, and even more powerful ones, if we may judge from the costiveness induced, are obtained by sailing. See Gilchrist on Sea Voyages. Dr. Cullen, in his Lectures, mentioned the case of a person in hæmoptylis, who set out from Edinburgh to go to Bristol, and before she had been a day on the road, the discharge ceased; when she stopped, the blood returned, and disappeared again when she set out; arriving at Bristol, it returned again.

It is, however, to be doubted, whether a dose of ipecac. or what is preferable, of vitriol. zinc. will not unload the stomach with less exertion than can be done by the feeble efforts of a nauseating medicine. Boerhaave, among the general evacuants to be used in this disease, mentions vomits and strong purges; though he adds, there is something uncertain in their action. Vanswieten, also, in his Comment. upon this Aphor. (1026,) observes, that emetics ought not to be condemned in this disease, and are often useful, because they evacuate pituita; though he afterwards thinks purgatives less objectionable. Dr. Cullen, in his First Lines (sect. 1134,) objects to vomiting; but in my manuscript notes, taken from his Lectures, in 1788, he thus expresses himself: "This (vomiting) hath sometimes been practised with safety. It is difficult to explain how full vomiting is employed without increasing the congestion; yet here, facts are in part against our theoretic fears." Lieutaud remarks, "*Dans l'apoplexie sereuse, on doit commencer par les vomitifs, à grande dose; & s'ils ne produisent aucun effet, on peut en venir à la poudre d'Algaroth.*" (Precis de la Médecine.) Professor Callisen recommends the exhibition of an emetic, together with general and topical bleeding, to avert the threatening symptoms of apoplexy. From the authorities above quoted, we may presume that emetics are not such dangerous remedies in this disease as has been represented; and if I may presume to offer an opinion upon the subject, I shall add, that an emetic would have been a judicious remedy in the case in dispute; for, all the time this remedy was prescribed by Mr. C. the peculiar affection of the brain was removed: in fact, there was no apoplexy remaining—the patient had recovered her senses; for *she complained* of head-ach and sickness.

In page 32, Pyrrho proceeds to the consideration of apoplexy, as at all times depending upon effusion of blood or serum in the brain; an assertion which P. observes, is hastily hazarded by Dr. L. and which is at variance with sound analogy, and the evidence of the best Medical Records. I must here dissent entirely from Pyrrho, in thinking this an hasty opinion, as it has been universally received for ages*. The division of apoplexy into sanguineous, serous, and pituitous, which is almost as old as the annals of medicine, seems to prove, that

* The opinion that apoplexy arises from extravasation, though untenable in its full extent, is, even at the present day, more universally received than any other. Dr. Fleming in his Physiology, asserts, that "of an hundred apoplexies, ninety-nine will be produced by extravasation of blood within the cranium, or an accumulation of lymph or serum within the ventricles of the brain."

Physicians have, very generally, attributed apoplexy to an extravasation of one or other of these fluids. If evidence were necessary to support this opinion, Dr. L. might bring an host. It has, however, been much weakened by the observations of later anatomists, who have shewn, that, in many instances, no extravasation was to be seen; indeed, dissection has thrown no light upon that peculiar state of the brain which exists in apoplexy; nor has it shewn any organic difference between this disease and epilepsy, or between it and another, which more closely resembles apoplexy, *concussion of the brain*. In many instances of apoplexy, dissection has discovered no visible injury of the brain; and on the contrary, large ulcers, abscesses, considerable collections of water, tumours, bony excrescences, and ossifications of the membranes have been observed, though no apoplectic symptoms had occurred during life. Nay, the surface of the brain has been seen almost inundated with blood, yet apoplexy had not ensued. These facts, however, only prove, that extravasation is not so generally the cause of apoplexy as has been imagined; and that the brain can support, without much injury to its functions, a very considerable degree of pressure, when applied in a slow and gradual manner. It is not necessary to prove, that pressure on the brain can produce apoplexy, because we see frequent instances of it in depressions of the skull from external injury; and we often see the apoplectic symptoms *instantly* removed by the application of the trephine. In a case likewise where a portion of the skull had been removed, as related by Boerhaave, a certain degree of pressure upon the brain with the hand, always induced apoplexy. When effusion is discovered in the brain of persons carried off by apoplexy, we may be allowed to suppose that they stand in some relation to each other of cause and effect: it cannot arise in every instance from exudation after death.

The custom of treating diseases according to their names, without regard to their nature, or to the particular constitution of the patient, has been productive of incalculable mischief; and in no disease has such a practice produced more baneful effects than in apoplexy. Some years ago the *cant word* among practitioners was, *Empty the vessels*; at present the cry is, *Support the system*. Both extremes have been run into in this disease; for whilst one party ordered blood to be taken away, not in *streams*, but in *rivers*, the opposite party forbade a single drop to be lost. The truth will probably be found, as in many other instances, *somewhere* between these extremes. Boerhaave observes, that no general rule of cure can be laid down in apoplexy; and this seems more applicable to the use of blood-letting than of any other remedy. Venæsection was considered

considered by the antients as a doubtful remedy, and they give many cautions respecting its use, none of which are more judicious than those of Aretæus. Thus he observes, "It is not easy to determine the quantity of blood to be drawn; if too much be taken away, the patient is killed; if too little, no benefit is derived from this *great remedy*." But he adds, "it is better to err by taking away too little than too much, because the operation may be repeated. After blood-letting, acrid glysters are to be used, and then the *sacred purge*." Celsus says, "Sanguinis detractio vel occidit vel liberat." Ætius also, speaking of venæsection, says, "Detractio autem fiat e dextra manu, & copia ejus qui detrahitur, dividatur. *Commovere enim oportet tantum, non exolvere vires & calorem extinguere.*"

The following quotation from an ingenious Thesis on Apoplexy, published at Edinb. in 1777, breathes the ardour of a young man, who would now, probably, when sobered by so many years experience, shrink to put it in practice. Speaking of v. s. in the sanguine apoplexy, he says, "Neque ut nonnulli medici volunt parca, e. g. ad zviij . sed dupli, ut minimum, imo tripli, aut etiam quadrupli, detractio esse debet." And in a note, he adds, "Cullenus aliquot libras cum fructu detractas vidit." Pyrrho expresses his doubts respecting the utility of blood-letting in apoplexy in a very judicious manner; and remarks, that of a number of cases which he had seen treated by v. s. he has strong doubts "whether those that lost the greatest quantity of blood have not proved the most fatal." When a person drops down in a fit, it is immediately referred to apoplexy; the by-standers are alarmed; all is trepidation and bustle; and the first thing which occurs to them is blood-letting, which, to please them, is to be performed immediately. But instead of hastily yielding, we ought to deliberate a little, and not take away blood merely because the disease is apoplexy. We should consider what have been the exciting causes, and what is the habit of body or powers upon which these have acted. If we know the peculiar habits of the patient, we have a clue to guide us; if he be a stranger, our indications must be drawn from external appearances. In full, robust habits, where violent exertions alternate with profound sloth and a luxurious nourishing diet; where the sanguine temperament is strongly marked by a full and active state of the vessels, bleeding may be immediately had recourse to. But even here, it may be doubted whether the quantity taken away at once should exceed zviij , or zx ; it will be more prudent to adhere to the advice of Archigenes, (*Ætii tetralib. de syderatione*) and attend during the evacuation to the state of the pulse, the colour of the face,

and to the respiration; and if these indicate no harm to have ensued, the abstraction may be repeated with the same caution. We ought not to be governed by the histories of such astonishing quantities of blood, apparently inconsistent with the continuation of life, which have been lost with safety, and even with advantage. Thus Bursarius quotes from *Lancisi*, in support of the use of copious bleeding, even in old persons, the case of a very old merchant threatened with apoplexy, who was snatched from impending danger, and relieved by a spontaneous hæmorrhage from the nose to the amount of eleven pounds, and who was entirely freed from the complaint fifteen days afterwards by the eruption of four pounds more.

