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*A DESCRIPTION of a NEW INSTRUMENT for performing  
the OPERATION of LITHOTOMY, invented by Citizen  
GUERIN.\**

[ With an Engraving. ]

THE incision of the canalis urethræ, an essential part of the lateral operation, is often attended with many difficulties; and it is on this account, that some operators make it too high for the sake of finding more easily the groove of the staff; it is, however, frequently the case, that for fear of having missed the the groove, the knife, (lithotome) is withdrawn, in order to give it the proper direction, or that it is introduced a second time, if the incision has not been made large enough; in both which cases it is not uncommon that a second incision is made along the first, by which the canalis urethræ is considerably injured. This accident, which particularly happens to beginners, is extremely hurtful, by increasing the difficulty of introducing the instrument, which is to cut the collum vesicæ into the bladder. There is besides, much danger of the point of the instrument getting out of the groove of the staff, and of its sliding between the intestinum rectum and the bladder; a mistake which may prove of very fatal consequences.

For preventing this danger, and for rendering this part of the lateral operation less difficult, Citizen Guerin has added to the common canaliculated probe or staff, a part which he calls *porte-conducteur*. It proceeds from the upper extremity of that probe; and forming an arch, it leaves a sufficient space for the penis and scrotum; it then goes downwards in a straight line almost to the curvature of the probe, whence the inci-

\* We are indebted for this communication to Dr. Ehlers, of Altona, who on his return from Paris happened to pass through Gottingen, where he kindly permitted Dr. Noeuden to make a drawing of this new instrument.



sion is begun. There it ends in an oval case, perforated with a round hole of a line and a half in diameter, through which is to pass a trocar of a proportionable size, which being fixed in the case by means of a screw, is intended to serve as a conductor. The case itself has, underneath, a chink from one end to the other, one side of which is perpendicular, while the other is a little inclined towards the right, forming with the former an angle of about  $45^{\circ}$ , the basis of which is towards the outside. The chink exactly corresponds with the groove of the trocar, and is intended to receive and to conduct the Lithotome; the trocar is three inches and a half long, and has a groove which terminates in a triangular point, which exactly fits the groove of the staff; the opposite end has a handle in the shape of a cross, with which the proper direction may be given to it. The instrument having been introduced into the bladder, after the trocar has been withdrawn to its point, and fixed in the case by means of the screw, is lifted up under the angulus pubis, as in the manner described by Cheselden; the trocar is now loosened and pushed forward against the perinæum, which having pierced, it passes to the groove of the staff, with which it now forms one continuity, and thus fixes the neck of the bladder. When the trocar is fastened by the screw in such a manner that its groove is exactly turned towards the chink of the case, the blade of the lithotome ought to be taken between the fore-finger, which is laid on its inferior edge, the thumb on its exterior side, and the middle finger on its interior side, while its handle lies in the palm of the hand. The point of the blade being brought into the groove of the trocar is pushed along it, and thus conducted into the groove of the staff.

The advantages of this proceeding are very obvious, and may be mentioned in a few words. They consist in cutting through at once, and in the short space of two or three seconds, the skin, the cellular substance, the neck of the bladder, the muscles, and prostate gland; advantages, which entitle this method to be preferred above all others, particularly as they have already been proved by experience. Citizen Guerin has several times performed this operation with great success, and likewise Trejerau of Bourdeaux, and Petit of Lyons, who observed, that the wounds healed in a much shorter time, and without any fever. Peletan has also tried it with success in the Hotel-Dieu.



*Of THE CURE OF AN OVARIAN DROPSY, where the Cyst is single, by means of Incision in the Cyst; thereby procuring a similarly favourable Event in all such Cases, to that which an accidental Rupture of the Cyst sometimes produces; with a Plate, describing the Instrument for making the Incision; communicated by Mr. BERNARD, of Southampton.*

IN the number of those diseases which the skill of the Physician or the hand of the Surgeon is not able to cure, may be counted those dropsies peculiar to females which originate in the appendages of the uterus. These dropsies are not unfrequent. They may be divided into those in which the cysts are single, or in which they are more in number, accompanied with hydatids more or less in quantity, and those where the parts are enlarged so as to be an inseparable mass of tumours.

Of female dropsies, cases may be concluded to be proper for the operation proposed if no very considerable tumour or induration be found after the first tapping, on examining the abdomen.

In order to favor the cure, it is to be wished that the first operation be performed before the enlargement is to a great degree. It is desirable also that the second tapping, accompanied with the operation of dividing the cyst, should be performed in a state of moderate distension, in order that the sac in a collapsed state, which the operation will reduce it to, may be less inconvenient in proportion to its size.

The operation proposed, is, to make use of the common trocar with a canula adapted to it, in which canula there is to be a slit or groove, fig. 1. Immediately after puncturing with the common trocar it is to be withdrawn, and before the exit of any considerable portion of the fluid, a blunt trocar is to be introduced, fig. 2, in which also is a slit or groove corresponding with that in the canula. In this groove is placed a bistourie cachée, fig. 3, turning on its centre, in order to depress or elevate a lancet point through the opening in the canula to the height of one-twelfth of an inch or thereabout from the surface of the canula. The lancet point being depressed in the groove for introduction, the operator changes the position of the instrument thus introduced through the abdominal coverings and sac from their course or direction, at first to a position which shall make the handle of the instrument lie in contact with the skin, and so that the groove or slit shall be in a line with the surface of the abdominal coverings, so that in immediate contact with the groove in the canula is the sac interposed betwixt it and the abdominal coverings, which by the hand of an assist-



ant are to be pressed so as to fix more firmly the groove in contact with the sac. The lancet point being elevated by the thumb of the operator (by which it can be raised or depressed) the blunt trocar containing the lancet, is to be withdrawn, to make in its course an incision of the length of the slit, about two inches in the cyst. The lancet point, when it has gone the length of the slit, must be again depressed to be withdrawn.

The operator may after this permit the flow of more or less of the fluid as he judges proper. I should think a portion of it may as well be detained.

With respect to the success of the operation, my idea is, that the lips of this incision can never again come in contact with each other, so as to unite and detain the secreted fluid, which being therefore admitted into the cavity in which the cyst is contained, will be taken up by its absorbents, and the patient be exempted from immense accumulation, or repeated tappings, from either of which death follows in a few years.

I have compleated in my own mind for a long time, and provided myself with the instrument above described, being satisfied that it is a preferable method to any hitherto proposed, whether by injecting a fluid into the cavity or introducing a seton.

In order to obtain additional information in the proportion of patients affected with the disease of single cyst, I have of late years made inquiry, especially in London, respecting dropsies peculiar to females, among gentlemen of the profession, (to whom I would express my acknowledgements) in order to ascertain the propriety of communicating my method. About thirty years ago, I printed and dispersed a series of questions addressed to the Faculty respecting the various kinds of dropsies, in the form of a letter, leaving room in the said letter for the insertion of answers. Being now arrived at seventy years, I think further inquiry will be precluded me, I therefore leave the above statement, hoping it may be brought into use in such cases, and be attended with success.

*OBSERVATIONS on the MODUS OPERANDI of OPIUM;  
communicated by Mr. WARD, of Manchester.*

[ Continued from Vol. VIII. p. 325—348. ]

**B**EFORE I take my leave of the Inquiry, I have a few remarks to make upon that part of the concluding chapter, which treats of the use or abuse of opium in particular diseases.

In



In entering upon this part of the work, it is impossible to avoid being struck with a most important defect in Doctor Crumpe's theory; and which is sufficient of itself, to prove the justice of the sentence lately passed upon it; namely, *that it is utterly incapable of assisting us in directing, either when, or how, to administer opium, or of elucidating the effects resulting from it; nor can any one regulate his professional conduct by it, without forfeiting all claim to consistency; because a sacrifice must unavoidably be made, either of theory to practice, or of practice to theory.* For instance, if Dr. Crumpe be correct in maintaining, that opium acts solely as a stimulant, p. 168—170, 179, 192, &c. &c. he is highly culpable, first, for having recommended it in diseases where stimulants are inadmissible, (as, where want of sleep precedes or accompanies delirium, (p. 234); in diarrhœa, whether it occur as a primary disease, or as a symptom of debility in fever, (p. 234—236, 295); in cholera, (p. 294); in the latter stages of pneumonia and pleuritis, when the urgent symptom is a cough, proving the chief cause of the continuance of pain, and want of sleep, (p. 256—7); in phthisis, where a troublesome cough and diarrhœa occur, (p. 280); to alleviate irritation, and diminish the secretion of bile in cholic, (p. 293) &c. &c.); and secondly, for having neglected to recommend it in diseases where stimulants are particularly indicated; as in syncope; arthrodynia; paralysis of long standing, where there are no evident marks of compression, dyspepsia, amenorrhœa, chlorosis, scrophula, scorbutus, rachitis, &c. &c.

It is true that he has recommended it in various diseases where debility has supervened; as in the last stage of fever, &c. &c. and attributes its tonic effects to its stimulant properties; though it is demonstrable that they proceed, *in all the cases in which Dr. C. has prescribed it, from its diminishing the irritability and mobility either of the whole system, or of particular parts, i. e. from a directly sedative operation*; and I believe I may with confidence appeal to experience when I assert, that *in no case whatever has it the effect of strengthening the system, but where, in consequence of its directly sedative properties, it either procures sleep, allays spasm, or eases pain.*

Several instances are also related in this chapter, where such effects resulted from the exhibition of opium, as plainly demonstrate the futility of Dr. Crumpe's arguments.

"Whatever foundations there may be for these speculations, (says Dr. C.) it is certain, that opium has been frequently exhibited to advantage, ALLAYING THE FURY OF THE ENRAGED, AND CALMING THE AGITATION OF THE IRRITABLE." p. 298.

In page 279, we are told that a large dose of opium was IMMEDIATELY



MEDIATELY effectual in a very violent case of epistaxis, which had resisted every other remedy, external and internal.

Again, "Beryat recommends the exhibition of an opiate an hour before the expected commencement of the paroxysm, especially if the cold stage be vehement and attended with considerable tremor and rigour; observing at the same time, that if given sooner it will frequently fail; if during the hot stage, that it may prove dangerous. *His fears, however, on this head, are groundless*; for Dr. Lind has found, that opiates given half an hour after the formation of the hot stage, both rendered the remaining part of the paroxysm milder, produced a more perfect intermission, and rendered a less quantity of bark necessary to the completion of the cure." p. 244.

It would be tedious to enumerate all the instances of inconsistency which occur in the course of the chapter; they may be met with in almost every page; and were opium to be given in such diseases only as are taken notice of by Dr. Crumpe, its usefulness would be confined within very narrow bounds.

I ought before to have noticed the circumstances alluded to in the following passage, as Dr. C. seems to have thought them peculiarly favorable to his theory.

"Striking, however, as are the various proofs already given of the stimulant qualities of opium, another circumstance remains to be mentioned equally forcible and convincing, which is, that when custom has rendered its employment absolutely necessary to some constitutions, if any accident prevents those in so unfortunate a situation from obtaining a sufficient supply, the bad consequences resulting from such deficiency can only be obviated by the frequent and liberal use of other powerful stimulants. Of this fact a striking instance is related by Acosta, and thus transcribed by Dr. Allston in the Edinburgh Medical Essays: "There were," says he, "some Turkish prisoners and Arabian captives in the ship in which I returned from the Indies to Portugal, who had a small quantity of opium concealed, and used it only as a medicine. When they had consumed it all, one of them, a Turk of Aden, said to me, Since you have the care of the sick, I must let you know, that unless you give me and my companions opium, we cannot live two days. I denied I had any. The only remedy then, said the Turk, whereby we who have been accustomed to eat opium can be recovered, is by a draught of pure wine every morning; though this is very hard and uneasy to us, as being contrary to our law, yet since our health depends upon it, we must submit. By his advice I gave them all wine; they recovered, and in a month's time would take no more wine, and neither needed nor desired opium." Inq. p. 177, 178.



It is evident that in this instance, the wine proved both a substitute and an antidote, which proves too much; for had its *modus operandi* been exactly similar to that of opium, *the relief would have been only temporary; there must, therefore, have been some essential difference in the properties of the two articles,* which it may be worth while to investigate.

From Dr. Crumpe's analysis of opium, and his experiments upon the effects of its different component principles,\* it appears,

1. "That opium is composed of a gum, a resin, an essential salt, and of earthy indissoluble impurities.
2. "The quantity of gum and resin is nearly equal; the proportion of the salt very inconsiderable; the earthy impurities amount to three parts out of twelve.
3. "The gum, when *perfectly* separated from the resin, is divested of the peculiar properties of opium, possesses no degree of astringency, but retains the whole of the bitterness of the medicine.
4. "The resinous matter is void of bitterness, but possesses as well the whole of the astringency of the medicine as of the peculiar and narcotic properties for which it is celebrated.
5. "The small portion of essential salt which opium contains, is analogous to that of other vegetable substances, and possessed of no peculiar properties.
6. "Whether it be occasioned by the presence of the saline matter, or by the attraction between the gum and resin, the union of both is so strong, that the resin cannot be perfectly separated from the gum by the action of different menstrua.
7. "Any such separation of the component parts of the medicine is of no use whatever in medical practice." Inquiry, p. 85—87.

Consequently Dr. Crumpe is warranted in asserting, (see p. 167) that opium cannot be separated into any two principles endowed solely with the opposite qualities of a stimulant and sedative. It will therefore be allowable, *when speaking of its action*, to consider it as a simple substance; but the same remark will not apply to wine. We know from its analysis, that it may be separated into two or more principles endowed with opposite properties.

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\* I consider this chapter (the third) as the only valuable part of the Inquiry, and am happy in bearing testimony to the merit of Dr. Crumpe, for the great attention he paid to the subjects of it.



All wines contain alcohol, (the quantity of which is in proportion to their strength and purity\*) sugar, and acid of tartar.†

It is allowed on all hands, that alcohol operates in the same manner as opium; and *I shall now consider it as an established fact, that the modus operandi of the latter, and of course of the former, is directly sedative.‡* The nutritious and stimulant qualities of sugar,§ and the tonic and stimulant properties of the acid of tartar,|| are also generally known and acknowledged. These substances therefore, together with the aromatic principle, where that is present, will greatly counteract the sedative effects of the alcohol; and to this cause is the recovery of *Aescula's* patients to be attributed. Hence we learn, that pure wine may prove an excellent substitute for opium, where the latter is taken with a view to its exhilarating effects: it is also extremely well calculated, if the quantity be diminished, and the intervals protracted, to remove the bad effects arising from its immoderate use, and may be resorted to with advantage by those who are desirous of discontinuing the practice; but for this purpose, its efficacy may be increased by boiling the wine, and infusing in it some aromatic stimulant, as cinnamon or cloves, sugar

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\* Cullen's Mat. Med. vol. i. p. 410, 413; vol. ii. p. 315. Nicholson's Chem. Dict. Art. Wine, and Spirit, ardent.

† "It appears from this imperfect analysis, that wine consists of water, ardent spirit, colouring matter of a resinous nature, sugar, tartar, and tartareous acid, and an aromatic principle." Nicholson's Ch. Dict. vol. ii. p. 367.

‡ Farther proofs may be thought necessary, and these I shall endeavour to supply in a succeeding paper.

§ "The crop time in the sugar islands is the season of festivity, both to man and beast; for so agreeable to the taste, and so nourishing to the corporeal frame, is the juice of the cane, that every animal derives health and vigour from its use. Such of the negroes as were meagre and sickly, become surprisingly altered for the better in a few weeks after the mill is set in action. The labouring horses, oxen, and mules, though almost constantly at work during this season, yet, in consequence of eating plentifully of the green tops of this invigorating plant, and being indulged with some of the scummings from the boiling-house, improve more than at any other period of the year. Even pigs and poultry fatten on the refuse. In short, during crop time, plenty and industrious cheerfulness every where prevail in such a high degree on a well regulated plantation, as considerably to soften the hardships of slavery, and induce an impartial spectator to conclude that the miseries of life are sometimes exaggerated through the delusive medium of fancy."

Edwards's History of the West Indies, Vol. ii. p. 226—7. See also Hunter on the Venereal Disease, p. 354—6, and Cullen's M. M. v. i. p. 229—232; v. ii. p. 402—7, &c. &c.

|| "The same acids (vegetable acids) are never in such a concentrated state as to shew any caustic or even stimulant powers; but they shew readily the stimulant power which is in the weaker or much diluted acids, so far as they excite appetite and promote digestion; and probably it is by the same power that they excite the urinary excretion." Cullen's M. M. v. ii. p. 332, 512—13.



sugar being added so as to make it palatable; and this process should never be omitted where there is any suspicion of its being adulterated.

"Prosper Alpinus," continues Dr. C. "during his long residence among the Egyptians, remarked that many who accustomed themselves to chew opium constantly, if but deprived of it for a single day, became languid, dejected, and uneasy, at the customary hours of taking it, and could only be roused from this state by the usual quantity of opium, or by a large draught of wine rendered still more powerful by the addition of pepper and other aromatics." "*Animi liquidem, says he, deliquio fastidiosissimo tentantur nulloque auxilio sic tuto liberantur, quam rursus opium devorantes. Multos ab hac servitute liberatos vidi, si, in hora qua soliti sint ipsum capere, largius ex vino Cretico, pipere, atque aliis aromatibus alterato potent.*"\* Inq. p. 178—179.

In this, therefore, as in almost every other instance throughout the Inquiry, it appears that the conclusions to be drawn from the facts Dr. Crumpe has adduced, instead of confirming his arguments, have a diametrically opposite tendency. Happy would it be were this the only producible instance, of a man, in general well informed, persisting in the maintenance and defence of opinions, demonstrably erroneous. Dr. Crump's language on the present occasion is by no means warrantable.

"The various circumstances I have mentioned, as evincing the existence of a stimulant quality in opium, will even, if considered singly, be found to contain very strong proof of the truth of the assertion; but taken in the aggregate, their force is so striking, that I know no medical question on which we can decide with any certainty, if not on the present." Inq. p. 179.

I trust, however, that every impartial person who has thought the subject deserving of attention, is by this time convinced, that there is not the least foundation for supposing opium to act as a stimulant.

To expose the fallacy of this destructive doctrine was the object of the first part of this paper; and I indulge a hope that the facts and arguments I have brought forward, will be found so clear, satisfactory, and decisive, as to remove all uncertainty with regard to this most momentous question.

Some of my expressions in animadverting upon the Inquiry may possibly be thought severe; but I am not conscious of their being more so than the occasions required, or freedom of discussion permits. I have never started an objection without giving either reasons, or proofs, or both; nor have I, knowingly,

\* De Medicina Egyptiorum, lib. 4. cap. i.



omitted to notice any of the facts or arguments which seemed favourable to Dr. Crump's opinions, and to be deserving of attention.

I shall only delay the pleasure I anticipate in taking leave of the Inquiry, while I observe, that I do not imagine a parallel instance can be produced of any publication on a scientific subject having gained an equal degree of credit, on such flimsy pretensions.

*Manchester, Oct. 8, 1802.*

[ To be continued. ]

*Letter from Dr. JOSEPH CLARK of Dublin, to Dr. JOHN SIMS of London, relative to Arm Presentation.*

SIR,

I Have perused with satisfaction, your Observations "on Delivery in certain difficult Cases of Arm Presentation," contained in the 40th Number of the Medical and Physical Journal.

Much experience, in difficult cases, such as you describe, had taught me to dread the operation of turning the foetus in utero. Where the death of the foetus is certain, either by the putrid state of the integuments of the presenting arm, or by a prolapsed umbilical chord, I have been accustomed some years past to instruct my pupils to attempt the operation of Embryotomy with Smellie's large perforating scissars and crotchet, and to endeavour to get away the the foetus piece-meal, in any manner which appeared to them least distressing to the patient.

In July 1800, I was called on to deliberate with a surgeon of eminence in this city, in a case where the liquor amnii had been some days evacuated before any examination per vaginam was made; the arm and shoulder of a full grown putrid foetus were impacted into the brim of the pelvis. Before I saw this patient, the gentleman in attendance had in vain attempted to turn the foetus. The resistance to every *reasonable* exertion appeared to him then, and to me, afterwards, insurmountable. Under these circumstances, I did not hesitate to propose that the presenting arm should be twisted off, and the thorax perforated freely, with the view of diminishing the bulk of the presenting part, and of promoting putrefaction. After these measures were put in practice, we agreed to wait the result of labour pains, which had hitherto been irregular and trivial. At the end of thirty-six hours the foetus was expelled double. The patient's recovery was speedy, and in every respect favourable.

The result of this single case had determined me to make further trials of this practice, under similar circumstances; and the



the perusal of your observations, leaves no room for doubting (in my mind) of the propriety of adopting it generally.

Should you think my testimony on this subject of any importance, I shall not object to the publication of these remarks, however cursory, being fully persuaded the practice proposed by you is well calculated to rescue the lives of our fellow creatures, in certain situations, from the most imminent danger.

*Dublin, Sept. 87, 1802.*

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*OBSERVATIONS ON AN UNIVERSAL ANCHYLOSIS; by Cit. PERCY, Professor of the School of Medicine, at Paris.*

THE Author having stated and compared all the Cases analogous to that of which he gives an account, remarks, That no case of such a complete Anchylosis has ever been recorded in the Annals of Medicine, and that no Collection seems to possess so universal a concretion of the bones as that which is at present deposited in the Cabinet of the Medical School at Paris. The skeleton, in fact, consists of only one piece, though by the removal and the anatomical preparation of it, several bones have been separated; as, for instance, the *vertebræ lumborum* and *sacrales*, the *os femoris*, and *humeri* of the right side; but the traces of their having been preternaturally united may still be seen. The back bone is but little bent, the pelvis however is considerably prominent; the thigh bone forms an acute angle with the tibia and fibula; the right hand is turned inward, and the left hand outward; all the fingers are curvated; the bones themselves are very light, and their calcareous matter is very brittle. The history of the disease, by which this Anchylosis was produced, is as follows.

Francis Maurice Mercier Simorre was born in the year 1752; when he attained the fifteenth year of his age he entered into the military profession, served twenty-one years, and was promoted to the rank of a Captain of Infantry. During this time he made three campaigns in the Corsican war. Having been a long time encamped on marshy grounds, and in a moist and cold atmosphere, he began to perceive an acute pain in the great toes and in the ankles, where the skin was red and inflamed. This affection being taken for the gout, and treated accordingly, the pain ceased, but at the end of some months, an inflammation of the eyes supervened, which was likewise removed by proper remedies. During several years however, the gouty complaint, and that ophthalmy, affected the patient alternately in the beginning of spring. These two diseases, which returned periodically, having lasted much longer during two succeeding years, the sight of the patient became extremely



weak, and he could not walk without the assistance of a guide. In the year 1786 all his joints were at once attacked; the feet, the knees, and all parts of the inferior extremities began to become anchylositic. Mr. Simorre quitted the service about this time, and retired to Metz, where he subsisted upon a small pension.

The disease increased daily, the arms, the head, the vertebra, and even the maxilla inferior were cemented together. The unhappy patient was nothing, according to his own expression, but a living carcase. His sensibility was at the same time very great, as he suffered the most excruciating pains. Four years he passed in an arm chair, without ever shutting his eyes; he was afterwards conveyed with much difficulty into a bed, where he remained two years longer, without being able to obtain even a moment's sleep. His posture was sitting, to which circumstance the situation of the bones in the skeleton is to be ascribed. He had entirely lost his sight, the cornea and the lens crystallina being opaque. In the year 1792, the joints, which had hitherto been tumid, began to grow less, and the pains were a little assuaged; but there supervened regularly twice a month an erysipelatous inflammation, attended with fever, and an itching, which proved the more intolerable, as the patient could not relieve it by scratching. This complaint resisted all possible remedies. When the anchylosis was entirely established in all the joints, the patient could be better managed than before. He had all his teeth remaining, but was obliged to suck in his fluid nourishment. The incisive teeth being afterwards drawn out, he could receive more solid food, make himself understood, and throw out his spittle. His figure was very expressive and singular, his hair black, and nose aqualine. The muscles of his face were in continual motion; his body was extremely emaciated; during respiration, his sides and sternum did not move; the inspiration was attended with much noise, and the pulse beat 60 or 63 times in a minute; he had no sensible perspiration; his stools were numerous, and his diuresis abundant; the urine shewed no difference from that of a healthy man. When he died he was about 50 years old. On opening the body nothing remarkable was discovered; the left lungs adhered to the pleura, and had some suppurating tubercles.

*Account of Diseases in an Eastern District of London.*

From September 20 to October 20, 1802.

ACUTE DISEASES.			
Typhus	- - - - - 7	Dysentery	- - - - - 12
Cholera	- - - - - 30	Variola	- - - - - 2
		Rheumatismus Acutus	- - - - - 5

CHRONIC



CHRONIC DISEASES.

Tussis	- - - - -	7
Dyspnœa	- - - - -	3
Tussis cum Dyspnœa	- - - - -	9
Hæmoptysis	- - - - -	4
Hydrothorax	- - - - -	2
Anasarca	- - - - -	4
Diarrhœa	- - - - -	16
Enterodynia	- - - - -	7
Cephalalgia	- - - - -	4
Vertigo	- - - - -	3
Paralysis	- - - - -	1
Syphilis	- - - - -	3
Hepatitis Chronica	- - - - -	2
Herpes	- - - - -	4
Hæmorrhoids	- - - - -	3

Menorrhagia	- - - - -	3
Fluor Albus	- - - - -	9
Amenorrhœa	- - - - -	5
Dysuria	- - - - -	3
Calculus	- - - - -	1
Rheumatismus Chronicus	- - - - -	10

PURPERAL DISEASES.

Menorrhagia Lochialis	- - - - -	4
Lochiorum Diminutio	- - - - -	2
Mastodynia	- - - - -	5
Rhagas Papillæ	- - - - -	2

INFANTILE DISEASES.

Ophthalmia	- - - - -	4
Vermes	- - - - -	3
Tinea Capitis	- - - - -	2
Pertussis	- - - - -	4

The diseases which formed so large a proportion of the list published in the last month, still continue to engage a considerable share of medical attention. Disorders of the stomach and bowels have been considered as the prevailing epidemic of the last two months. The number of these complaints is, however, diminished; and the symptoms, for the most part, appear under a milder form. Most of the cases of cholera, which have occurred since the last Report, have been attended with a mild train of symptoms.

The diluting and demulcent plan of treatment, with the occasional use of opiates, has been employed with success.

The dysentery has, in some instances, been distinguished by a very considerable discharge of blood; and in these cases, it has proved contagious, as more than one in a family have been affected by it. In one instance the disease was attended with aphthous ulcerations of the mouth and throat. Suppression of urine also, in an elderly man was an additional source of distress and pain. Severe gripings preceding the different discharges from the rectum, and a tenesmus immediately following them constitute, a considerable part of the patient's sufferings. This disease not being distinguished in the early stage of it from a diarrhœa, has too frequently led to a very injurious plan of treatment. Nothing is more common than to find that the patient has been very industrious in the use of astringents to check the discharge, and of cordials to support his strength under the weakness which he supposes it has produced. Instead of thus attempting to prevent the evacuation, which, though it is productive of great uneasiness, is very trifling in quantity, the more successful mode of treatment is that of quieting the irritation of the stomach if it be necessary, removing stricture in the large intestines, and by some active cathartics promoting a thorough evacuation from the intestinal canal.