In the early part of my practice I recollect being called to a woman, who, in little more than two years, had three attacks of genuine apoplexy, from which she perfectly recovered. A fourth attack succeeded by hemiplegia, in which the *left side* was affected, and the levator palpebræ of the *right eye*. Bleeding to the amount of $\frac{3}{4}$ x. was had recourse to each time, with glysters composed of a solution of purging salts, and oil terebinth. which appeared of service. She was a low, but remarkably stout, corpulent woman, about fifty, with a short neck and very florid complexion, accustomed to indulge her appetite in gross eating, particularly hot suppers of animal food. In persons of a relaxed debile habit, though attended with corpulency and the appearance of plethora, general blood-letting will require caution. This is particularly requisite where there appears to be exhaustion of the nervous or sensorial power, produced by violent or continued excitement of the brain, whether arising from deep thought and anxiety, or violent emotions, as surprize, &c. Many such instances occur in History, but none is more affecting than that of the fond mother, who died in the embraces of her son, who had unexpectedly escaped from the slaughter of Cannæ. In such cases, depressing powers are evidently hurtful.* Frictions, moderate warmth, the judicious application of stimuli, as of volatiles to the nose, blisters to the head or temples, or tincture of cantharides to the legs or feet, appear to be the most proper means; if the power of swallowing remains, a little spirit and water, or a few drops of t. opii to be occasionally repeated, may be administered; where, with general debility, there appears to be congestion in the head, cupping glasses may be applied to the occiput, with or without scarification. These were strongly recommended by the antients, but appear now to be fallen into disuse; though they are much preferable

* Among stimuli to be used, Bellini mentions pilorum evulsiones subitas.

ferable to leeches, as being more manageable and making a more sudden depletion. In short, in making evacuations, we ought to consider, that if causes, which diminish the energy of the brain and induce a sudden state of collapse, be capable of producing death when in a high degree, or apoplexy in a lower, in such instances every debilitating power must be carefully shunned. This is more clearly expressed in the following quotation from a late publication, replete with valuable practical information: "Another species of apoplexy, which affects persons of a weakly constitution, who are pale, thin, and emaciated, who have been depressed by sorrow or misfortune, though it seldom occasions instantaneous death, may yet render the remainder of life burthen some, by disabling the limbs, and enfeebling the memory. Under such circumstances, whether we suppose congestion of blood and effusion of lymph to take place from a languid, irregular circulation, or the communication between the blood vessels and nerves to cease partially from a still higher degree of debility, it will be manifest that the remedies above-mentioned, (bleeding, cupping, blisters, and evacuations) at least that large or repeated bleeding, with the use of emetics, purgatives, &c. must be injurious, if not sometimes fatal*."

In page 334, Pyrrho observes, "In no instance, either in health or disease, is the volume of blood equal to the collective areas of the vessels; for upon killing any animal, in the fullest and best health, it will be found that the arteries are wholly empty, and that the blood in the system will barely fill the veins." To this it may be replied, that Pyrrho considers the vessels too much in the light of elastic canals, and does not advert to their living, muscular power. In the living body the vessels are always full; and as a proof of their muscularity, may be adduced the power they possess of accommodating themselves to the quantity of their contents. When blood is suddenly lost in large quantity, as by a wound, an uterine hæmorrhage, &c. the *tension* of the vessels is so instantly removed, that is, they cannot adapt themselves so immediately to their contents as is necessary for health, that fainting or death ensues. After death, the irritability of muscular parts continues for a considerable time; and as the muscularity of the arteries is more evident than that of the veins, of consequence they will retain their activity longer, and propel their contents

* Reports on the diseases in London, by Robert Willan, M. D.

That peculiar state of the nervous energy, which has been called exhaustion, or "diminution of vitality," is not unaptly compared by Ramazzini to an eclipse of the brain, which organ he terms *Lunare sydus microcosmi*.

tents into the veins, which yield to the distension. It is from this cause that the lymphatics are always found empty. In many cases of sudden death, where the irritability is speedily, or instantly destroyed, the larger arteries are frequently filled with coagulated blood, called polypi. A curious instance of this is related by Ramazzini, from P. Salius de Aff. Part. c. 4. in a girl who died suddenly. On dissection, a polypous concretion was drawn from the aorta, "*Non aliter quam gladius e vagina extrahi solet.*"

I hope Pyrrho will not take offence if I think him unreasonably captious, when at page 335, he requires Dr. L. to prove the existence of lymphatics in the brain. We cannot prove the vascularity of the medullary part of the brain by injection; yet no person doubts that it possesses red vessels; and in those who have died apoplectic, on cutting into the medullary part, numberless red spots, the mouths of vessels, are frequently observed. We cannot, indeed, demonstrate the lymphatics, but their existence is sufficiently proved by analogy. The long chain of lymphatic glands, called *Glandulæ concatenatæ*, which accompany the blood-vessels to the basis of the skull, must be subservient to the brain, or why do they terminate so abruptly? What becomes of the vapour or fluid, secreted within the ventricles? Were it not removed, hydrocephalus would ensue. The reason that the lymphatics of the brain have not hitherto been discovered, probably depends upon the minuteness and the pellucidity of their coats; for I have no doubt, when future anatomists detect them, that they will be found as numerous as the blood-vessels of the brain. The absorbing power also of these vessels will probably be found in inverse proportion to their magnitude, and their activity will perhaps be further increased by being placed in the centre of nervous energy. I am therefore of opinion with Dr. L. that the lymphatics of the brain may from these causes, be quicker in their action than in other parts of the body; and I do not hesitate to declare my conviction, that extravasated fluids would be absorbed in any quantity from the brain with as much certainty as is a slight ecchymosis in another part, were not the vessels *paralyzed*, as it were, by the pressure. Dr. L's hypothesis respecting the progressive absorption of fluids effused in the brain is certainly ingenious; but though Dr. L. cannot demonstrate his opinion, yet it will be, perhaps, equally difficult for Pyrrho to contradict it. In p. 336, Pyrrho suggests that apoplexy may frequently be seated in the lungs, rather than in the head. We know that tumours in various parts, by pressing upon the large vessels, and occasioning a greater quantity of blood to flow to the head, have occasioned apoplexy. Dr. Cullen related the case of a lady who had a steatoma in the abdomen, which, when she

the stooped, pressed on the descending aorta, and immediately induced apoplexy. Similar instances may occur in the lungs; and ephialtes or incubus, which has been by some considered as a *slight apoplexy*, may serve as an instance, though its seat may, perhaps, be placed in the stomach rather than in the lungs. I cannot agree with Pyrrho in supposing that apoplexy may arise from a defective oxygenation of the blood in the lungs; for were it so, ought not apoplexy to be a frequent sequela of asthma? Dr. L. I think, very justly asks, "Do not the countenances of those persons supposed to be predisposed to apoplexy, indicate *excessive* rather than *defective* oxygenation?" This seems to be the case, at least in one species of this disease, the *carus ab insolatione* or *coup de soleil*; it occurs mostly in young robust habits who have used much exercise and been exposed to a scorching sun; and blood taken from the arm appears remarkably florid and hot*. We have an instance of apoplexy arising from the stomach in consequence of poisons, and a still more striking one is given by the ingenious and learned Dr. Rush, of Philadelphia, occasioned by drinking cold water in hot weather, when the body is much heated; opium is the only certain remedy for it, 'from a tea spoonful to near a *table spoonful* (of tinct. opii) have been given in some instances, before relief has been obtained.' (Med. Inquiries and Observations, Vol. I.) An instance of this is also mentioned by the celebrated Weikard, one of the most zealous defenders of the *Brunonian* system in Germany. A man who had fatigued himself much by an hasty journey, drank a large quantity of cold water, from which he felt unwell, and suddenly died of apoplexy; here, the debilitating powers of the cold water were first exerted on the stomach, and propagated from thence to the brain and nerves. "In this manner it is, he continues, that apoplexies are occasioned by flatulent, fermenting, and indigestible foods. Those also who are troubled with incubus from flatulence are much exposed to apoplexy." (Med. Pract. Handbuch auf Brownische Grundsätze.)

Among the numerous divisions of apoplexy, is included by many, the *A. epidemica*, as connected with certain states of the weather (Hippo. Aphor. 16, 23, Sect. 3.) It is noticed by Baglivi, Kirkland, and others. At Königsberg, in Germany,

in

* In Schmucker's (the celebrated Prussian Surgeon) *Vermischte Chirurg. Schrift.* it is said that the king of Prussia, in a retreat by forced marches, lost 300 men by this disease. It was observed that all those who were let blood, died; placing the patient in the shade, exposed to a current of air, washing him at the same time with cold water, or vinegar and water, was found most effectual. Wet cloths ought also to be applied to the head.

in the year 1784, of 1918 deaths, 71 were occasioned by apoplexy; and in the following year, the deaths amounted to 2201, of which number 76 were apoplectics. (Finke Versuch einer allgem. Med. pr. Geographie). The idea of apoplexy being connected with season, has arisen from the custom of referring every sudden death to this disease. Pliny gives a long list of sudden deaths, which he calls 'Summa vitæ felicitas,' though it is to be regretted that he has not given us a more particular account. Several such instances are related by Morgagni, though it may be observed, if these deaths were connected with a peculiar state of the weather, we should have expected some striking similarity in the dissection of persons who died in the same month, on the same day, and in the same place, and of the same disease; which, however, was not the case.

In forming a Prognosis in this disease, authors disagree very much respecting fever when it supervenes. Hippocrates remarks, that if a person be seized with apoplexy, he dies in seven days unless fever occurs; and this opinion has been followed by the generality of succeeding writers. Thus, Professor Telle, of Berlin, in his *Medicina Clinica*, after observing that there is great danger when the power of swallowing is lost, adds, 'it is also dangerous if fever does not soon appear.' Burserius also observes, 'In fideratis, si febris accedat, solutio fit,' though he modifies this considerably afterwards. Dr. Heberden, on the contrary, denies that fever is ever productive of advantage in this or any other disease; and Dr. Whytt estimates the danger by the quickness of the pulse. From a case which lately occurred to me, I am disposed to embrace the latter opinion. An old lady, aged eighty-five, tall, and remarkably thin, was affected with sudden faintness, from which she soon recovered, and ate with appetite a boiled egg; shortly afterwards, it was discovered that she had lost the power of one side, the heat and feeling still remaining; her pulse was about 76, and of natural strength. A degree of coma gradually came on, and her faculties began to fail. On the 4th day, the pulse became remarkably full, strong, and vibrating, beating 100 in a minute, and continued gradually to increase, for three succeeding days, to 120 beats, when she died. This corresponds with an observation of Ballonius, who says, that in all comatose affections, especially lethargy and apoplexy, when a small pulse becomes full and gradually increases, the patient is soon carried off. Dr. Home seems to allude to this when he asks, 'Cur sensu motuque decrescentibus, pulsus sæpe validior fiat?' *Principia Medicinæ*.

The respiration alone affords a fallacious prognosis; for we have

have instances of deep snoring, with frothing at the mouth, terminating favourably, while an easy and almost natural respiration has ended in death.

I have thus presumed to offer an opinion upon the important subject of apoplexy, and flatter myself, that the gentlemen from whom I have ventured to differ, will pardon the liberty I have usurped. I should also apologize to you, Sir, for having so far transgressed the limits of your excellent Journal; but as you possess the power, I hope you will freely use it, and expunge whatever appears irrelevant to the subject.

I remain, &c.

May 24, 1802.

TYNICOLA.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE discussion which has lately occupied your pages on the subject of Apoplexy has been now protracted to a length, which may possibly induce you and some of your readers to wish that it may not be further extended, lest it should operate to the exclusion of other subjects, equally deserving investigation, and be liable to make your publication a vehicle of acrimonious controversy, rather than of useful knowledge. But it should be recollected, that on many points the parties are still at issue; and we may reasonably indulge the hope, that, by a collision of opinion, some useful information may ultimately be drawn forth, for the benefit of medicine.

Under this impression I take leave to offer a few remarks, not with the expectation of adding to our knowledge, but from a wish of having what is already known fairly appreciated. The sceptical mode of proceeding adopted by your acute correspondent Pyrrho, in your 38th Number, is not, in my judgment, hastily to be slighted, as the suggestion of doubts, upon any subject, may serve to repress too great reliance upon authority, may lead to a fuller investigation, and probably to a detection of error, which is one great step towards the attainment of truth.

In the different communications upon this subject, two points appear to have occupied attention, the cause and the treatment of Apoplexy; and as the latter will necessarily depend upon the former, it is of importance that a correct opinion, as far as possible, should be formed. I do not revert to the origin of this
discussion

discussion, further than to observe, that Dr. Langslow, whose talents I will venture to pronounce respectable, has surely given his sentiments in a stile of confidence, somewhat inconsistent with scientific pursuits, and which cannot be justified from the imperfect state of medical knowledge.

Admitting that extravasation or effusion takes place in every case of true Apoplexy, it is incumbent upon us to determine, if possible, whether that be a cause or effect. "*Ut non plethora, ad eisdem excitandos morbos, sic neque sanguinis aut feri super cerebrum effusio, pertinet. Hæc satis quidem frequens est, sed ultimus eventus, non prima causæ origo. Quinet similis effusio omni vasorum ex magna debilitate laxitati communis subest.*" When we reflect upon the time of life and the mode in which such a disease usually attacks; upon the apparent state of the system, combined with other concomitant circumstances, I think it may be suspected that those appearances discovered on dissection, may be regarded as consequences only, and that the common practice of copious bleeding is at variance with legitimate theory. Are not the diseases which attack people at the time of life when Apoplexy usually comes on, for the most part, diseases of debility? Do not most of the symptoms connected with Apoplexy, indicate a want of power in the system? Are there not also abundant proofs, that at the same period of life, the energy of the brain, and probably of the vessels of the head, is much diminished, and upon the decline in point of power? Although the vessels of the head should have given way, it is not necessarily connected with increased vascular tone, either general or local. Is it not more probable, as a fair inference, that from a degree of weakness pervading their substance, they have received a larger portion of blood than they can propel, and yield to pressure and distension? Supposing there be any probability in this supposition, what is the mode of practice which it suggests? To render the circulation of the blood, which is probably accumulated in a particular part more equal, by the judicious use of internal and external stimuli, which are calculated to excite the action of the nervous system, and thereby to rouse the depressed powers: To unload the bowels by irritating means, which will not only quicken the circulation in their vessels, but as the torpor which commonly prevails in such habits often affects the bowels, that accumulation of fæces, which tends to depress and greatly to impede the functions, should be removed with all diligence. Local bleeding should not be excluded.

In taking this view of the subject, it will be known to many from whence the ideas are borrowed; and as they seem to have been somewhat overlooked in this discussion, I have referred to them in the hope of deciding by the experience and observation of

of any of your correspondents, who may be induced to notice these remarks, to what extent they can be pursued and supported.

In regard to emetics, it does not appear, notwithstanding the authorities which have been quoted, that we have sufficient experience to justify their being resorted to as a remedy in Apoplexy. I am speaking here of the genuine disease, occurring, as is generally the case, when life is advanced. In slight attacks, and where there is rather a predisposition existing than a full-formed disease, they may sometimes be administered with good effect, should the state of the stomach require such a remedy; but might there not be some danger, in a severe disease, independently of either violently impelling the blood into the head, or impeding its return, of overwhelming the remaining and labouring powers of the system by so urgent a stimulus? For in defiance of all the reasoning and refinement that may be adopted, I acknowledge myself mistaken, if full vomiting, in a full, plethoric habit, the fact itself being fairly adhered to, do not urge unduly the vascular system, and endanger determination and congestion, especially in parts already prone to disease. But the merit of such remedies must be decided by a fair trial, and I have yet to learn that the practice of the present day, from repeated proof, has sanctioned their use; but in referring to *modern* practice, I by no means intend to depreciate the merit of those who have gone before us; who have, by their exertions and various abilities, contributed to lay the foundation of much of that knowledge which we possess; but I suspect we are more indebted to them for valuable facts than for any theory, on which practical rules can be founded.