Care



*Cases admitted under the Care of the Surgeon of the Finsbury Dispensary, St. John's Square, Clerkenwell, from the 10th of September to the 10th of October, 1802.*

Ophthalmia - - - - -	1	Combustura - - - - -	1
Erysipelas - - - - -	1	Lues - - - - -	3
Abcessus Artuum - - - - -	2	Gonorrhœa - - - - -	1
----- Mammarum - - - - -	2	Vacciola - - - - -	10
----- Cervicis - - - - -	1	Scrophula - - - - -	3
Ulcus Palati - - - - -	1	Eruptiones Chronicæ - - - - -	3
Ulcera Artuum - - - - -	15	Tumor Genu - - - - -	1
Fistula in Ano - - - - -	2	Hernia - - - - -	1
Leucoma - - - - -	1	Prolapsus Ani - - - - -	1
Fractura Claviculæ - - - - -	1	Polypus Nasi - - - - -	1
----- Ulnæ - - - - -	1	Calculus in Urethra - - - - -	1
----- Patellæ - - - - -	1		
----- Costæ - - - - -	1		
Contusiones - - - - -	6		
		Total	62

The patient, in the above list, who applied for the relief of a leucoma, or opacity of the cornea, has for many years been blind of the right eye, in consequence of a blow, which produced a complete cataract. About a year ago, he had the misfortune to receive a small portion of the bark of a tree, which he was peeling, into the left eye, which was productive of considerable inflammation; he used various methods to remove this extraneous body, which he thought he still felt in his eye, and could likewise perceive a dark spot on looking into it; he applied also to a Surgeon, who washed his eye with injections, and made use of different means to afford him relief, but without effect, and indeed with aggravation of pain. When he applied to me, his eye was much inflamed, extremely irritable, and sensible of the slightest stimulus; and on examining it with attention, I perceived an opacity of the transparent cornea, at the lower part, near its circumference; the centre of this was completely opaque, and from this centre issued radii of opacity, which extended to some distance, but possessed more transparency than the central point; which, added to the vascular distention, nearly deprived him of the sight of this eye likewise. To the view, this part seemed to project considerably beyond the other parts of the cornea; I therefore made a slight puncture into the prominent part, when immediately was discharged a substance which, on examination, appeared to be of a soft, calcareous structure, and in its centre, as a kind of nucleus, was contained a very small, dark-coloured flake, of a something which, in all probability, was the portion of bark that was the original aggressor, which had gained a lodgment between the lamina of the cornea, and on which the calcareous deposit had taken place. After the removal of this substance, the inflammation



mation subsided; the surrounding opacity is gradually disappearing, and little remains except a slight excavation in the cornea, at the part from whence this extraneous substance had been taken.

The only circumstance, perhaps, in the above case, which is worthy of notice, is, that the fluids of the eye, as well as the saliva, bile, urine, &c. are capable of forming earthy depositions, if they have a nucleus afforded to them on which such concretions can take place.

The disease Leucoma, or Albugo, is one which is very frequent, and very difficult and tedious in being cured. The disease appears, as far as I have observed, to arise under two principal forms; either an opacity without any elevation, from an effusion of coagulable lymph between the lamina of the cornea, assuming the appearance of a diffused white cloud; or, an opaque spot, of rather a darker appearance, and elevated above the surface of the cornea. These latter are of different extents, and, I believe, most commonly arise from some substance wounding the eye, or from some small particle of matter which may have entered the eye, and injured the surface of the cornea; whereas the former species is a consequence of general ophthalmia very frequently. The former species sometimes gradually subsides by the spontaneous action of the absorbents, after inflammation is removed; if not, our reliance must be in promoting the action of these vessels, not only generally, by evacuants and mercury, but topically, by blisters near the parts, which should be kept open, to establish a local drain; and the application of stimulants to the eye itself. A Case which I have at present under my care, has been repeatedly yielding to this mode of treatment, but the eye in this patient is so extremely irritable, that fresh inflammations are produced by any stimulus to the part, sometimes even by a blister to the temple, or by a change in the atmosphere from heat to cold. The other species of leucoma, which appears situated on the external surface of the cornea, may sometimes be removed by the knife, but not always, as there is frequently so much diffused opacity attending it, as to render such an operation impracticable. These cases sometimes yield to stimulating applications to the eye itself, assisted by such general means as excite absorbent action; various are the applications which are recommended for the purpose of destroying these opaque effusions; some with an intention of acting mechanically, others merely proving stimulant. The worst case of this kind which I ever knew cured, was in a woman who received the disease from a local injury, by which (it nearly extending over the whole lucid cornea) she was almost blind. In this case I only ordered a few drops, daily, to be admitted into the eye, of aq. cupri ammon. by which, in an astonishingly short space of time, the opacity was entirely removed.

Several



Several months ago, the Medical and Physical Journal contained a Paper on the removal of the paroxysm of Gout by abstracting the superabundant heat from the inflamed part by cold applications, as is usual in other inflammations, in opposition to the customary but (in the opinion of the Author of that paper) useless, and even mischievous practice of enveloping the disease in flannels, furs, and such other coverings as prevent the transmission of any of the heat generated in the part. I was informed, not long since, of a gentleman who generally succeeds in preventing the accession of a fit of gout by plunging his feet into cold water on its first approach, and continually renewing the cold application for a considerable time. I have recently directed similar treatment in a case of gout; which, although not strictly chirurgical, I hope I shall be excused in mentioning. A woman who was a patient of mine at the Dispensary, in consequence of a dislocation of the wrist, was last week attacked by a fit of gout in her feet; a disease to which she had been a martyr for many years, and generally suffered for the space of five or six weeks under each attack. I directed her to keep her feet constantly wet with a cold application, by means of linen, which was to be renewed and changed as often as the liquid should acquire any degree of heat: The application gave immediate relief, and in a few days she was able to walk nearly a mile to the Dispensary, although the attack was so severe as to confine her to bed when this treatment was begun.

I think it right to record cases which in any respect differ in their appearances from what is usual, or yield to treatment which differs from the customary practice; but it is very much the fashion, at the present day, to pay too much attention, and to place too much reliance on solitary cases. I have known practitioners, who in other respects were men of undoubted good sense and ability, who have suffered their minds to be so much misled by the favorable termination of one or two cases, under particular treatment, as to have established a creed in their own breasts, which they have implicitly believed, that a similar remedy will always have the same result, and have formed theories of disease upon so shallow a basis. Every phenomenon which we have never observed before, every appearance in disease, or effect of remedy which is new to us, should be carefully marked and recorded; but we should go no further, till, by a repetition of similar phenomena, appearances and effects, again and again, we are authorised in the belief that such and such circumstances are immutable results and established laws. A single fact should not influence our judgement; but in a collection of similar facts, arising from similar circumstances, each one individually will prove valuable, as an addition to the mass of evidence contained in the whole.



*Memoir on a periodical Difficulty of Breathing, tending to prove the Influence of the Moon on the human Body; by DON ANTONIO TRANZIERI, Physician to the Royal Family, and President of the Royal Academy, of Madrid.*

**FIRST PERIOD.** IN the year 1775, a lady,\* of bilious temperament, dry constitution, and great nervous susceptibility, with abundant flow of the menses, who had enjoyed throughout her life but a feeble state of health, experienced at her fortieth year, in the month of September, a difficulty of breathing similar to asthma, but which did not interfere with her ordinary habits. This attack continued two days; a short time after the same recurred, and continued as before, two days. The only apparent cause which had preceded this affection was a great fright. After three similar attacks, a fourth was accompanied with such an oppression and sense of tightness about the chest, that the patient prayed she might be opened, and with her hands made efforts as if to accomplish it herself. In this state, not a drop of fluid could be got down; and if an attempt was made to moisten her throat, dried by the frequency of respiration, she seemed as if suffocated; this was accompanied by profuse sweats from the forehead and breast, a violent pain in the back, and the most violent hoarse shrieks; her respiration sometimes became so suddenly quick as to render it impossible for her to support her consciousness for any time; this was immediately followed by fainting; her breathing as well as her senses, internal and external, became completely suspended, so as that she might be taken for dead, was it not for her pulse, which never altered from the natural state. On water being thrown in her face, in order to recover her from this apparent death, she came immediately to herself, but the same train of symptoms were sure to follow, quick breathing, fainting, and suspension of sensibility. These changes occupied nearly two hours, after which the patient seemed in the ordinary state of a person with asthma; she could throw herself on the bed, and rest for some hours only, for the same symptoms were renewed frequently in the space of two days; after which they all disappeared, the patient found herself perfectly well, and her respiration as free as in the usual state of health. This continued for ten or twelve

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\* Donna Maria-Francisca de Parte-Arrozo y Avendanno, widow of Signior Don Francisco Eduardo Pancagua, of His Majesty's Council, and Secretary for the Affairs of India.



days, when, without any apparent cause, the same attack, the same symptoms, and the same intermissions that have been already described, occurred.

**THE RETURN.** The return of the paroxysms after a certain number of days, without any apparent cause, led me to conjecture that this regularity of effect might be owing to lunar influence; I thought it worthy of attention, though I gave at that time no great credit to the idea; I consulted the almanack in order to ascertain the day of the moon, which corresponded to the existing paroxysm, and I found it to be the day before the eve of the full moon. I reflected a little, and recollected that the previous paroxysms occurred exactly within the two days preceding the new and full moon; nevertheless, I passed over the two days of the existing attack, and waited for further proof, for the day before the eve of the new moon. The time arrived, I perceived that the paroxysm took place exactly on that day; since when, the constancy of recurrence has fully convinced me, that the renewal of these symptoms was in fact owing to the influence of the moon. The days of intermission, counted from the very day of the new moon to that preceding the eve of the full one; and from the day of the full moon to the day before the eve of the new one: On the day preceding that which I have marked for the attack, the patient experienced a certain degree of oppression throughout the chest; it was the certain sign of the approaching dyspnœa which was to occur on the decline of the following day; and it was then that the patient was obliged to take to her bed. The access of orthopnœa occurred between nine and eleven o'clock at night precisely; during the remainder of the night and following day, the difficulty of breathing continued, but so as to enable her to remain in bed, and free of every other kind of pain, till nine o'clock at night arrived, which brought on the orthopnœa as in the night before, and for the same period of two hours. The following day, at day-break, that is, on the day of the new or full moon, her respiration became natural, she quitted her bed, and continued well till the same period of the next change. Such violent and formidable attacks could not fail to create considerable changes in the animal economy. The days of intermission were changed into days of pain and fatigue; to the symptoms of orthopnœa, others became associated, so that during the intermission the weakness became so great, and the organs of respiration so susceptible of compression, that on making the least effort to move or get out of bed, the breathing became so quick, that if the patient did not remain quiet, she would risk suffocation; she could not even suffer the trifling motion of sewing or knitting, without her respiration being immediately affected.



In the depth of winter, and in the heat of summer, the patient passed few days out of bed, on account of the constant difficulty of breathing which she experienced. In the temperate seasons only she passed the days of intermission with less fatigue. The legs, thighs, and belly swelled; the urine came in small quantity; her distrelish for food amounted to disgust; her thirst was excessive, and not to be moderated by any drink, and so teased the patient that she preferred the torments of the paroxysm which promised to close her sufferings. She refrained, it is true, from drink, not in the apprehension of increasing the swelling, but because her thirst was no way relieved by drinking; the throat and lips were dry, the tongue was not so, but the patient always complained of a sensation as if the end was charged with pepper; to these was added a very abundant fluor albus, extremely acrid and excoriating. In the orthopnic stage of the paroxysms the foregoing symptoms alternated with a kind of drowsiness or fainting, accompanied by difficult and stertorous breathing. This continued five or six minutes, and went off with a yawning, after which came on the quick respiration, fainting, and other symptoms. They were equally provoked on tickling the nose by any small roller steeped in vinegar, a remedy we had of her nurse when the yawning continued, so as to threaten lethargy. In these changes the patient passed the melancholy period of eleven hours; and it is remarkable, that till the tenth hour, the force and violence of the paroxysm suffered no diminution, and that this hour was waited for with impatience, in order to rescue the patient from imminent danger, which threatened her life. During more than four years passed in these torments, no fever had ever manifested itself; but towards the commencement of January 1780, a quotidian fever came on at night with slight tremors; the heat was considerable, but there was neither thirst nor dryness of the tongue; the respiration, though a little quickened, was not so much so as in the access of asthma, and only in proportion to the frequency of the pulse and the strength of the fever: this diminished after midnight, and disappeared at day-break, accompanied by a gentle but general perspiration. This fever continued for six months, coming on every day at the approach of night, except on the days of the lunar paroxysms. It sometimes happened, however, that the fever appeared on one of the nights of this paroxysm; it was always the second; and the orthopnoea did not make its appearance on that night from nine to eleven. The menstrual discharges never failed to appear at their usual time: they generally continued from six to eight days; and when they happened to fall on the days of the lunar paroxysms, the evacuation stopped, and did not reappear till the end of the attack.



attack, when they again came on, and remained their usual time; the fluor albus was equally affected, but again followed its course on the disappearance of the complaint. I never judged it prudent to make use of any remedy to carry off this nightly fever: in fact, perceiving that it did not aggravate the disease, I thought it better to do nothing, and I even conceived it capable of lightening the pressure of so much suffering. One thing is certain, that after six months continuance of the fever, the swelling of the legs, thighs and belly, disappeared; the urine became more abundant, the fluor albus less in quantity and less acrid, the thirst more moderate, the appetite better, and the vigour of the several motions more sensible; the patient could walk without fatigue; she got fat, and a more healthy colour; in short, the influence of external causes on her respiration, except that of the moon, became sensibly less. No amelioration was observed in the paroxysms of orthopnoea, which always continued with the same intensity at the lunar periods, except when the fever came on the second day of the attack. This, however, was very seldom: the calm of the periods of suffering did not become greater; the reason of which we shall perceive in the details of the second stage.

SECOND PERIOD. The patient was now in her forty-seventh year, and in the fifth from the commencement of her complaint, at which time she perceived an irregularity in her menstrual discharges, which usually indicate the total disappearance of these evacuations; the interval of a month, sometimes two, occurred; sometimes they came on twice in the same month, at one time in profusion, at another in small quantity. During this irregular menstruation, she experienced new and increased pains; she was seized with violent pains about the navel, which extended to the loins and shoulders, and which continued two or three hours at a time; these came on at uncertain periods, and followed no regular course; on their appearance the fluor albus, as well as the menstrual discharge, became suspended, and these evacuations returned as soon as the pains went off. What proved still more distressing was, that whenever the pains became very violent (a circumstance which often happened) they brought on dyspnoea and orthopnoea, and disappeared immediately. Whether these pains preceded the orthopnoea or not, this last never failed to occur at its stated period; but one circumstance remarkable was, that the sleepiness and fainting which followed or alternated with the agonies of difficult respiration, disappeared entirely; they were replaced by convulsive motions of the trunk, head, arms, and hands; the contractions of the hands were so strong as to require very considerable force to open them. In the height of suffocation,

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the patient, as if in despair, would make efforts to get out of bed, strike her head against the wall, and her head and breast with her hands clinched; and would struggle with the greatest violence to disengage herself from those who held her. In these convulsive motions the difficult and accelerated respiration was not near so violent as before. It would seem as if the complaint was divided between her organs of respiration and the muscles of her extremities; and the proof of this was, that when the convulsions did not exist, or were moderate, the access of orthopnoea resumed its usual violence as on the first period of the complaint. It was remarked too, that during the access of orthopnoea, if she happened to perceive water near her, or if water was applied to wet her lips, she immediately experienced a trembling from the horror she conceived. This aversion to water is very remarkable; it continued all the time of the paroxysms, notwithstanding her thirst; but this passed, she experienced in drinking the most delicious pleasure.