In proposing these remarks to your consideration, should you think them not undeserving a place in your Journal, I seek for information, and should be glad, by the assistance of others, to have the opinions which I am inclined to espouse, either confirmed or refuted; that in the moment of exigency, the mind may have something to rest upon, and escape that doubt and distraction which too often embarrass it, in pursuing the medical profession.

I have observed, that by some of your correspondents, spasms and convulsions have been mentioned as occurring in some cases of Apoplexy. Cullen ranks that disease under the class Neuroses, part of the character of which is specified by "*sensus et motus læsi*;" and in the definition of Apoplexy which commences with "*motus voluntarii fere omnes imminuti*," there is not a word of convulsion or spasm; has there been no error in the diagnosis in such cases? And do not apoplectic symptoms sometimes occur in cases, without genuine Apoplexy?

I am, &c.

May 27, 1802.

TYRO.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE dispute which has some time existed on the subject of Apoplexy, a disease which, from its frequent occurrence, as well as too often fatal termination, should claim the attention of every conscientious practitioner, will, I doubt not, prove highly serviceable to the cause of medicine; for here, as in other branches of literature, it is only from opposition of opinions and collision of sentiment that truth can finally be elicited. Without opposition the mind too frequently becomes torpid, and is unconscious of its own powers; the validity of this assertion is proved in the salutary inducements to unreserved communication of sentiment, afforded by the weekly meetings of the Medical Societies in London during the winter session. The Conductors of the Medical and Physical Journal are fulfilling their duty to the public, by freely, and at all times, admitting controversial papers, that tend to the elucidation of truth; nor can it be at all necessary that the real name of the author should be affixed, as it is the doctrine and not the reputation of the writer, that is to be canvassed by the public. Neither ancient nor modern authorities should have weight in the balance, but as their principles will bear the test of well-tried experience. The division of apoplexy into serous and sanguineous has long held; whether it really marks the actual or proximate cause of the disease in its two separate states, would certainly admit of dispute, and perhaps at last the point could not be ascertained, as it is probable that the effusion of blood or serum may be an effect and not a cause of the diseases in question. In the sanguineous apoplexy we have every reason, from the attendant symptoms, to conclude that the pressure on the brain is from turgescency of the vessels, the full labouring pulse, the distended countenance, florid, and sometimes approaching to purple, the stertorous breathing, and the like, marking such a state of congestion. The remedies which have succeeded in this state of the complaint (as often as success could be expected) have been bleedings, in proportion to the strength of the patient, measuring the quantity of blood to be taken away by the pulse, which should be felt at the carotids as well as the wrist, by the sensation of the heat or cold on the surface, by the frequency of breathing, and by any efforts the patient may possibly make. Blood has been generally taken from the bend of the arm, the temporal artery, or from the jugular vein, and the last would appear to be best calculated to relieve; highly stimulating glisters, after the loss of blood, may be employed with advantage. The application

application of warmth to the extremities, blistering the shorn head, from the principle held out by the venerable Cullen, and which experience in many analogous cases, will be found to justify, by their power to prevent hæmorrhagic tendency in the vessels: These are the more obvious indications, the outlines as it may be termed, to be filled up by the sagacity and attention of the practitioner.

In the serous Apoplexy, or nervous, as it has been termed by some, or by others the inirritable apoplexy, that condition of the disease which appears to arise from torpid action in the brain, preventing a due return of blood, and in which partial congestion may be suspected; the method of treatment, particularly as it respects bleeding, must be somewhat different, the quantity to be taken away less, and the local method to be preferred to general, as by leeches or cupping. The bowels are here also to be acted on, both by the mouth and by injections, blisters applied to the inside of the arms and legs, ammonia in full doses, and active emetics; these last, in diseases of torpidity, appearing to give general action, or as it has been called, rousing the system. Emetics seem next to blisters, to have the power of equalizing the circulation, of inducing a general and comfortable determination to the surface. In inebriety, a state very nearly approaching to apoplexy, Nature very frequently, and with seeming advantage, relieves herself by spontaneous vomiting; hence, even in the true sanguineous apoplexy, after due evacuations, whenever there shall be efforts of the stomach to throw up, and we have reason to suspect offensive matter, either from quantity or quality, that effect may be encouraged with advantage to the patient; for the stomach, under these circumstances, does not possess the power of propelling its contents over the pylorus; nor could it indeed be effected with sufficient celerity to answer the desired end. This, gentlemen is, in brief, the view I am induced to take of apoplexy, drawn from experience, and this has been the rule of my practice; but which I shall be ready to alter, whenever a more successful plan can be offered, the result of actual trial; till which, I think I may justly say to the disputants, "*his utere mecum.*"

Bath, June 11, 1802.

GALEN.

Two Cases of Phthisis Pulmonalis successfully treated with Digitalis; communicated by Mr. WILLIAM HERON ROGERS, of Gravesend.

M. W. a woman, aged twenty-six years, of a delicate habit, and at all times subject to a cough, had been declining in her health for several months, and at last shewed a strong tendency to Phthisis Pulmonalis. There was a considerable discharge of viscid phlegm from the lungs, and the cough at night precluded rest. No hæmorrhage succeeded the frequent returns of cough and spitting; but the pulse became rapid, the head ached, the teeth acquired a peculiar whiteness, and the face flushed as it commonly does in hectic fever. A pain in the side was very troublesome for many weeks, which at last abated from the application of two or three blisters. Perspirations came on in the morning, and the state of the patient increased hourly in danger. A great many nitrous and saline medicines were given, opiates and demulcents, but all to very little effect. I had before been a witness of the efficacy of Digitalis, and was determined to make trial of it in this case. Accordingly, I began with giving twelve drops of the tincture* three times a day, gradually augmenting the dose till the pulse, or head, became sensibly affected. The bowels were kept open by cooling laxatives, and at night a febrifuge draught given, with twenty drops of landanum, in order to allay irritation and procure rest. Three days after my patient was put upon this plan, I had the satisfaction to observe a change for the better.

December 30, 1800. The dose of the tincture being increased to thirty drops three times a day, the perspiration became less, the pulse got down to 60, and the cough was neither so frequent nor so violent. During this amendment the appetite did not return, nor could the bowels be kept open without the aid of solutive medicines. The Digitalis, however, always abated fever and allayed irritation.

January 4, 1801. Pulse sunk to 35. Cough not so troublesome. Expectoration less. Breathing much easier. Nights good.

The 7th. Pulse the same. Perspiration gone off. Slept well. The tickling in the trachea, which had long excited uneasy respiration,

* It was according to Dr. Drake's formula in the Medical and Physical Journal for December, 1800, page 523.

piration, and frequent spitting, subsided; and the case went on in all other respects as well as possible.

The 12th. Continued taking thirty drops of the tincture. Slept very well, and began to have an inclination for food, which consisted of milk and bread, Gloucester jelly,* vegetables, beef tea, and other aliment of the lightest kind.

The 20th. Tincture continued. Pulse statu quo. Breathing free. Fever and perspirations totally removed.

The 30th. Very cool. Skin soft and pleasant. Appetite better. Good nights. As every disagreeable symptom was now gone, and the strength a good deal exhausted, I ventured to give two ounces of plain decoction of bark three times a day, with twenty-five drops of the tincture of *Digitalis* in each dose. The opiate was discontinued.

February 10th. Pulse 50. Cough almost gone. Strength returning. Appetite good. Diminished the dose of the tincture to fifteen drops twice a day.

The 20th. Pulse 60. Strength returning. Good nights. Dose of the tincture ten drops night and morning.