These were not the only circumstances which the second period presented. A repetition of convulsive motion and of orthopnoea, had given such a delicacy and susceptibility to all the organs of respiration, that the sight of a rat, a slight disgust, a change in the atmosphere, excited immediately a difficulty of breathing on the days of intermission. The ringing of bells somewhat strong, occasioned, gradually, the dyspnoea, which augmented till it terminated in orthopnoea that threatened her life. This effect did not disappear till long after the bells had ceased to ring; and as this lady lived in the Place del Cordon, and very near the two towers of the parochial churches of St. Peter and St. Just, I had frequent opportunities of observing the effects which the bells produced: these often occurred, on account of the numerous feasts celebrated in these two churches. The precaution of shutting the windows and doors, answered no purpose, the noise was always sufficiently strong. Notwithstanding every measure which could be taken to shorten the duration of these peals, no redress could be had; they were committed to the care of boys, who never let them rest; it was therefore useless to complain. In this dilemma there came into my mind an expedient to counteract such unpleasant effects, which was followed with success. I conceived it probable that this noise of bells might be counteracted by some other more agreeable to the patient, so as to be protected from the influence of the first. I arranged it so, that, during the ringing of the bells, a person should remain near her with a mandoline; and while he played, accompany the instrument with his voice, without the least intermission. This agreeable noise rendered her insensible to the ringing of the



bells, and prevented completely the difficulty of breathing. On the other hand, the dyspnœa certainly returned, if by hazard or inattention the ringing began before the music; but even then, the sound of the mandoline, although rather too late, was useful, even necessary, to stop the progress of the dyspnœa, which, without it, would become more violent, even dangerous, in proportion to the continuance of the ringing. It would appear incredible that this lady could have rested for five years under the pressure of such accumulated sufferings, so much the more as there was superadded a continual palpitation of the heart. It was fortunate that at this period, that is, towards the middle of January 1786, and in the height of her miseries, that the nightly fever made its appearance. The happy effects which followed it in the preceding period, made it be considered a good omen, and as the dawn of her tranquillity. It came on about the decline of the day, with the same symptoms as before, and went off at day break of the following day. Its periodical return continued four months, and disappeared towards the end of May. It is necessary to mention here, that the fever did not take place the two days of the lunar paroxysms; it was observed, however, that it showed itself many times during the second night, and even once or twice the first, and that then it had the effect of suspending the attack of orthopnœa, which used to occur between nine and eleven o'clock. In the first period the fever was never observed the first night. In proportion as the access of fever came on, the patient experienced a relaxation in her sufferings, so much so, that the pains in her loins and belly disappeared; the impression which the sound of bells produced was much diminished, as well as those of external causes that usually brought on dyspnœa and orthopnœa in the days of intermission; the convulsive movements which attended the access of orthopnœa, had no longer either the same degree of violence or of danger; the palpitations of the heart became extremely moderate; and lastly, her menstrual discharges, as well as her fluor albus, completely disappeared.

THIRD PERIOD. After so great and happy a change operated by the fever, it should seem that this disposition of the body, which made it so susceptible of lunar influence, was to cease, and be replaced by a state that had no relation to this influence. This effect was not altogether obtained; nevertheless, it was found that the intensity of the paroxysms of the asthma was growing gradually less; they were changed too in the order of their coming on, as well as in their duration. From the beginning of this period the lunar paroxysms, which constantly



constantly manifested itself at the decline of day, and the day before the eve of the full and new moon, declared itself at day-break of the third day, before the lunar changes. In the space of a year, it anticipated them another day, so that the duration of the lunar paroxysm was then four days, beginning at day-break of the fourth day before the change, and terminating at day-break of the full or new moon; having, however, this peculiar circumstance, that during more than ten years, it never happened that the orthopnoea came on within the two first of these four days, but always in the nights of the two days preceding the lunar changes. In the same manner, from the commencement of this period, the orthopnoea had this alteration, it came on an hour earlier; so that instead of nine to eleven, it was from eight to eleven at night.

Let us continue the history of the disease, such as it appeared throughout this period. At day-break of the fourth day, before the lunar change, the respiration became somewhat shorter and more frequent: this obliged the patient to remain in bed, for when she tried to get up she became much fatigued. This difficulty neither increased nor diminished until within a few minutes before eight o'clock of the day before the eve of the change. The patient then felt all over the body a certain anxiety, extremely teasing, and like to what is called *inquietudes*. She felt a sentiment of oppression about the chest with frequent yawnings, which tended to quicken respiration, and went on till they at last terminated in the state of orthopnoea; that is, she could not breathe but when seated. A little after eight o'clock her respiration was so quickened, that in the space of five seconds it repeated ten or twelve times or more; this lasted for half a minute, or rather more: had it continued a little longer, suffocation must have been the consequence. This very rapid respiration became suspended for five, six, or eight minutes, and was renewed in the same manner. These alternations lasted two hours, never less than one hour and a half. While in this state, the head moved with the same celerity, sometimes upwards, sometimes downwards;\* the muscles of the neck attached

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\* To moderate this violent motion of the head, it was fastened with a band that went from the forehead to the occiput; a precaution by no means useless. But this advantage was of short duration, for the constant elevations and depressions of her head did not permit the bandage to confine her equally; we were obliged to fix the head by placing a hand on the forehead and another behind: In this way the head of the patient was compressed whenever



attached to the occiput, were so hard and stiff that they resembled a hard cord, which swelled and contracted with great rapidity. Contractions in the muscles of the lips and nose were equally perceivable, but not with the alternation of relaxation, as in those of the neck: No doubt, the same contractions existed in the other muscles of the face, as there flowed tears with sneezing and running from the nose. The patient felt, all over the forehead and head, a sense of tightness or constriction;—the mouth and throat were dry. In this state she could not utter a word, swallow her spittle, or let down a drop of water: She often sighed in a plaintive and lamentable way, sufficiently loud to be heard at a considerable distance. In this state her pulse never varied from their natural state; the intermission of some muscles, of which we have already spoken, was more or less short, according as the yawning or cough came on, or as the patient tried to turn in her bed, to swallow her saliva, &c. The moment that any of these motions took place, her respiration became quick: So certain was it that yawning was the most frequent cause of this repetition, that in this case all the accidents were multiplied; and whenever a yawning occurred, without being followed by these accidents, it was the most infallible sign of the cessation of the symptoms for that night. This happened after the term of two hours, at the expiration of which the respiration became quiet as before; the patient could turn herself to whatever occupation she pleased, to eat, drink, &c. This calm continued till eight o'clock the following night, when the symptoms already described returned; but on the approach of the day of the new and full moon, the patient became well and her respiration natural. After continuing a year in this state, it was remarked, that the access of orthopnoea of the second night; that is, the one on the eve of the lunar change, did not come on, provided there was, at this period, no eclipse of the sun or moon, in which case the attack never failed. There occurred also new nocturnal fever in the winter solstice of 1787, which continued three months.

It was rare that the fever failed in the night of the day before the eve of the change, then only the access of orthopnoea manifested itself from eight to ten o'clock; at length, after repeated fevers, this access of fever on the first day failed a considerable number of times; however, when there was an eclipse  
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whenever she required it, and to a certain degree made the motions of her head and of respiration to cease, to the great astonishment of the assistants.



of the sun or moon, the access constantly took place, but then there was none the second night.

Towards the end of the year, 1788, the access of orthopnoea ceased entirely; it was only under the following circumstances that it returned: First, when the patient was seized with great disgust, or a sense of weight in the beginning of the paroxysm. Secondly, when in the beginning, or in the course of the paroxysm, she experienced great melancholy without any evident cause. Thirdly, when in the course of the paroxysm she felt great aversion to water. Fourthly, and principally, when there happened an eclipse of the sun or moon. Soon after, the access of orthopnoea failed once or twice, notwithstanding these eclipses of the sun, and at length it failed entirely on these occasions. The patient had not this good fortune in the eclipses of the moon, till 1793; and until this year these eclipses warranted us to predict with certainty the access on the night before the eve of the change of the moon. Towards the winter solstice of this year she was attacked with another fever, which continued the entire month of January following. The 14th of February, the day on which the first eclipse of the moon occurred for the year 1794, the orthopnoea failed for the first time; the same thing happened on the second and last eclipse of the year on the 21st of August; so that, in this year, there was no access of orthopnoea. There occurred one however during the eclipse on the 3d of February, 1795, but less violent than usual; from that moment to this (the end of October, 1796) the paroxysms of asthma have followed regularly in the new and full moon, with the same punctuality in the days and hours of attack, and disappearing without being accompanied by any access of orthopnoea, either in the eclipses of the sun or moon. However, in the two nights which precede the new and full moon, there always appears, between the hours of eight and ten, a slight degree of frequency in the respiration, with some yawning and uneasiness in the body, especially when there is an eclipse. In other respects this lady is become active and lively, her complexion has become healthy, and she has acquired as much flesh as can be expected in a person naturally of a thin habit. She no longer experiences any disagreeable impression from excess of heat or cold, from the changes in the weather, or other circumstances, which formerly so easily renewed her difficulty of breathing, out of the ordinary periods of attack. On the whole, at the age of sixty-four years, she enjoys a health and appearance that one has little reason to expect in a person, after such long and painful sufferings. I should not here pass over in silence a very singular phenomenon, which has been remarked five years back, and which still exists, namely, that on the day  
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which precedes the paroxysm, there appears on the edge of the nostril, a small pustule, the inflammation and suppuration of which continue during the four days of the paroxysm, after which it dries.

To conclude the history of this complaint, I shall relate the effects of some remedies which were employed. In the paroxysm, bleeding, antispasmodics, and all remedies, as well external as internal, were without any effect. The difficulty of breathing never went off before the usual term of the paroxysm. But out of the paroxysm, that is, in the interval of the two, the anodynes, antihysterics, &c. produced no effect on the access which might come on during this interval. They nevertheless gave way to bleedings; so much so, that however difficult the breathing, the patient had not lost two ounces of blood, before she respired deeply and freely as in the natural state, and cried "At length I am easy." If the difficulty of breathing failed once or twice to give way at the moment of letting blood, in a quarter or half an hour at most, the patient found herself in her natural state; and experience had taught, that to bring about this calm, two ounces of blood were enough; this quantity therefore was never exceeded. In one of the intervals of the first period, there came on a violent attack of orthopnoea, which returned every day, beginning at three o'clock in the day and finishing after four. In the intermediate hours bark was given; half an hour after the first dose, the attack took place, and went off entirely at the end of two hours. The second dose had the same effect. It was conceived that the action of the bark on the stomach provoked the difficulty of breathing; it was proposed to be given in clysters, in doses of half an ounce, and repeated every three hours; by this means the access was shortened. Encouraged by this observation, it was suggested, that if the patient took the bark during the time from one paroxysm to another, in stronger doses, and more frequently repeated on the days which preceded the occasion of the lunar paroxysm, that it might be totally prevented. This was done, but without effect, the paroxysm came on at the usual hour, with the same force and circumstances as before; and it was not observed either at this or any other time that the patient took bark by the mouth, that the respiration was in the least affected by its presence in the stomach. With respect to potential cauteries, we were always obliged to renounce them, the sensibility of the skin was such that the patient could not even suffer a slight friction on the legs or back without immediately experiencing a difficulty of breathing, or an increase of it, if this state already existed; the respiration even being in its natural state, the simple action



of rubbing softly the legs, or washing them with warm water, was sufficient to hurry the respiration, so that it was necessary immediately to desist, in order to permit the patient to repose herself and take breath.

To these details which compose the historical part of the Memoir published by Dr. Tranzieri, we must add those which relate to the termination of this singular complaint, and which he communicated to Cit. Hallé, and have been inserted in the *Magazin Encyclopedique*.

"When I published the history of the singular disease of Madame de Parte-Arrozo, (says Dr. Tranzieri) we were near the end of October, 1796. The access of asthma corresponding to the lunar changes, continued to recur without the least interruption, and to be renewed at the periods corresponding to the full and new moon, until the new moon of the 17th of March, 1798; in the full moon immediately following, of the 21st of the same month it failed, and has not since taken place, now eighteen months. It is necessary to observe, that eight months before the disappearance of the attack, the patient experienced considerably violent pains in the left side of the head; the eye of that side wept, and a quantity of water flowed; the sight became altered and obscured, and at this time a cataract was perceived. When the cataract was complete, the vision became completely intercepted on that side, and at this time ceased entirely; the periodical returns of the asthma corresponding to the lunar changes ceased. In proportion as the cataract became more complete, the difficulty of breathing in the time of the paroxysm became less great, and before this it never was observed so much as diminished. Throughout this infirmity, (adds Dr. Tranzieri) if we except the first year, we made use of no remedy which could derange the course of Nature. If they had been resorted to; above all, if we had used all the resources of the *Materia Medica*, and none of which seems calculated to destroy the cause, absolutely unknown, of this disease, should we have been able to observe so well the resources of Nature? Would the patient have survived? This cure is therefore a benefit conferred by Nature, and by Nature only does this lady, at the age of sixty-seven years, (and she does not appear to be so old) enjoy without the least inconvenience, a health which promises her yet a long life."



*Dr. ADAMS's Defence of Mr. HUNTER's Physiological Ideas  
and Language, in a Letter to Mr. CLUTTERBUCK.*

LETTER I.

TO HENRY CLUTTERBUCK, Esq.

DEAR SIR,

IT gives me much pleasure that you allow me to avail myself of this mode of answering your printed Letter,\* not only on account of the greater facility with which I can offer you my detached thoughts, but because as one part of our controversy is of the first importance to the medical world, so by the present vehicle it may be most universally diffused.