The 30th. Pulse natural. Cough gone. Appetite very good. Gentle exercise and a light nutritive diet were then enjoined for some time; and which, with the treatment above described, have had the happy effect of completely restoring the patient to good health.

— A —s, twenty-seven years of age, of a consumptive habit, and from infancy subject to cough and pain in the side, had been declining in health for three or four months, during which time the cough became worse, and many symptoms of complete *Phthisis* supervened. A thin figure, delicate complexion, high cheek bones and small chest, constituted the natural form of this patient, and the occasional flushing that now and then came on, pointed out a strong inclination to true *Phthisis*.

She was the mother of two children; and during her pregnancy, enjoyed much better health than at any other period, but invariably had a return of cough and spitting after delivery. Going one day to a friend's house, she caught a severe cold which brought on abortion, and had nearly ended in death. The loss of blood from the premature birth of a six months child, reduced her to a very low ebb, and a hectic fever succeeding,

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* R. Hord. perlat. fago, orizæ, rad. eryng. aa ʒj. coque in aq. puræ lbvj. ad lbijj. colat. liquor. addend. lact. recent. lbj. facch. alb. q. s. expiatur ad libitum. This is so called from having had excellent effects in assisting the recovery of the Duke of Gloucester, after a long illness abroad, and which indeed is a most excellent nutritious jelly.

ceeding, threatened my patient with a speedy dissolution. In this state of affairs, I was consulted, and had little hopes of rendering any essential service.

Pulse on the 14th of December, 1801, 140. Spitting profuse. Cough violent. Nights very bad. Frequent flushing. Colliquative perspirations. Emaciated countenance. I instantly ordered twelve drops of the tincture of *Digitalis* to be given every six hours and an anodyne at bed-time, consisting of Aq. ammon. acet. ʒij. vin. antimon. tinct. opii aa gtt. xx. aq. puræ ʒjss. syr. ʒj. and an aperient mixture to preserve a free passage through the bowels.

On the 16th, the pulse was lowered, but the cough and expectoration nearly the same. I ordered fifteen drops of the tincture for a dose, and to be augmented two drops each time of taking till the head perceived the effect, or by the pulse I should deem it expedient to diminish the quantity. The 18th, pulse 110. Cough not so frequent. Slept better. The 19th, pulse 100. Cough rather more troublesome. Expectoration diminished. Sleep disturbed. I increased the dose of the anodyne. The 20th, pulse 90. Cough better. Pain in the side almost gone. Slept well, took food, and sat up one hour. The 22d, pulse 58. Skin soft and warm. Perspirations gentle. Nights good. Cough much better. Dose of the tincture thirty drops once in six hours. The 24th, head rather painful. Dimness of sight. At times sick. Pulse 40, extremely languid, and intermitting. I diminished the dose of the tincture to gtt. xxv. 6tis. horis; threw in more nourishment, and prescribed a wine glassful of camphorated mixture to be taken when low. The 25th, pulse 46. Nights good. Head easier. Cough removed. The 28th, pulse statu quo. Head perfectly easy. Spitting very trifling. Freedom of respiration. No thirst nor colliquative sweats. The 31st, pulse nearly the same. Sat up the best part of the afternoon. Took some milk and jelly. Slept better, and was in good spirits. January 5th, 1782, pulse 50. Appetite returning. Slept well. Spitting almost subsided. Coughed very seldom. The 12th, eat and slept well. Head easier. Pulse 56. The 17th, pulse statu quo. Sickness gone off, and head easy. The 25th, very little cough. Acquired more strength, and looked a great deal better. Pulse 60. The 29th, pulse 63. I now ordered twenty drops of the tincture with one ounce and a half of decoction of bark three times a day, and twenty drops of opium only at bed-time. February 4th, pulse 66, and more regular. Discontinued the opiate, and took only twenty drops of the tincture night and morning. Sat up good part of the day and ate heartily. She improved daily in this plan; has not had the least disposition to a return of the

the complaint; and on the 12th of February left off taking all medicines.

However much some Practitioners may decry the use of Digitalis, it certainly is one of the most valuable medicines in the *Materia Medica*; and if gentlemen were to give it fair trials in such cases as appear to be curable, I have no hesitation in saying that they would be of the same opinion with me, and acknowledge its efficacy in the cure of phthisis, as well as in hæmorrhagy, dropsy, &c. I confess, that the tincture of this plant succeeded in these instances beyond my most sanguine expectations; and with such a remedy, I shall never despair of rendering great service in cases that are truly formidable, and of very long standing.

Cicuta has its advocates in tuberculated phthisis, and I have known it given with much benefit. I saw one case greatly relieved by Digitalis and Cicuta combined, which got worse with other medicines. Bleeding at an early period is extremely serviceable, and now and then small doses of calomel when the pulse and constitution will admit of it. The lancet, in my opinion, is frequently forgotten till adhesions have taken place, and hectic absorption undermined the patient's strength; an omission, which can never be surmounted by a series of the most diligent attentions.

So liable as the lungs are to the impressions of atmospheric air, the Practitioner will have but little hopes of alleviating pulmonary affections, unless he adverts with particular regard to the properties of that vital fluid. He is aware that the substance of the lungs is delicate, and in some constitutions incapable of resisting the pressure of an elastic body. The force of a column of air as it rushes into the bronchial tubes in inspiration is considerable, and if the lungs are ab origine weak, small arteries will sooner or later burst, and in all probability produce Phthisis. In a predisposed habit, some detriment always succeeds the continued operation of very cold or very unwholesome air. In the one instance, re-action is greater than the strength of the viscus will allow, and in the other irritation gradually leads to obstruction. Health cannot be preserved without a general and extended motion of the lungs; nor can they resist disease if the circulation through them be incomplete.

Constant dilatation, however, is very unfavourable to the removal of active complaints, and to this cause probably we are to assign the difficulty of treating pulmonary affections. Highly organized parts are soon thrown into excessive inflammation; and so much exposed as the lungs are to the action of bodies ab externo, it is not any way surprizing that we see them fre-

quently

quently diseased. It would be a happy circumstance if collapse occurred oftener than it does; as a natural cure by adhesion in cases of Hæmorrhagy would then take place; but, as a cough is the natural consequence of impeded breathing, it is extremely difficult to diminish activity, and excepting where large evacuations are made, almost impossible to maintain passive order. If this union be extensive, the air and blood must be greatly interrupted in their course through the lungs, and occasion the patient a great deal of uneasiness. The respiration of those persons who have received injuries in the chest from the thrust of a sword, or musket ball, is partially obstructed, and a large portion of the lungs thereby rendered useless. Real Phthisis, I believe, like all other scrophulous complaints, is of slow increase, and perhaps first called into action by external causes inflaming the surface of minute vessels. Can it therefore be good practice to attempt a cure by stimuli? The great enemy we know is inflammation, which can never be subdued but by evacuations, quietude, and an antiphlogistic plan.

June 9, 1802.

CRITICAL RETROSPECT OF MEDICAL AND PHYSICAL LITERATURE.

The Report made to the National Institute of France, in the Month of December 1799, by Citizens Portal, Pelletan, Fourcroy, Chaptal, and Vauquelin, respecting the Artificial Mineral Waters, prepared at Paris by NICOLAS PAUL and Co. with Extraits from the Reports of the Society of Physicians of Paris, and the Faculty of Geneva; and other Testimonies in Favour of the same Waters: To which are added, some Notes and Observations, by N. PAUL. 8vo. pp. 64. London, 1802, Woodfall.

In the Dedication to Count Rumford, Mr. Paul thus expresses himself,

“ Confident of the interest you take in every thing that relates to the benefit of mankind, I venture to claim your patronage to an undertaking which has for its object a concern equally important and universal, the Preservation of Health, and the Relief of Disease. It is to no fanciful untried scheme, Sir, that I solicit your attention, but to an extensive and useful improvement of chemical discoveries, which had their rise in England, and which by unceasing efforts, and by the liberal support of enlightened men, I have happily succeeded in bringing to a greater degree of maturity in a foreign country.