Before I engage to defend Mr. Hunter's language, allow me to observe with what currency popular opinions are reduced to phrases, and with how much facility those phrases are received as axioms or aphorisms. Mr. Hunter's little knowledge of language is generally admitted by his friends; but it should be remembered, there is much difference between correctness and elegance, between closeness and ease. Mr. Hunter's backwardness, or, if you please, awkwardness of expression, arose often from the clearness of his ideas, which rendered him dissatisfied with the common language of Medicine. Before he substituted a new term, he was, like all other true philosophers, cautious to examine every exception that could be made against it; and when he at last brought it into use, we cannot wonder if those who were unaccustomed to its new appropriation, and unacquainted with the train of reasoning which directed him in his choice, should at first feel surprized or dissatisfied: But that his terms were correct, and even his expressions well chosen, must be admitted, when we reflect that his language is growing every day more and more the language of Surgery, and his terms and combinations of terms, adopted by those who are ignorant of the source from whence they are derived, and who even undertake to oppose his opinions. Let me instance the distinction he first made between *union by the first intent* and *adhesive inflammation*. The last term, now in general use, was invented by him from necessity. He discovered two distinct processes, which had hitherto been confounded; and to distinguish

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\* See "Remarks on some of the Opinions of the late Mr. J. Hunter, in a Letter to Dr. Adams of Madeira, Author of Observations on Morbid Poisons; by Henry Clutterbuck."



distinguish which, of course, the language of Medicine did not supply any term.

Since the invaluable Jennerian discovery, there is not an expression more common than *morbid poison*. Yet for this necessary, and as it now appears, obvious distinction of animal poisons, we are indebted to Mr. Hunter. I will not say that no difference had been marked between the *hydrophobical* poison and that of the *viper*; but you will admit, there was no appropriate term to distinguish *morbid* from *original* animal poisons. The consequence was not only an inaccuracy of language, but as must ever be the case, a confusion of ideas: The laws peculiar to one were applied to the other, and remedies and antidotes indiscriminately proposed and adopted.

Let me add, the term secondary symptoms, which has now entirely superceded the old expression of a second infection, was first used by Mr. Hunter.

All this appeared to me necessarily preparative to my defence of Mr. Hunter's distinction between an *action* in the animal economy and *disposition to that action*: For, should I be fortunate enough to answer all your objections, but little would be done, unless I could also prove the absolute necessity of such a discrimination.

Your objections to this application of the word *disposition*, are,

1st. That Mr. Hunter has not defined the word.

2dly. That it is not new and unappropriated.

3dly. Because it has generally been used by medical writers as synonymous with susceptibility.

4thly. Because in the sense used by Mr. Hunter, it must imply an action. Without searching Mr. Hunter's ill-connected "Treatise" for a definition, I shall satisfy myself with transcribing my own more at length than you have quoted it.

1st. That there is a period between the time the infection (of a morbid poison) is received, and the diseased action shows itself, is evident in every instance; and as in most, we can perceive no alteration during that interval, in the actions of life, this state of the constitution has been called by Mr. Hunter, a disposition to take on the diseased action.\*

2dly. That the word is not new can be no objection, because every true philosopher, and even philologist, is cautious of coining new words; and when we consider the copiousness of our language, it can rarely be necessary. The coiners of new words,

\* Morbid Poisons, p. 49.



words,† and even those who have formed antithetic combinations of them; have for the most part been either such as wish to sport new theories, without meeting those objections which would occur if they were stated in plain language, or else such as are unwilling to meet an inquiry with its full force. Among the latter I consider Dr. Johnson's *Obliquity of Rectitude*, which seems to me no better than the holy lies of the Romanists. But Physic abounds with too many instances of both. Of these I have already given instances enough among our best received writers. (See *Morbid Poisons*, chap. i. and ii.)—Without therefore engaging in new controversies, I shall only repeat Mr. Hunter's Remarks on Pocky Itch, Rheumatic Gout, &c. all which he very properly considered as a mere cover for ignorance. When men have any thing to teach, their whole object is to render their language as simple, and their illustrations as pointed, as possible. When they fancy themselves called upon to form theories, or to explain what they do not understand, or are too idle to investigate, they then have recourse to quaintness of language, novelty of expression, and illustrations which lead the mind astray rather than direct it towards the object of inquiry.

This I trust will be a sufficient answer to your objection, that the word *Disposition* was not new; that however, though not new, it was still unappropriated, you seem to admit, when you observe,

3dly. "It has generally been used by medical writers as synonymous with *susceptibility*." If these words were formerly used as synonymous, and Mr. Hunter assigned to each a distinct meaning, he did no more than other philosophers have done; as such have appeared to reduce their own science to certain laws. It is enough for me to instance one: Linnæus, in his *Philosophia Botanica* observes, *Petiolus Pedunculus, Pediculus*

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† It is remarkable, that Mr. Hunter, though the whole of his *Chirurgical Pathology* was new, never coined more than one word, and that word he was prevailed upon not to use in print. It is well known how much he laboured to reduce the phenomena of sympathy to certain laws. In discussing the subject, and in describing the appearances, he was often obliged to repeat the expressions,—*parts that sympathize*, and *parts originally affected*. To avoid this perpetual periphrasis, he wished to substitute single words. For the first he felt himself authorised to use *Sympathizer*; for the latter, in his Lectures, he coined the word *Sympathent*. This was more a matter of necessity than choice; because it frequently happens that the sympathizer becomes the diseased part, while it is difficult to discover any disease in the sympathent, as in gonorrhœa, from dentition, and many other cases.



*Pediculus antecessoribus fuere synonymi, nobis minime.* In short, every man's words are more precise than his predecessor's, in proportion as his ideas are more correct; and every language is more correct, in proportion as its writers are better informed. Hence the superiority of the French in every thing relating to Metaphysics, and our superiority over the whole world (backward as we still are) in whatever relates to Pathology.

Your last objection is, that, "Disposition in the sense used by Mr. Hunter must imply an action."

That this may be the case I have already admitted, but it is not less certain that it does not imply that action which constitutes the disease.\* This would be of less consequence if it were an action that would yield to the same remedies as cure the disease. But this is anticipating a question which forms the most important part of Mr. Hunter's doctrine, and includes almost the whole of our controversy; I shall therefore reserve it to be discussed in a future letter, and at present confine myself to a few instances, in which the term *disposition*, as applied by Mr. Hunter, appears to me a necessary distinction.

Whenever any new action is necessary in the animal economy, some preparatory action is generally to be traced. In many instances this preparatory action may be traced so correctly that we might say, without any violence of language, that the parts are disposing themselves for the new action which is to follow. Thus when the testicles descend from the abdomen, the peritoneum is elongated at the proper opening, some time before the testicle arrives. In parturition the os externum is enlarged, and a proper mucus secreted often before the os uteri dilates. In diseased actions the same *disposition* may be traced. When matter from an abscess is approaching the skin, the cuticle is elongated before ulceration has taken place, and frequently ulceration commences before matter arrives at the surface. When mortification takes place, it is preceded by a coagulation of the blood at the extremities of all the arteries leading to the mortified part.

In these instances, a *disposition* of the parts for the succeeding action is obvious to our senses; the application therefore of the term seems perfectly consistent with etymology, if that were necessary.

In constitutional diseases, the constitutional disposition can only be known by comparing the different phenomena with the order in which they have occurred.

I would first remark, that in the illustrations I have offered,

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\* See Morbid Poisons, p. 54.



ferred, two different series of actions are pointed out; first, a set of actions which, though different from the customary order of the economy, are perfectly healthy and necessary for the continuance of the species; and next, a series of actions which would never take place without a previous disease. In the first therefore the disposition may take place, and the action never follow: For the elongation of the peritoneum takes place even though the testicle should never reach the opening; and in extra-uterine cases the enlargement of the os externum and secretion of mucus take place, though the foetus can never arrive at that part. But as far as we can trace diseased parts, the action invariably follows the disposition, and with no less certainty the disposition precedes the action. We well know that matter never finds its way to the skin without this previous elongation of the cuticle; and when this pointing, as it is usually called, appears, no prudent surgeon ever expects absorption, or attempts an opening at any other than the elongated part. With the same certainty coagulation at the extremities of arteries always precedes mortification; and as far as our experience authorizes us to determine, mortification invariably follows such coagulation, unless prevented by the death of the whole subject.

Having now illustrated the term Disposition in general, as preparatory to a new action which is to take place in a part, or the constitution, let us apply it to morbid poisons.

That there is a period between the application of a morbid poison, and the diseased action that follows, requires no proof, and in many instances that period has been reduced to laws which vary as little as any phenomenon in pathology. In the small-pox taken by effluvia, the period is about twelve or fourteen days. Under inoculation from eight to ten. In both cases the patient may be removed from every source of infection after the first exposure or inoculation, yet about the usual time the disease makes its appearance.

You will perhaps tell me, that in these cases we can trace no constitutional action that should induce us to suppose any *disposition* is making for the disease that is to follow. Give me then another word more appropriate, and I will cheerfully adopt it; but a word I must have for the state of a constitution which I know to be under the influence of an infection which at a certain period will produce a specific action. Nor is it always true that no preparatory action can be traced during the period which precedes the action of the disease. Dr. Jackson, when remarking the space of time between the application of miasma, and the appearance of fever, observes, "the person often languishes for days, weeks, or even longer. The indisposition suddenly



suddenly vanishes, and the apparent recovery is soon followed by a regular paroxysm of fever.\*

But this disposition to a contagious disease might be confounded with the disease itself, without danger though not without impropriety, did not experience show us, that remedies which will cure the disease, have no effect on the disposition, or even in preventing the disease after such a disposition is formed.

The attentive author above quoted, when speaking of relapses in intermittent fever, observes, that they were not to be prevented by any continuance of the bark immediately after the regular paroxysms had been suppressed, but that it was necessary to exhibit that remedy sometimes on the 5th, at others on the 11th, 19th, or 27th day, according to the type the disease assumed in different seasons. Dr. Fordyce makes the same remark of our English intermittents.†

But the most important instance of all, and that to which the whole of the preceding reasoning must be considered as introductory, is, Mr. Hunter's discovery of the cause why secondary symptoms of the venereal disease sometimes occur after repeated exhibitions of mercury in every known form, and why in many instances no secondary disease follows, though the remedy has been no further applied than to cure the first local symptoms.

In my next I shall prove that our best authors, since the disease has been accurately described, have admitted this fact; and show how unsatisfactory every solution except Mr. Hunter's has proved, after which I shall consider the theory contained in your letter.

I am, &c.

Madeira, July 21, 1802.

JOSEPH ADAMS.

## LETTER II.

TO HENRY CLUTTERBUCK, Esq.

DEAR SIR,

HAVING said all that appears to me necessary in defence of Mr. Hunter's distinction between the syphylitic action, and the disposition to take on that action, and lest those who disapprove the expression, to favour the world with a better; let us now examine whether the facts which rendered some change of language necessary have not been admitted by every accurate writer; whether Mr. Hunter has done more than reduce those facts to order; and whether a considerate attention to his doc-

\* Diseases of Jamaica, p. 134.

† Practice of Physic.



trine might not have lessened a late controversy, which, in comparison with Physic, has rendered the glorious uncertainty of the Law almost mathematical evidence.

Having already laboured through volumes, to which my present situation does not allow me access, and finding myself hitherto uncontradicted in my inferences from them,\* you will not require me to go further back than Boerhaave. Let me however slightly glance at Hoffman and Sydenham. Both of these writers acknowledge themselves unable to prevent the re-appearance of the disease in some form, by any courses of mercury, with whatever perseverance, and in whatever manner it was applied; yet both found it curable by mercury when it did re-appear, though each assigned different causes, and proposed different forms.

The industry of Boerhaave taught him to make more than a verbal distinction between *lucum eo tempore dominantem et mala venerea quæ latitant*. He asserts indeed, that in the soft parts he could cure both by mercury, but professes himself unable to secure the bones by the same means, speaking of the loss of noses, palates, and other bone cases, as trophies which disgrace the whole profession.†

Astruc, whose accuracy and diligence far exceeded all his predecessors, is forced to acknowledge that he knew not how to prevent the re-appearance of the disease. He shows indeed that Boerhaave is mistaken, in supposing that mercury will not cure the bones as well as the soft parts; but not being aware of Boerhaave's distinction between the latent and the apparent disease, he never meets his adversary on fair grounds.

Turner acknowledges that he knows of no security against a second infection; but hopes, that if nothing of the kind occurs after a double solstice, we shall hear no more of the complaint.

Chapman, like too many other writers, refers the re-appearance of the disease to bad treatment, but gives no rules by which it can be prevented.

I shall not now repeat Dr. Swediaur's language, which forms the whole of his theory. Leaving therefore *radical extirpations, retropulsions, &c.* to such as can understand them, it is enough to observe, that he wishes for a touchstone to discover the existence of the poison in the body, acknowledging that his own experiments have been hitherto inconclusive.

It is not to be wondered if practitioners sought for new remedies

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\* See Morbid Poisons, and the various periodical critiques upon them.

† Prefatio ad Lusin.



remedies to prevent the recurrence of a disease, when their want of candour to each other, or of confidence in themselves, induced them to refer such recurrence to the bad treatment of the first symptoms. But after Mr. Hunter had marked a series and order which seemed to reconcile difficulties admitted by all, though explained by none, one might have expected a more frequent reference to his doctrine on the introduction of a new remedy. Yet we still find some writers surprized at the recurrence of secondary symptoms, others urging their great success in curing those secondary symptoms, and others minutely relating their success in curing symptoms that resisted mercury. Do not suppose it is my intention to undervalue these writers. Among them is one whose accuracy is equal, if not superior, to any medical writer now living. Whilst therefore we may learn from such an example how much is to be done before we meet the public eye, we may be at least allowed to wish that, before he was prevailed upon to add the dignity of his name, he had used his customary caution. A reference to Mr. Hunter, would have shown him that secondary symptoms are much more easily cured than primary ones, and that those diseases, particularly of the bones, which resist mercury, are more commonly the effect of that remedy than of lues.

With the errors of all of us before you, with a critical inquiry into Mr. Hunter's opinions, you have started a new doctrine, which we must now examine. But let us first, as all other controversialists ought, ascertain what we are to dispute about. About the venereal disease, its symptoms, and cure. What then is a chancre? and what are secondary symptoms? You tell me, the instances I refer to in Celsus, as probably morbid poisons, are nothing more than phagedænic ulcers; but have not other authors described the same as venereal? and does not their existence before that disease was known, prove they were not such? Of the five first cases contained in your letter, you say "the symptoms could be traced distinctly to a venereal origin." My dear sir, learn to be more sceptical. It does not appear by your histories, that you saw the primary symptoms of more than one of the subjects; how, therefore, are we to ascertain the origin?