“ Many

"Many years have elapsed, since I first engaged in a manufacture of Artificial Mineral Waters at Geneva. The distinguished approbation which that undertaking met with from the physicians of that place, and from the public at large, induced me to form another, and still more extensive one, of the same kind, at Paris. This, Sir, you have, not long ago, been pleased to visit; and the annexed reports respecting it, which are drawn up by Committees selected from amongst the ablest chemists and physicians in France, will concur with your testimony, to show that its claims to encouragement are not founded upon mysterious secrecy or specious pretence, but rest upon the firm basis of scientific examination and approved use.

"The characteristic liberality of the British Nation, entitles it, in an eminent degree, to share in the advantages of whatever is calculated for the good of society; but it has a peculiar claim to benefits derived from the application of discoveries which originated from itself."

In his Preface, the Author explains his views more particularly:

"Having been strongly encouraged, by some friends in this country, to establish in London a laboratory, or manufacture of artificial mineral waters, upon the new plan, and with the several improvements which I have introduced abroad into that department of practical chemistry, I have lately repaired to England for that purpose; and although not quite a stranger in this city, where I resided about fifteen months at a former period, I thought my first care ought to be to convey to the public an idea of my object, and what I consider as my claims to its support. In this view I have been induced to publish the annexed Report made to the National Institute of France by a select committee of eminent medical men and chemists, respecting the manufacture of mineral waters and the bathing establishment, which, within these two years, I have set on foot at Paris. This Report, I have reason to suppose, will attract the public attention more effectually than any account or commentary of my own. It will show, that not only physicians and men of science abroad have thought it worthy of their attention to inquire minutely into this establishment, but that it has, in some degree, become in France an object of public concern.

"To this Report I have only subjoined, in the form of an appendix, a few notes, the principal of which contain testimonies from the Faculty of Paris, and from the physicians of Geneva. To the latter especially, who have never ceased to give me all possible encouragement and assistance, I feel great pleasure in expressing upon this, as upon every occasion, my gratitude and regard.

"My intention, at present, is to confine myself to the preparation of all such kinds of mineral waters as are either taken medicinally, or drank as a luxury, and as a salubrious article of diet, laying aside the bathing establishment, and all that relates to the external use of mineral waters. But the apparatus and laboratory are equally calculated to prepare any kind, or any quantities of mineral waters, that may be required for any purpose whatever.

"The public will now be constantly and regularly supplied with any of the mineral waters that are mentioned in the annexed reports,

and

and with such other kinds, or such new modifications of those waters, as physicians may think proper to suggest.

"The mineral waters that will be kept immediately in readiness are:

"1. The strong Seltzer Water.

"2. The mild Seltzer Water.

"3. The strong Spa Water.

"4. The weak Spa Water.

"5. The Gaseous Alkaline Water (commonly called *mephitic*) either with carbonat of soda or carbonat of pot-ash.

"6. The Seidlitz Water.

"7. The Oxygenated Water.

"8. The Hydro-carbonated Water.

"9. The Hydro-sulphurated or Hepatic Water.

"I do not know how far the use of mineral waters has been introduced into the hospitals of this country; but I conceive that they may, in some instances, supersede the use of wine or other expensive articles. I shall be happy, if this should be found to be the case, to supply public charitable institutions, on any terms that their general welfare may be thought to require."

Observations on the Arguments of Professor RUSH, in favour of the Inflammatory Nature of the Disease produced by the Bite of a Mad Dog. By JAMES MEASE, M. D. 8vo. pp. 64. Philadelphia, 1801.

THE candid, liberal, and philosophical manner in which Dr. M. has examined, and, as we think, refuted the arguments of the learned Professor, may serve as a model well deserving the imitation of Medical Controversialists. The man is every where kept out of sight, his reasoning alone being presented to our view. When Dr. M. comes to deliver his own method or plan of treating hydrophobia, he proposes to exhibit wine, opium, &c. in much larger doses than practitioners have been in the habit of employing.

"In my Inaugural Essay, I recommended the use of opium, on the principle of its anti-spasmodic virtue, but in much larger doses than it had ever been prescribed in the disease, because I perceived that the small quantities which had always been prescribed, never in the least mitigated the symptoms. But from the examples before stated of its inefficacy, even when given in larger doses than I thought the system could bear, I am now convinced, that it is losing time to trust to it alone. In its place I would recommend the use of the powdered leaves of Stramonium (Thorn apple, or James Town weed) or their extract, in doses of two grains for an adult. By that quantity Dr. Cooper (Inaug. Dissert. 1797) found the pulse "increased in frequency at first, and that it afterwards became full and quick, produced giddiness, warm skin, moist hands, and sleepiness." A defect of due energy in the heart, wakefulness, and cold skin, are symptoms that constantly attend the disease, and the two last are the sources of much distress. Hitherto

no remedy has had the least effect in removing them. Their cure will greatly assist toward the removal of the whole complaint. This may be effected in my opinion by the *stramonium*, if given early in the disease. It should be exhibited in such doses as will powerfully affect the system, and repeated as often as a previous dose has ceased to act. During the suspension of the symptoms, bark and wine ought to be given, and the dose gradually increased, so as to keep up a regular excitement and produce a permanent vigour in the system. The quantity of wine may be unlimited. Indeed, the only rule that ought to be observed with respect to it, is, to give it in as large quantities as the stomach will bear, and until it produces the desired effect. For this disease exhibits a singular instance in the concentration of sensibility in certain parts of the body, and of a great defect of it, nay almost a total exhaustion of it in another. We see the same thing in tetanus and other diseases. Thus, while the eye cannot bear the sight of a looking glass, or a vivid colour; nor the ear the shutting of a door, nor the skin nor lungs the impression of the air, the stomach is so insensible to the impression of stimuli, that a bottle of wine will not produce as much effect on the pulse as a few glasses will in times of health. Dr. Currie of Liverpool cured a case of tetanus by one hundred and ten bottles of wine, and observes, that "ebriety was not produced; it soothed the irritation of the nerves, and comforted the mind, and without increasing the frequency of the pulse, it augmented it in strength*."

"In case however the above remedies cannot be obtained or exhibited; I should have no hesitation in trying another plan which has several arguments to authorize the experiment, although at first view it may appear to be attended with danger. It is, to excite a stranguary by means of *Cantharides*.

"The principle of the animal œconomy, first unfolded by J. Hunter, of one irritation curing another, is daily and amply confirmed in practice, and its application in the present disease seems highly probable. Without referring to the many instances afforded, in illustration, I may adduce one disease which is nearly allied to the present, viz. tetanus. When this is occasioned by the lesion of a nerve from a rusty nail, or other pointed instrument, we find it readily yields to an irritation of the wounded part, raised by scarification and the application of hot turpentine, marine salt, or cantharides; and in the progress of the disease, or when it succeeds the exposure of the body to dews and night air after being heated
in

* The defect of sensibility exhibited by persons labouring under some diseases of debility is really astonishing. A delicate young lady of Philadelphia, a few years since, was recovered from the lowest state of a typhus or low fever, by the use of 127 bottles of old Madeira, which was given to her, at her own request, when so weak, that she could scarcely be heard to pronounce the single word "*wine*." From one table spoonful she took at last, two bottles a day. I have also seen children in the *cholera*, or summer complaint, bear almost incredible doses of stimulants.

in summer, an irritation of the salivary glands by mercury as readily proves effectual. A knowledge of these facts, and a conviction of the truth of the principle, would have been sufficient to prevent my hesitating to try the plan I propose, but I am now confirmed of its utility and perfect safety, in consequence of the cure by its use, of a desperate case of tetanus, by Dr. S. Brown of Lexington Kentucky, who lately communicated the history to Dr. Rush. The patient, a lady, was nearly exhausted by the disease, when her judicious physician gave her the tincture of cantharides, which by exciting a temporary inflammation in the stomach and bowels, and producing a strangury, effected a cure. The most dangerous pleurifies have also been cured by the late Dr. Lieper of Maryland, after the common remedies had failed, by exciting a strangury by means of the same tincture mixed with camphorated spirit of wine; and when combined with tincture of Peruv. bark, and given with the same view, it has been recommended by experience, in the whooping cough.

“The recommendation of the remedy in this disease produced by the bite of a mad dog is not new. Morgagni mentions its general use for the cure of the disease in Germany; his remark is confirmed by a late author. A Silesian peasant also acquired much reputation for the cure of the disease; and on the purchase of his secret by the King of Prussia, in 1777, the basis was discovered to be the *meloe proscarabæus et majalis* (oil beetle.) All the insects of the meloe tribe possess a blistering quality. In a disease which has hitherto so generally proved superior to all the efforts of medicine, it is a duty to try every plan which promises the least success. The one I now urge, is supported by a just theory, a close analogy, and if we admit the German authority, I may add, is proved by experience.”

An Inquiry into the Modus Operandi of Medicines upon the Human Body. To which are added, some Observations on the Action of the Lymphatics. By WILLIAM WYATT BIBB, of Georgia, Member of the Philadelphia Medical and Chemical Societies. pp. 68. Philadelphia. 1801.

THE author of this Essay endeavours to prove, “that all medicines act specifically * upon one or more parts of the body; that they are all stimulants †; and that their various effects, which have induced writers to divide the *materia medica* in stimulants, tonics, astringents, &c. arise entirely from a stimulant *specific* operation, exerted upon their appropriate parts of the animal system.

“Believing

* As the word *specific* is frequently employed in the following pages, and as it has often been used indefinitely, it is necessary I should define what is meant by it. I mean then, that every medicine operates in a way peculiar to itself, and acts, in whatever manner applied, on particular parts chiefly.

† In asserting that all medicines are stimulants, I only include medicines properly so called. The abstraction of stimuli from the body, is not considered as entitled to that application.

“ Believing every disease, to which the body is subject, to have a particular seat, and every medicine to exert a *specific* operation, I think myself supported by the laws of nature, in dividing the general system into several lesser ones. Directed then by the effects of diseases, and the operation of medicines, I shall divide the body into six systems, viz. 1st. The Visceral System, in which I include the stomach and intestines. 2d. The Sanguiferous System. 3d. The Nervous System, including the brain and nerves. 4th. The Muscular. 5th. The Absorbent; and, 6th. The Glandular System.

“ The relation which these different systems bear to each other is very unequal. The connection of the stomach with all of them is far more intimate than that which subsists between any others. The different parts of the body, therefore, are very liable to be affected, through the medium of this viscus, both by diseases and medicines, and vice versa.”

He then proceeds to examine the several kinds of medicines which act upon each of these systems, and confirms his reasoning by experiments made on himself and friends: from all which he infers, that he is “ supported by truth, in deducing the following conclusions.

“ 1st. The different diseases of each system are curable, or incurable, according to the progress which has been made in discovering their *specifics*.

“ 2d. The only method by which we can arrive at certainty, in curing diseases, is, by attentively investigating the operation of medicines upon the separate systems of the body.

“ The doctrine of *specifics* which I have delivered, leads to the most important objects in the practice of medicine. 1st. To a proper selection of remedies for curing the diseases of every system, whereby we are capable of acting upon the diseased part, without much affecting the healthy ones. 2d. To a proper selection of medicines, to excite new action in parts less essential to life, thereby abstracting morbid action from vital ones. These then being objects of the greatest magnitude, it is our duty to adopt every consideration which may, in the smallest degree, promote their accomplishment. Nothing, in my opinion, will so certainly produce this effect as a well directed attention to the partial operation of medicines, and a judicious arrangement of the different articles of the *materia medica* according to the systems, or parts of systems, upon which they are found to operate. The advantages that would result from such an arrangement, over every other hitherto proposed, are many and important.

“ 1st. According to the hitherto adopted division into stimulants, astringents, tonics, &c. we are incapable of selecting with any degree of certainty such medicines as are adapted to the cure of the diseases of a particular system. Is a patient labouring under tetanus? It is a common, and I believe a proper practice, to employ stimulants in most cases. Now, by what are we to be governed in our selection from this numerous class? By nothing, as far as I know, but the peculiar whim of the physician; hence has arisen the exhibition of such

such a vast variety of appropriate medicines for the cure of every disease.

“ But, according to the arrangement I have proposed, we have fixed laws to direct us. The first circumstance to be ascertained, before we prescribe for a patient, is the system or systems diseased, and the nature and grade of morbid action; then by referring to that class of medicines which is appropriated for the diseases of those parts, which are now affected, we can at once select the proper remedies.

“ 2d. A proper examination of the operation of medicines upon the separate systems, is the only proper method of ascertaining their properties. If, in exhibiting them, we direct our attention only to their effects upon the whole system as one indivisible machine, their operation upon the different parts may easily pass unnoticed; but by minutely observing their action upon the separate systems, we shall discover the parts upon which they act specifically, and profit accordingly.”

MEDICAL AND PHYSICAL INTELLIGENCE.

A SHORT AND CONVENIENT METHOD OF PREPARING EMETIC TARTAR.

Mr. BUCHHOLZ, an able apothecary, at Erfurt, has made several experiments concerning the most easy mode of obtaining Emetic Tartar. It is well known how tedious the common method of boiling the glass of antimony and the crystals of tartar is, and that an easier and more expeditious method was much wanted. When he occasionally mentioned this circumstance to one of his colleagues, he was informed that there was little difficulty in dissolving the glass of antimony in purified crystals of tartar, by finely pulverising both substances and mixing them with distilled water to the consistency of a pulp like honey; which being suffered to stand during two or three weeks in a warm place, and stirred several times a day, will be easily dissolved by boiling water. In consequence of this remark, Mr. B. undertook the following experiment. One ounce of vitrum antimonii being mixed with two of purified crystals of tartar, and a sufficient quantity of distilled water to the consistency of a pulp, was exposed to the heat of the sun under a glass bell, and stirred twice or three times a day: fresh water was occasionally added, in order to keep the mixture of a proper consistence. After being digested for twenty-four hours, the whole mass began to puff up, and to emit the smell of sulphurated hydrogen gas, and small particles

particles and flakes, similar to Kermes' mineral, appeared, which increasing by degrees, imparted a brown colour to the mixture, and a little portion of it being dissolved in distilled water and filtrated, discovered by adding to it a solution of sulphurated kali a considerable quantity of antimonial particles. After having in this manner treated the above mixture for about a fortnight, during which time the smell of sulphurated hydrogen gas continued, Mr. B. proceeded to the solution in boiling water, in which the whole mass nearly dissolved, except a few grains of gravelly particles, and a considerable quantity of a substance similar to Kermes' mineral. Besides the common crystals of emetic tartar, Mr. Buchholz obtained at the first shooting of crystals, a quantity of small, brittle, yellowish crystals, which seemed to be impregnated with iron. As there was part of the mixture lost, the proportion of the products which were obtained could not be accurately determined. In a second experiment, made with the same quantity of glass of antimony and crystals of tartar, the whole mixture, after being digested for above twelve days, dissolved, except 56 grains of gravelly particles, and others similar to Kermes' mineral, which last substance being previously burnt, left behind 20 gr. of oxyd of antimony. The whole quantity of salt which was obtained in all the crystallizations, amounted to about *two ounces three drachms*, together with a considerable quantity of pure tartar in small yellowish crystals, and some yellowish salt crusts: the incrySTALLIZABLE residuum was of a greasy consistence, and of a brown colour.