As to ulcerated throats, they appear under every circumstance of constitution, and like other ulcers in which no venereal source can be traced, when become chronic, are often cured by the new action mercury excites in the part or in the system, or during the convalescent state which follows the mercurial irritation. But I wish to make as few remarks on cases as possible. Yours are before the public, to whom we both ap-



peal. I have offered only one,\* and that does not rest on my own authority. Not because I am fearful my credit should be suspected, but because I am fearful of my own partiality to pre-conceived notions. In this case you conceive all the subsequent mischief arose from suspending the use of mercury; yet it was continued after the disease was exasperated in proportion as the system was more affected by mercury, and until there appeared danger that the whole penis would ulcerate away. Other cases you conceive to be venereal, which yielded to so little mercury, that none of its effects were perceptible in the constitution; and at last you believe that the venereal disease, in some of its stages, and under certain circumstances, may get well without mercury or any other remedy. If then mercury (as no one will dispute) cures other complaints, and the venereal may get well without mercury, the success of that remedy can never be considered as any argument of the reality of the disease. This leads us to the former question. What is a chancre? I am told a phagedænic ulcer, a sloughing ulcer, an ulcer which will yield to mercury, one which will not yield to mercury, and one which will cure itself. Such are the primary symptoms; the secondary are not less uncertain. Can we wonder then if mercury cures all the venereal diseases which fall under some practitioners, if acids cure all those which are treated by others, or if both remedies exasperate such as fall under other hands.

If I could for a moment suppose you were asking me where we are to meet with a true description of the disease, I should answer, that as far as description can convey a true idea, the chancre is accurately traced by all those authors whose works retain any celebrity, and also that it is the only kind of ulcer of which Celsus makes no mention, in the passage to which we both refer. Sydenham, Astruc, and Hunter, all take notice of the hard edge and base of the chancre, and the French writers have given it that name, inasmuch as it was found incurable by the common efforts of the constitution or by common remedies. Hunter is by far the most circumstantial in tracing its progress, well aware of the necessity of accurate detail, and also as his nice observations on every kind of ulcer enabled him to account for the peculiarity of this.

But you will tell me chancres assume different appearances: In their commencement, they will often be affected by any peculiar constitution of the subject or air. They will sometimes  
slough,

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\* Morbid Poison, p. 70, & alibi. As the issue of this case was not known when the work appeared, and as in its unfinished state it attracted the curiosity of several medical people, the sequel may make the subject of a future paper, if the Editors think proper to receive it.



flough, or the surrounding inflammation will be considerable. But these symptoms subside by common remedies or common care, and the true character of the disease shows itself. Had all the cases in which opium, sarsaparilla, or acids were tried, been selected with a proper attention to this description, we should have known the powers of each. Examine the controversy concerning the first, and tell me if you can find an accurate description of the chancre. Sir W. Fordyce's sarsaparilla cases were most of them such as had resisted mercury. The *acid* controversy is too recent for me at this distance to engage in. But I will acknowledge that when I read from authorities I cannot doubt, that *all* the cases which occurred in a military hospital for some months were treated with success, I find it as difficult to suppose none of them were venereal, as that acids will cure the disease. To me the controversy appears still undecided; nor can I help regretting, that in the cases above alluded to, the first symptoms were not described with that accuracy which is observable in every part of the history during the use of the remedies.

I have said thus much, to show the necessity of defining a chancre; and till we are agreed in this point it will be in vain to dispute. I proceed, therefore, to the next, in which we understand one another better, namely, Mr. Hunter's doctrine, that mercury cures the diseased action, but not the disposition to that action; or, if you prefer Boerhaave's language, that it cures the disease when apparent, but not when latent. To save time I shall transcribe your summary of the doctrine, adding a few words between [crotchets.]

1st. That the venereal poison being taken into the constitution becomes universally diffused, and contaminates, at once, all the parts which are [at that time] susceptible of the venereal action, and that it is afterwards expelled the system along with some of the excretions.

2dly. That the parts contaminated do not immediately go into venereal action; but that they acquire a new state or condition, which is termed by him, *a disposition to take on the venereal action*.

3dly. That disposition once formed in a part, necessarily goes on at some future period *to action*.

4th. That mercury cures venereal action, but does not remove the disposition previously formed, and which is not come into action.

5th. That although mercury does not destroy the disposition already formed, yet that it prevents it from forming.

6th. That although the disposition continues, it does not go into action during the use of mercury.



7th. That the action having once taken place, goes on increasing, without wearing itself out.

8th. That [an order of] parts once cured never become again contaminated from the same stock of infection.

9th. That the matter of secondary ulcers is not infectious.

10th. That the venereal action is as soon destroyed in a large chancre as a small one, mercury acting [exciting action] equally in all its parts.

The addition to your first proposition appeared necessary, because, like many other authors, you seem to confound absorption with contamination (p. 11). Wherever there is an ulcer, loss of substance takes place, and this can only be by absorption. In all cases of chancre, therefore, absorption takes place; but contamination only follows in such parts as happen to be susceptible of such an impression at the time the poison is circulating with the fluids.

In the 8th proposition I have added [order of] parts, because if Mr. Hunter is right, when the disease is cured in a part, it not only does not appear again, from the same stock of infection in that part, but in that order of parts. Thus, when the chancre is cured, the disease will not appear on the genitals from that stock; when the throat and skin are cured, it will not appear again in any of the soft parts; and when the bones are cured, it will not again appear in them. So that if the disease has appeared in all these parts, and been cured, the patient may be said to be free from all the consequences which can arise from that infection.

Had Boerhaave pursued his own inquiries into nature, instead of hunting after the authorities of others, he would probably have drawn the same conclusions as Mr. Hunter. For in the passage above cited, we find him asserting, that mercury would not only cure *luem dominantem*—sed *mala venerea quæ latitant in locis per quæ arteriæ rubræ, &c. cum idonea velocitate ruunt*—perfecte sanari mercurii virtute posse. That is, it would cure the apparent as well as the latent disease in the soft parts, though it would not protect the bones. It is evident enough that he first formed this opinion by finding, that after curing the secondary symptoms in the skin, the disease, though it never returned to that part, would afterwards appear in the bones in spite of all his attempts. An unfortunate bone case, which after mercurial courses, was cured by mezereon, led him to suppose, that mercury had no power over the bones whatever. It is hardly necessary to read Astruc's answer, to convince ourselves of Boerhaave's error; but the source of his mistake can only be accounted for on Mr. Hunter's principles.

I am not offering this as an authority, but a medico-historical critique



critique which may relieve us both. The truth of Mr. Hunter's doctrine can only be ascertained by experiment. Whilst you are afraid of leaving an ulcer in the throat (of near a month standing) without immediately exhibiting mercury, it will be in vain to appeal to your own experiments: mine can only rest on my own authority; and I have seen nothing since I published, to induce me to alter my opinion. However, the testimonies above cited from so many authors, not only prove that they knew no means of preventing the recurrence of the disease, but may answer your objections to modern practice, and shew that secondary symptoms were probably as numerous formerly as they are at present; that they were much more severe is universally admitted; and it is difficult to account for this by any other means than the greater severity of their mercurial courses. However, it is some satisfaction to find, that our practice need not materially differ, though you are not disposed to admit Mr. Hunter's doctrine.

In page 17; you remark, the effect of mercury will probably depend, like that of other stimuli, on the irritability of parts; this irritability, you add, is much increased by inflammation or ulceration. "Venereal tumours and ulcers are thus more susceptible of the mercurial irritation than parts whose sensibility and irritability remain unchanged, which is the case for some time after contamination. A reason may hence be afforded why the same mercurial course, which is sufficient for the removal of the apparent action, may be inadequate to overcome that latent degree of the disease, which Mr. Hunter terms *disposition*."

Now, if you are disposed to admit all this, and recollect the number of mercurial courses which have been unequal to the prevention of secondary symptoms; and also, how readily those symptoms are cured when they appear, no better argument can be offered in favour of keeping up the mercurial irritation only long enough to secure the permanent cure of the first symptoms.

In your cases, you account for the recurrence of symptoms in the same order of parts, by supposing an inequality in the action of mercury. When the whole constitution shows symptoms of mercurial irritation, it is difficult to form any idea of a partial action. As you refer me to analogy, I would ask, since your valuable discovery of the power of mercury in curing the ill effects of lead,\* have you ever found, when the constitution

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\* See "Account of a new and successful Method of treating Affections from Lead, &c." [A work which appears hitherto too little attended to. E.D.]



constitution was generally affected, one hand was relieved whilst the other retained its paralytic affection.

You say that the records of Medicine by no means warrant Mr. Hunter's conclusion, that "new poisons are arising every day, resembling the venereal in many respects," and wonder that none of them were perpetuated if they ever existed. I thought I had already given a reason why they could not be perpetuated. You add, "at least so far as for their history and character to be accurately fixed." Their history and character are fixed with sufficient accuracy, at least to distinguish them from the venereal. The only error has been in calling them by that general name. In consequence of this, Hill picking up a symptom from all the different writers, asserts that *sivvens* is only the venereal disease; the same was once said of yaws. What then are the records of medicine? When we meet with accurate descriptions of a disease, unaltered by our remedies, we may form our own conclusions. Where, let me ask, shall we meet with a description and history of the Small-pox before Sydenham? Of the ulcerous sore throat, as it is called, before Fothergill? You remark too, that we have no satisfactory history of yaws; the same may be said of *sivvens*. Dr. Rolla has discovered, and very accurately described, a morbid poison, either not before known, or, which is the same thing, not before attended to; and Dr. Trotter has confirmed the fact. It may be asked, as Sydenham's authority is universally admitted, why is it not the same with Mr. Hunter, if he has ascertained the laws of the disease in question? Whoever carefully examines Sydenham's History of the Small-Pox (which I trust, by this time, must be rather a matter of curiosity than necessity) will find, that how justly soever he was admired, he was more generally misunderstood. It is well known too, that a treatment, in direct opposition to his, maintained its ground for near a century, when his practice was revived, not out of respect to him, but because its success threatened a monopoly of this branch of Medicine.

Such are the records of Medicine! Such the historical treatment of a disease, the greatest scourge to the western part of the world! Such the uncertain progress of a science, the most important to human life; and the professors of which, throughout Great Britain, are not less liberal than respected.

You say, before the venereal disease was known in Europe, we have no accounts of such diseases as Mr. Hunter supposes to be derived from new poisons. Mr. Becket, however, in his paper in the Philosophical Transactions on the Antiquity of the Venereal Disease, proves, that long before either the discovery of America, or the Siege of Naples, other diseases were known, originating



originating in the genitals, and spreading from thence over the whole body; that they were even considered as arising from impure coition, and some of them cured by mercury.

Having now said enough to enable the medical world to judge of the question in issue, I shall take my leave, till you require a precise answer to any point I may have overlooked, and which appears to you more decisive than the rest, or till you furnish me with new matter. There are, however, two passages in your letter, which I must not leave unanswered. By the first, it appears as if Mr. Hunter had contradicted himself; by the second, that I had misquoted an author.

In proving that the disease will sometimes cure itself, you say, (p. 28.) "When purple spots appear on the skin," Mr. Hunter observes, p. 319, "giving it a mottled appearance in this disease, many of the spots disappear, whilst others continue and increase." This is neither correctly copied, nor is the explanatory note added; I should add, my edition is the first, 1786. It is in vain therefore to comment till we agree in our text.

In page 63 of your Letter is the following passage:—"The cases quoted by you from the Edin. Med. Essays, (vol. 3.) as instances of morbid poison different from the venereal, do not appear decisive. The resemblance of the symptoms to the venereal is sufficiently great to warrant the referring them to the same source; and they all yielded to the use of mercury. You observe, that when the symptoms recurred in some, they gave way to the sweating bath; but you have omitted to mention, that a few grains of calomel were given before going into the bath, which was thrice a week, and sometimes two grains of turbith mineral were added to the calomel."

As you have not referred me to the passage in Morbid Poisons, and as, in turning over the leaves, I have met with no other mention of these cases but at page 82, I can only say, "We are both wrong." It is true, I have omitted the calomel and turbith; but I say nothing about the patient's being cured by the sweating bath. However, this is a fair implication: But as I admit many other morbid poisons yield to mercury, it would have been right to take notice of my other objections, when you say, "The resemblance of the disease is sufficiently great to warrant the referring it to the same source."

My other objections, you will find, are,—1st. "That the ulcer in the woman's mouth, which infected the ladies, was cured without mercury.—2d. That the disease was *remarkable* for its malignancy and *swift progress*." I now add, the appearances, as far as described, are all different from the venereal. After saying this, I again thank you for setting me to rights, and doubt not that it was with the best intentions.

Your's, &c. JOSEPH ADAMS.



*A Case of Hooping Cough superseded by the Small-pox;  
communicated by Mr. T. V. OKES.*

A Child, a year and quarter old, at Milton, near Cambridge, had been for several months afflicted with the Hooping Cough. The cough was more violent and more shockingly convulsive than I ever observed it to be in any other subject. Emetics and medicines usually prescribed in similar cases were duly administered, and although the returns of the cough were afterwards less frequent, the hooping and convulsion connected with it did not yield to any of the means employed.

The mother having been seized with the natural small-pox, it was thought advisable to inoculate the child; and some matter for this purpose, taken from the mother (three days after the eruption) was inserted in both the arms of the child. At the end of six days the eruptive fever came on, and was succeeded by a moderate quantity of pustules: In short, every symptom belonging to the small-pox appeared to be of the most favourable kind; but what is more particularly to be remarked upon this occasion is, *that as soon as the eruptive fever shewed itself, the cough and its concomitant symptoms entirely ceased and never more returned.*

I do not think myself enabled to make any important deduction from this solitary fact; but the sudden cessation of the cough and the other characteristics of the original disease upon the approach of the eruptive fever, seems to be a very striking circumstance, and may perhaps point out something worthy of consideration as to the treatment to be adopted in the latter stages of the Hooping Cough.

Sept. 25, 1802.