In order to determine the proportion of glass of antimony, which may be required for saturating the remaining tartar, and at the same time to ascertain the quantity of the products, Mr. B. undertook several experiments, with the same and greater portions, the results of which were the following. It was found, that for thoroughly saturating the whole quantity of purified tartar employed for the operation, the proportion of *one part and a half* of vitrum antimonii is required to *two* parts of crystals of tartar; and from $3\frac{1}{4}$ ounces of this mixture, he obtained, according to his experiments, *two ounces and three drachms* of crystallized emetic tartar: the Kermes' mineral, remaining from 12 dr. of vitrum antimonii, amounted to about $1\frac{1}{2}$ dr. Besides the crystals of emetic tartar, he obtained the above mentioned small, brittle, yellowish crystals, and half a drachm of yellowish powdery substance: the incrySTALLIZABLE, greasy, brownish residuum weighed, when dry, about 70 grains, and received then a greyish colour. Mr. B. upon examining this residuum, and the two heterogeneous salts, obtained at the same time with the crystals of emetic tartar, found the residuum to contain tartrite of kali as well perfectly as imperfectly saturated with iron, and a small quantity of oxyd of antimony; the whitish small crystals to be tartrite of lime, &c. With respect to the solubility of the crystallized emetic tartar in distilled water, he found that, at a temperature of 10 to 12° Reaum. $14\frac{2}{3}$ parts of distilled water were requisite for dissolving *one* part of emetic tartar, which proportion greatly differs from what is commonly believed,

viz.

viz. that 80 parts of water are requisite for one part of emetic tartar.

At 80° Reaum. 100 parts of distilled water dissolved 53 parts of crystallized emetic tartar.

Pure emetic tartar ought to be quite white, as any admixture of yellowish colour proves its being impregnated with iron. The principal result of all these experiments is, that the solution of the vitrum antimonii by pure tartar may be most easily performed, by mixing them together to the consistence of pulp, which is suffered to stand in a warm place, and the thus generated emetic tartar may be separated by the mere addition of boiling water, in which manner much time and expence will be saved, and a large apparatus rendered unnecessary, which is generally used.

Mr. SEBALD, veterinarian of Ulm, has had an opportunity of discovering a great quantity of stones in the intestinal canal of a miller's horse. This horse had several days laboured under a cholic, with an obstinate obstruction of the belly, which was tumid and tense; neck and sides were covered with a cold sweat, the pulse very frequent, respiration quick and short, and the slightest motion threatened to suffocate it. Notwithstanding all possible remedies, the horse died in three days; and on opening it, one hundred and thirty-four stones, of different size and figure, were found dispersed in the intestinum coecum and colon. The largest of them, lying in the intestinum coecum, was the size of a middling bowl, polished, and of a dark colour; its weight, however, amounted only to about 4lb. and a common calculus of the same size would have weighed three times as much. The second stone was as large as a man's fist, of a rough and uneven surface, and weighed about 1lb. 8 ounces and a half. It stuck in the colon, where it had caused a topical inflammation, and perforated the intestine, but without falling into the cavum abdominis; and it is probable, that it was the principal cause of the animal's death. The different strata of which it was composed, showed its progressive formation. The third stone was situated between the two former, of the size of a middling apple, and weighed about 11 ounces 3 drachms; the remaining 131 stones, of different size and figure, were mixed with the excrements in the intestinum coecum, and had a kernel in their middle: they weighed together about five ounces and a half. There is no doubt but that the formation of these stones may be ascribed to the gravelly particles rubbed from the grindstone and mixed with the bran with which the horses of millers are generally fed. Similar instances of stones being found in such horses are not uncommon; and Mr. Sebald remembers to have seen a stone of this kind, weighing 7lb. and another of 13lb. but he does not recollect any case where stones were found in such great quantity, and of so different size and figure, as in this case. It were to be wished, that a chemical analysis might be made of these calculous concretions of the intestinal canal.

Professor OSIANDER of Gottingen, in his *Annals of the Gottingen Lying-in Hospital*, (Vol. i. No. 1, in German), mentions a case of a delivery, whereby he observed *a pulsation in the vessels of the umbilical cord and placenta*, which continued for a considerable time after the delivery. The secundinæ followed a few moments after the child came forth, a circumstance, which allowed him to make the following observation. The child being placed in a small trough, with warm water, and likewise the placenta, which was not yet separated, into another vessel standing next to it, the arteria umbilicalis began visibly to beat at the exterior and interior side of the placenta, which continued for nearly 25 minutes so strongly, as to put the placenta into considerable motion: but the most remarkable circumstance is, that not the least drop of blood issued from the placenta, which evidently proves, that no blood passes over from this organ into the maternal vessels, commonly thought to be inosculated in the placenta, but that the circulation of blood in the fetus takes merely place between the placenta and the fetus. Nor does there seem any blood driven from the uterus to the placenta, as well as vice versa; and it is more probable, that the superfluous parts of the infantile blood are equally absorbed by the veins and lymphatics of the uterus, as the parts from which the darkened blood in the fetus is prepared, are resorbed by the lymphatic vessels of the placenta from the uterus. In another case it was observed, that the pulse in the umbilical cord beat 126 times in a minute.

We lament to have occasion to announce the premature death, on Monday, June 28, of Dr. THOMAS GARNETT, late Professor of Natural Philosophy in the Royal Institution, and celebrated as a Public Lecturer in this metropolis. He was a man the qualities of whose mind secured him the love of all who knew him, and who was possessed of extensive learning, of accurate observation, and of eminent qualifications as a Physician and Lecturer in Philosophy. He was suddenly cut off in his 38th year, by a typhus fever, which he had caught in his practice as Physician to a Dispensary, to which he had been but a few weeks appointed.

Extract of a Letter from Constantinople, dated April 26, 1802.

“ Dr. Hesse, whose indefatigable zeal diffuses and keeps up, in this capital, the insertion of the Vaccine matter, is remunerated for his exertions by the ample success he experiences.

“ Several children who were inoculated last summer, have been sent among those who were labouring under the Small-pox, for the purpose of inhaling their breath; others have been regularly inoculated without experiencing the most remote influence of the contagion. In short, all the children whom Doctors Hesse, Scott, and Pezzoni inoculated for the Cow-pox in different villages of the vicinity, particularly those of Belgrade and Bonyonkdere, have been exempt from the fury of the Small-pox, which have raged with such uncommon violence during the whole course of the last winter.

“ It

“ It is a pleasing consideration, that the Kismet, or the system of predestination, which has always acted so powerfully on the minds of the Turks, as to make them reject every idea of inoculation, which the Greeks adopted with enthusiasm, has been overturned in favour of the Vaccine Inoculation. Some of the most distinguished families of the Ottoman Empire have had their children inoculated !”

TO CORRESPONDENTS.

In future we wish those Gentlemen who send us Communications with anonymous signatures, to indicate their real names and address, in a private and confidential note to the Editors. Many valuable papers have necessarily been laid aside, from the circumstance of the names of the Writers being unknown to the Editors; and in a work of authority like the Medical and Physical Journal, in which the Editors take upon themselves the responsibility of all facts, for which a responsible Author does not appear, it is obvious they ought to be made acquainted with the real names of the authors of all the papers which appear in their work.

Communications and Books are received from Messrs. Mawman, Morgan, Edmonston, Ricards, Ring, Crowfoot, Fowler, Dr. Langslow, Thornton, A. R. S. G. F. T. N. G. Anti-quackery, and Anti-empiricus.

Dr. Davis, of Bath, complains of injustice in Mr. Cuff's evidence, as detailed in the Report of the Committee on Dr. Jenner's Petition, No. 13, of the Appendix to the Report.

ERRATA.

Vol. VII. Page 450, line 17, for viscous read veins.
 520 and 521, for calx read calc.
 521, for adeps read adesp.
 521, for creta read cretæ.

THE LONDON MEDICAL REVIEW having this Month been discontinued for want of due Encouragement, the Readers of that Work and the Public at large are informed, that henceforward all new Books, connected with Medicine and Natural Philosophy, will be regularly analyzed in the Medical and Physical Journal. This Work, by its punctual Analysis of all new Books as fast as they appear, will consequently recommend itself to the Readers of the London Medical Review, and be increased in Value to its own immediate Subscribers.

Portrait of a Negro who turned white.



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