*On the beneficial Effects of the Datura Stramonium, on  
the Spigelia Marilandica, and on Vermifuge Medicines;  
by B. S. BARTON, M. D. of Philadelphia.*

SINCE the publication of the first edition of my *Collections*, I have had many opportunities of employing the *Datura Stramonium*. I have used it chiefly in the form of an extract, prepared from the fresh leaves. I have principally exhibited it in cases of mania and epilepsy. I cannot hesitate to say that it is a medicine of great and invaluable powers. It is my intention



tion to publish the particulars of the cases in which I have employed this medicine in a separate work. I shall, therefore, content myself, in this place, with observing, that I have found the stramonium especially beneficial in cases of mania attended with little or no fever, or with a cold skin and languid circulation. I have thought it necessary to give the medicine in very large doses. Beginning with a few grains, the dose is gradually increased; and in a few days it may, with safety, be taken to the extent of fifteen or twenty grains. In one case of mania I at length gave it to the extent of sixty grains at a dose. When the patient had continued upon this dose for some time, she broke out into biles upon various parts of the body, and was, at length, discharged from the hospital perfectly cured. In several other cases of mania the datura has been of essential use. Except in one case, I have not perceived any inconvenience from it. In this case, whilst the patient was taking the medicine to the extent of thirty grains, it produced a very enlarged dilatation of the pupil of the left eye, and a palsy of the palpebra of the same eye. But even this was only a temporary inconvenience, which was removed in a very short time by the application of a blister. The patient resumed the use of the extract, and was finally discharged from the hospital apparently cured.

The beneficial effects of the stramonium, in cases of epilepsy, have been likewise very manifest. In a case of epilepsy, accompanied, at various periods, with fever, the medicine seemed to increase the sense of fulness in the head, and other disagreeable symptoms. But, in several other cases, I exhibited it with the most manifest advantage. Although in no case have I been able to effect a cure with the stramonium, I have certainly administered it with the effect of protracting the fits, and of diminishing their violence. Perhaps much more than this cannot be said, with a strict regard to caution, of any other of the many medicines which have been recommended for the cure of epilepsy.

I have been informed, that in the State of Kentucky the seeds of the stramonium are sometimes exhibited, with advantage, in cases of chronic rheumatism. On this subject I cannot say any thing from my own experience. The seeds of this vegetable are unquestionably endued with very active powers. This is abundantly evident from the pernicious effects which are so frequently observed in children who have swallowed the seeds. Dr. John Archer, of Maryland, has found them of much advantage in cases of epilepsy. I have used them with seeming benefit in a case of mania.



*Spigelia Marilandica*. In some parts of Carolina, &c. this invaluable plant is known, among other appellations, by the name of snake-root. It is the *unsteetla* of the Cherokee Indians. Every part of the plant is possessed of the anthelmintic property, and accordingly, in Carolina, the physicians employ the whole plant—chiefly in decoction. But the active power unquestionably resides more especially in the roots. It is the opinion of many persons, that the deleterious effects which occasionally occur from using this vegetable do not arise from any pernicious property inherent in the *spigelia*, but from the root of a distinct plant which is often mixed with the *spigelia*. I do not think this notion is entitled to any serious attention. The *spigelia* is, without doubt, a poisonous and narcotic vegetable. It is, in all probability, by virtue of this poisonous quality, that it proves so beneficial in cases of worms. I am acquainted with a very intelligent physician, who, in the exhibition of the *spigelia*, always deems it necessary, or proper, to persevere in the use of the medicine until it produces some very decided effect upon the brain. I must confess, however, that I have often found it completely efficacious, without observing that it has occasioned the least inconvenience to the system. That it has sometimes done mischief, will not, I believe, be denied. Professor Bergius informs us, that he has known instances of convulsions cured by the *spigelia*, although no worms were expelled by it. Dr. Garden, speaking of this plant, says, ‘It especially answers in continued or remitting low worm-fevers, in which I use its decoction, adding a small proportion of the root of the *serpentaria virgin*. Its effects in abating the feverish exacerbations are so considerable, that in these I consider it as the most powerful sedative. It is an excellent attenuant.’ I have been induced to take notice, in this place, of the observations of Bergius and Garden, because a pretty extensive use of the *spigelia* has now convinced me that this medicine very often affords relief, and, indeed, effects a cure, in cases in which worms are supposed to be present, but in which none are discharged. If I do not greatly mistake, this will be found an highly useful medicine in some of the febrile diseases of children, unaccompanied by worms, especially in the insidious remittent, which so frequently lays the foundation of dropsy of the brain.

*Common Tobacco*. There is a peculiar mode of employing the leaves of the tobacco in cases of worms, which I cannot avoid mentioning in this place, especially as it has, in many instances, produced very happy effects. The leaves are pounded with vinegar, and applied, in the shape of a poultice,



poultice, to the region of the stomach, or other part of the abdomen. In consequence of this application, worms are often discharged, after powerful anthelmintics have been exhibited internally in vain. We ought not to be surpris'd at this effect of the tobacco, since we know that the same vegetable, applied externally, is often very efficacious in inducing vomiting. Accordingly, I have, for some years, been in the habit of applying tobacco leaves to the region of the stomach of persons who have swallowed large quantities of opium, and other similar articles, with the view to destroy themselves. It is well known, that in these cases the stomach is often extremely irritable, insomuch that the most powerful emetics have little effect in rousing that organ into action. Here, as an auxiliary at least, the tobacco, used in the manner I have mentioned, is certainly very useful, and, in many instances, ought not to be neglected.

*Melia Azedarach*.\* When I published the first edition of my *Collections*, I had not any experience in the use of this vegetable. Since that period, however, I have used it in several cases of worms, and always with advantage. Indeed, I am inclined to think that the character of this new anthelmintic has not been too highly drawn. I will not assert that it ought to be preferred to the spigelia; for I have had much more to do with this than with the melia. The melia is unquestionably a valuable anthelmintic, and ought to be introduced into general practice. I have employed the bark of the root, both in substance, and in the shape of a saturated decoction. In the case of an adult, who took the decoction in large quantities, *with the effect of discharging great numbers of worms*, it seemed to occasion some confusion of the head, and trembling of the hands. These, perhaps, were accidental symptoms; but I am disposed, with the patient, to ascribe them to the medicine. The worm-cases in which I have found the melia useful, were cases of the common round worm, or lumbricus intestinalis. I have not had any opportunity of trying how far it is a remedy against the tænia, or tape-worm. But I am informed that, in Carolina, it has been used with the effect of discharging great numbers of this species of worm. Should this prove to be the case, the melia will be doubly entitled to our attention as an article of the materia medica. It is not merely in cases of worms that this vegetable has been found useful. Mr. Andrew Michaux, an intrepid

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\* Pride of India, called in South-Carolina poison-berry-tree and China-tree.



intrepid French botanist, informed me, that in Persia, where this tree grows spontaneously, the pulp which invests the stone of the fruit is pounded with tallow, and used as an 'antipsoric,' in cases of tinea capitis in children.

Is the melia a narcotic or poisonous vegetable? Its remarkable effects in destroying and dislodging worms renders this probable, but not certain: for many articles which, with respect to the human body, are entirely innocent, are known to be noxious to intestinal worms, and many other animals. Such is sugar, as has been demonstrated by the experiments of Redi, Carminati, and other writers. The case which I have alluded to renders the deleterious quality of this vegetable very probable. I may add, that in some parts of Carolina the root is deemed poisonous. Horses and horned cattle, however, eat, with impunity, the leaves and berries. Certain species of birds (particularly the *turdus migratorius*, or robin, and the *turdus polyglottos*, or mocking-bird) devour the berries in such large quantities, that, after eating of them, they are observed to fall down, and are readily taken. Does not this circumstance render it probable that the berries contain an intoxicating quality? This, however, I believe, is not the general opinion of the inhabitants of Carolina, who ascribe the condition of the birds merely to the circumstance of their having eaten so abundantly of the berries, that they injure entirely by distention. The ripe berries have a sweetish but nauseous taste.

As the melia is now completely naturalized to the States of Carolina and Georgia, it may not be amiss to close this article by observing, that the fruit of this vegetable is employed in Japan for furnishing an expressed oil, which grows hard like tallow, and is used for making candles. May not our fellow citizens to the south render it worth their attention to follow the example of the Japanese, in the instance I have mentioned?

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It gives us great pleasure to find that the learned author intends to publish an additional volume relative to other indigenous medicinal productions of the United States, and that he has made such progress as already to be in possession of sufficient materials.



To Dr. B A T T Y.

DEAR SIR,

THE two following cases, noticed in the last Journal, I send you as drawn up by the attending Surgeons.

I am, &amp;c.

W. NISBET.

Case I. *Communicated by Mr. BEVERIDGE, Member of the Royal College of Surgeons, London.*

Mrs. U. of Ludgate Hill, some months after parturition, was attacked by a swelling of the external parts, hard, apparently schirrous, and soon becoming exquisitely painful. This affection continued for no less a period than six years under a variety of medical treatment, and then disappeared, but was immediately succeeded by symptoms of its being transerent to the uterus. These symptoms were violent pains of back and loins, sense of constant weight and pressure, uneasiness in going to stool, inability to admit coition, a constant acrid serous discharge, &c. These symptoms progressively advanced, so as to render the life of the patient completely miserable and useless to her family. During the course of her malady, a number of different physicians were consulted, whose names it would be needless to mention without permission. Their opinions uniformly concurred in the nature of the disease, and in the slight prospect afforded of relief. In this state of matters, hearing accidentally of Dr. Nisbet, I advised his being called in. On being made acquainted with the history of the case, and after examining the actual state of the disease, which showed the uterus enlarged, hard, and painful to the touch, with the vagina conveying a hard glassy feel, Dr. Nisbet's opinion concurred with the other gentlemen in the nature of the disease, giving however some hopes of relief, and enjoining a mode of treatment different from what had been attempted in regard to its principle. As the patient, in the progress of her malady, had been unhappily exposed to venereal infection, with a view to this circumstance a pill was prescribed, composed of three parts of steel to one of mercury, the minerals being prepared by depriving them as much as possible of their oxygen, and exhibited in their least active state; along with this, the use of narcotics was enjoined, and the cicuta preferred for this purpose. It was prepared in the same manner, by reducing it to a carbonated state, and giving it in the form of draught,

to



to the extent of two drachms every day, with a few drops of essential oil to make it easy on the stomach. With this treatment the carbonic acid was largely thrown in, and a dilute vegetable diet recommended. To palliate the symptoms of pain of back and loins in the first instance, a strong camphorated ointment, in the proportion of two and even three drachms to the ounce of axunge, was desired to be rubbed in night and morning, in the same manner as practised with the mercurial ointment. The good effects of this practice were soon apparent; the pain of back and loins, after the first eight days, gradually decreased; the uterine pain and pressure were removed; the patient was able to move about and attend her family concerns; lately, she even walked from her own house to Fitzroy-Square. Two of the gentlemen who formerly attended her, accidentally meeting her, expressed their strong surprize at the change of the appearance; there is, therefore, every well grounded hope of her permanent cure.

*Oct. 10, Newgate-Street.*

*Case II. Communicated by Mr. DEAN, Fellow of the Royal College of Surgeons, London.*

Mrs. H's complaint arose from a miscarriage, which took place a few months after her marriage, ten years ago. From this period, she was troubled with complaints in the abdomen, which induced her to consult Dr. P. He considered these symptoms as produced by a diseased uterus, and advised her to take the opinion of some experienced physician in Midwifery. This, however, she neglected for a year and a half, when the symptoms having much increased, she came to London for a consultation on her complaint. On seeing her, I advised her calling in Dr. G.; he found on examining the uterus, that it was enlarged, very hard, and that the fundus was thrust down into the lower part of the pelvis, so as to press on the rectum, and it was so expanded, that it could not be moved by the finger from its situation; the complaint was attended with a most excruciating pain on going to stool, and most of the other symptoms described in the former case. Dr. G. then proposed consulting with Dr. Nisbet, and that he should see her. Having ascertained the nature of the disease, Dr. Nisbet proposed the same plan of treatment as in the preceding case; and the same advantages attended its application. The uterus has diminished in size, the symptoms in the abdomen and surrounding parts are much gone, and there is a well-grounded hope that the disease is fast removing.

*Oxford Street, October 10, 1802.*



*On the Puerperal Fever, and an Explanation of the Mode of treating it; by Dr. MICHAELIS, of Harbourg, in the Electorate of Hanover.*

THE Puerperal Fever has always been considered as a very fatal disorder incident to pregnant women; but I had the good fortune in my practice, to hit upon a method of treating it with a tolerable degree of success, even when complicated with lacteal metastases upon the lungs. As the modes of treatment which I have adopted, differ from those that have usually been followed, it may perhaps be acceptable to practitioners to detail the particulars of it.

It is well known, that this disorder, to which all women are subject, sooner or later, after their delivery, generally begins with cold fits of various degrees of violence, which are succeeded by heat and perspiration; the heat and febrile motions gradually subside during and after the perspiration, though without entirely ceasing, and the cold fit and heat return at uncertain intervals, frequently on the same day. The pulse is irregular, seldom full, generally small, quick, intermittent, and altogether is what may be called a nervous pulse. The patient soon after perceives a painful sensation in some parts of the body, commonly in the belly, which swells, or in the chest with an oppression of breathing; sometimes the limbs begin to swell, particularly the legs, and the tumour is either erysipelatous or mostly pale, resembling an œdema, except its having a great degree of heat. The breasts now become more flaccid, the milk diminishes or disappears entirely, or if the breasts had not already been filled, when the disorder has taken place, little or no milk will enter them. The lochia are sometimes suppressed, at other times flow irregularly, and sometimes they are not disturbed at all. The patient at first is frequently thrown into a gentle delirium, which only, in some cases, rises to a greater degree of violence, namely, when the head is particularly affected. Then it also happens, that the organs of the senses suffer in various ways; for instance, by blindness, with a dilatation of the pupil, difficulty of hearing, &c.

If the abdomen be principally attacked, either vomiting or diarrhœa of a yellowish watery matter supervenes, in which milky particles are contained, or a costiveness takes place, but in either case it becomes tumid and extremely painful; the more it swells, the more the oppression is increased; the diarrhœa lessens the intumescence of the abdomen, but frequently it is augmented even during the most copious diarrhœa, and continues



to the moment of death. A diarrhoea always makes the disorder worse, when it is too violent, nor can it ever be deemed salutary, unless it has the effect of diminishing the swelling of the belly, and of affording relief.

If the chest be chiefly affected, an oppression of the breath attended with stitches in either of the sides, which sometimes shift about; a cough, a sour smelling breath, just like sour milk, and a white expectoration retaining the same smell, will be observed. There are likewise instances, when the pharynx is affected; then, besides anginous symptoms, those parts are covered with a white sourish mucus substance. Any part peculiarly affected swells, becomes extremely painful, sometimes breaks, and there issues a milky or purulent matter, which in the manner of milk sometimes is separated into caseous, watery, and oily components. Sometimes the swelling subsides without breaking, but very slowly; at other times it neither subsides nor is collected into matter in any one spot, but becomes oedematous, which generally ends fatally.

These symptoms, of which frequently several are combined together, are accompanied with profuse sweating, which produces no benefit, but causes languor, and is discernible by a sour smell. The urine is thick and troubled, and forms a thick sediment. The limbs are mostly cold. Sometimes a miliary eruption shows itself on the whole body or on the chest, which however is merely accidental, and changes not in the course of the disorder. The face of the patient is generally pale, and looks emaciated, except at the time of the hot paroxysm; often they have a great inclination to sleep. The disease is observed to recur, though seemingly completely cured, without any evident cause; and even when all the perilous symptoms are removed, the pulse will for a long time after remain febrile; the belly swollen and sometimes painful; and before the pulse is become entirely quiet, the disease is always apt to return.

In those cases, which I had an opportunity of seeing in the Vienna Lying-in Hospital, the patients were in general suddenly carried off, after having been afflicted with great anxiety and delirium, attended with an extraordinary swelling of the belly, violent pains in the breast, and great oppression of breath, and at last the limbs grew cold, as in a real gangrene. In these cases the symptoms were, as far as I know, not increased by a hot treatment or other improper remedies. In several instances, when the symptoms appeared to be gentle, and the constitution afforded good hopes, death nevertheless followed. Among those few of my patients who died in consequence of this malady, there was one, in whom the disorder at first seemed so insignificant, that I was induced to retard the application of that remedy,



medy, of whose superior utility experience has since so often convinced me.

At the dissections which I witnessed, especially in the Vienna Lying-in Hospital, there was always found in the belly, if that happened to be the part affected, a green yellowish matter, which was incrusted about the solid parts, particularly the bowels and the uterus, and which from the state of fluidity and the appearance of serum lactis, passed over into the consistency of a tough jelly; the smell of this matter was either sour like that of milk, or it stunk like rotten cheese. The bowels immediately underneath it were in general whiter than natural, and it was but seldom that you might observe in some spot or other, veins highly filled with blood or some pale redness, which however, could hardly be called an inflammation. I frequently perceived this appearance at one or the other of the tubæ Fallopii; the uterus had generally its natural shape, though it was at times inflamed and gangrenous. Sometimes, especially in those cases where a flakey sort of milk was evacuated by the stools, the intestines were found to be filled with similar matter.

Of those who died with affections of the breast and milky expectorations, I had no opportunity of opening any one; but I think myself justified in supposing, from the circumstance of matter like milk being thrown out, which was easily to be distinguished from common phlegm by its colour, smell, and taste; that matter of the like kind with that in the belly must be found in the lungs and in the cavity of the thorax, especially as these patients generally die by attacks of suffocation.

Nor does it appear to me improbable, that even in the brain such milky effusions may be met with, when symptoms of stupor, blindness, and similar affections, which lead us to suppose a pressure of the brain, precede dissolution. I generally saw several women taken in at once, and always when the constitution was rheumatic or catarrhus, which for some years past has been here the prevailing constitution. It often attacked those who being advanced above thirty years, lay in for the first time. Frequently difficult deliveries, a sedentary life during the state of pregnancy, the catching of cold, excess in diet, passion, imprudent stoppage of the milk in those who either could not or would not suckle, violent hæmorrhagies, or incautious purgings preceded, as debilitating causes. Sometimes the shivering was antecedent to the delivery, and the woman laboured under a rheumatic fever before she was brought to bed.

In a young healthy person, who was pregnant for the first time, violent pains in the knee were felt the day before her delivery, which I indeed lessened, but they returned with increased force after the delivery, (not a very difficult one,



though the forceps in the last stage was necessarily had recourse to). The knee continued to swell, and seemed to contain a fluid; no milk appeared in the breasts; and it was not till after a considerable time, that I succeeded in reducing the tumour, without causing it to break. But even then no milk returned into the breasts. In this shape, and under these circumstances, I observed the Puerperal Fever, concerning the nature of which, so many different and contradictory opinions continue to prevail.

Without mentioning the singular ideas, which many physicians have entertained on this subject, being seduced by some insulated phenomena to form general conclusions, and without entering into a useless refutation of the same, (since dissections do but prove too clearly that neither the inflammation of the uterus, of the omentum, of the peritonæum, nor of other intestines, are always to be met with, and since there are Puerperal Fevers, in which the abdomen suffers not at all, or but very little and transitorily) I shall only touch upon a generally prevailing opinion, according to which this disease is nothing but what is commonly called a gastric fever, attended with nervous symptoms, which however, may not unfrequently be complicated with a putrid and inflammatory character; and further, that lacteal metastases, as well as inflammation of the uterus, are but accidental symptoms of the disease, and not essentially connected with it. Those physicians may justly be allowed to define or characterize that as a fever, in pregnant women, to which, on account of the nausea and vomiting, foul taste and tongue, they assign the name of gastric, and to treat it with evacuants; but they have no reason to conclude that the disease which I have described, and which among medical writers bears the appellation of Puerperal Fever, is to be comprehended under that fever, as it is accompanied with symptoms that widely differ from those which are to be observed in gastric fevers.

With this disorder of lying-in women, lacteal metastases are essentially connected, being observable in different spots and different degrees, either assuming the appearance of milk or of a coagulable lymph; sometimes accumulated in one place; at others diffused through whole limbs; and also attended either with a total want of milk in the breast, or with a considerable diminution of it. If it be maintained, as has been done by some, that this matter is no milky substance, which already had been secreted in the breast as milk, or would have undergone that process, having already the resemblance of milk; and if it be attempted to prove this notion by the quantity of that matter found in the belly, it will be refuted by the chemical experiments which Selle and Hermbstaedt have made with this substance.



As for the quantity of that fluid, it need only be considered, that the portion of milk, which during several days and weeks is usually secreted in the breast of a lying-in person, is, to all intents and purposes, as great as the former, and frequently even surpasses it. The possibility of the milk being received into the lymphatic vessels, and being deposited in other parts, or of the process of secretion being obstructed, stands in need of no proof or argument. But it will appear indubitable, from dissections, that the symptoms in puerperal fever, especially those that occur in its usual shape, such as intumescence of the belly, do not proceed from bilious impurities, nor can be referred to the common appearances attendant on gastric fevers.

There are some physicians who coincide with this opinion; yet contend, that though lacteal metastases take place in puerperal fevers, the cause of such metastases, nevertheless, must be a gastric stimulus. In support of their ideas, they allege, that the causes which generally produce the disease, likewise create gastric impurities, such as passions, colds, errors in diet, violent hæmorrhages, sedentary life, a sudden relaxation of the abdomen after the delivery, &c.; and farther instance the benefit which emetics and purgatives have afforded in this disease. But granting that all these causes are capable of promoting the secretion of bile and intestinal transpiration, and accumulating fæces in the bowels; are we therefore to suppose, that they have no other effect upon the body? Why might they not immediately influence the secretion of the milk, since they never change the excitability of the body? Why may not they directly produce spasms, without the medium of a sharp bile? Does not experience teach us how much and how quickly the quality of milk may be altered by vehement passions, refrigerants, &c.? And in respect to evacuating remedies, have these no other use than to remove a bilious acrimony and accumulation of fæces? And can we forget the power of emetics in increasing absorption? Do not purgatives operate in a manner similar to these? And is it not acknowledged, that they only prove salutary in this particular case, when milk is deposited within the bowels; and that in a metastasis to the cavum abdominis, the breast, or other parts, every violent diarrhœa is of a prejudicial tendency?

I have always observed an obstructed secretion and metastasis of the milk to any part of the body, as an essential symptom of this disease; and the danger attending it depends on the spot where the milk has been deposited; all other phenomena observable during the disease or death of the patient being merely accidental, as inflammations of the bowels, of the uterus, and the adjacent parts, gastric complaints, &c. which symptoms are easily



to be distinguished from those attending the real puerperal fever. Induced by those circumstances, I am inclined to think, that the character of this disease originates "in the milky matter being contained in the blood in a superabundant quantity, which is occasioned either by an obstructed secretion in the breasts, or by its being absorbed, and thus mixed with the mass of blood, whence it is deposited in an heterogeneous part of the body." Such a considerable quantity of milky matter retained in the blood, occasions by its stimulus febrile motions, the vehemence of which depends on the greater or less quantity of milk that is accumulated in the blood; and it appears on the whole, that they become less violent whenever a part of the milky matter is depoted in the abdomen or any other part of the body, and that they increase again at every new accumulation of milk in the blood. Milk seems to excite irregular febrile motions by stimulating the vessels like any other heterogeneous matter brought into the blood; a circumstance that is evidently proved by the *febris lactea*, which is the more violent the more the excretion of milk from the breast is impeded, and which considerably diminishes and ceases entirely as soon as the child is suffered to suck. The febrile motions and other complaints, which are generally observed at the period of weaning, can likewise not be accounted for, but from the milk stimulating the vessels. In the puerperal fever, however, the body is in general debilitated, and by the topical symptoms attending it, it appears to differ from the common *febris lactea*.

There can be no doubt that this fever varies from the febrile motions of what are called gastric or inflammatory diseases, especially in respect of its uncertain exacerbations, and the frequent returns of chilliness; moreover, on account of the great inequality of the pulse, which at one time is full and hard, at another soft; sometimes scarcely perceptible and intermittent, but always very frequent. It therefore cannot be supposed, that any one who has observed several puerperal fevers should ever be led to mistake it for a common gastric or inflammatory fever; or, in other words, for a synchus or asthenic fever with impurities of the *primæ viæ*, or for a sthenic fever. This difference is still more striking when other diseases of a sthenic or asthenic nature, for instance, violent inflammations of the uterus, of the bowels, &c. precede the puerperal fever, a circumstance which I have often had an opportunity of observing, as the inflammations of the bowels of the lower belly frequently occasion puerperal fevers. It is on this ground that some found their opinion of the puerperal fever being nothing else but an inflammation of the uterus or intestines, which error will be obviated by an accurate observation of any such case.



case. Allowing the puerperal fever to be a common gastric or sthenic fever, with a local inflammation, how are we to account for those extraordinary symptoms with which that disease is attended; namely, the swelling of the belly, impeded respiration, violent pains in the belly or in the breast, the swelling of individual limbs, particularly the legs, the milky expectorations and excretion, the sour smell of breath and sweat? for hitherto I have not met with any puerperal fever without these symptoms. If it be said, that these indeed are consequences of lacteal metastases, but merely accidental, and only connected with inflammatory or gastric fever, so far as this occasions lacteal metastases; it appears to me, that in some cases there may be reason for this assertion, since it is certain, that lacteal metastases and puerperal fever, occasionally, though not always, follow after an inflammation of the genitals and dietetical aberrations. But if an inflammation be supposed by some always to attend every puerperal fever, and by others a gastric stimulus be considered as a constant attendant, experience will show, in opposition to both, that frequently there neither is any trace or vestige of the one nor of the other, although every essential symptom of puerperal fever should be present.

On these grounds I am persuaded, after the observations which I hitherto have made, that the puerperal fever is nothing but a morbid accumulation of the milky matter in the blood, and a deposition of the same in some particular part. That milky matter accumulated in the blood, operates indeed as a strong stimulus on the system, and might, under other circumstances, produce a sthenic disease; but here it shews its effect upon a body debilitated by the preceding powers, and in general upon a habit of accumulated excitability, and consequently will but rarely occasion pure *sthenicæ*. And even if this should seem to be the case in some instances, by which a physician might be misled to take this disorder for sthenia, it happens that very speedily a hypersthenia makes its appearance; and by a diminution of the stimulus you would weaken the body too much to obtain strength enough for the resorption of the milk deposited in improper parts, and for a just secretion of the same towards the breasts.

The anomalous deposition of the milk may be very insignificant, and the greatest part of milky matter may remain in the blood; or, on the other hand, that deposition may also be considerable, and the blood discharge the greatest part of the milky substance contained in it. In the first case the fever is always very violent, and the disorder will for a long time remain doubtful. But as soon as a great portion of the milky matter is conveyed to the belly or to the breast, the violence of the fever abates,



till the milky matter is again accumulated; at the same time, however, from the effusion of the milk, certain symptoms will take place, which the more critical they are, the more essential that part is for the preservation of life; and the more difficult it is to remove that matter, the more considerable the quantity in which it has been deposited. The malady is always attended with least danger when the milky matter is lodged in some limb which swells, and having broken, evacuates a substance resembling pus or milk, according as the abscess is burst sooner or later. The cure may be protracted on account of that local complaint, but I never have seen any case of this kind which proved fatal. It is far worse, when, without a return of the milk to the breast, or a discharge of it by stool or urine, the limbs, particularly the lower ones, swell in an œdematous manner, when these neither show elasticity, and when the tumour either disappears quickly or constantly increases. I have had a case of this nature, which, with increased swelling, became fatal.

When the milk settles in the belly, it is more dangerous, if it be in the abdomen (which is by far the most common case, and has, therefore, more particularly been denominated puerperal fever) than if it be carried into the intestines, the uterus, or the vagina. The former case, however, is not always fatal when properly treated; and in proof of this assertion I shall, at the end of this Treatise, subjoin the notice of several instances in which, according to conclusions formed from continued pains in the belly and the swelled abdomen, the patient was thus affected. But those symptoms, which are excited by a great quantity of milk being poured into the abdomen, when it often becomes sour and caseous, are always painful and alarming.

It is also easily to be conceived, that matter so foreign to these parts must produce a strong stimulus, and besides local affection and inflammation, excite a violent fever, altogether rendering the whole course of the disorder very irregular. If the patient escape with her life, it is difficult to remove that matter by resorption, when it once has been incruusted round the intestines; and to judge from several dissections which have been instituted after unsuccessful cures, a condescence of the bowels and other intestines, which naturally would create many inconveniencies, such as barrenness, want of digestion, &c. is inevitable. The danger is still farther increased, and the general health more injured, when the milky substance is deposited on the lungs and in the thorax. Of the first case I have seen more than one instance, in which perfect health was apparently restored, though it is to be supposed, that at the same  
time



time milky matter was lodged in the cavity of the thorax; but notwithstanding these favourable appearances, a speedy death or an asthma, occasioned by an obduration or adhesion of the lungs, or a disposition to pulmonary ulcers, which are difficult to remove and frequently terminate in death, are the common consequences.

But lately a woman applied to me, who after an incautious stoppage of the milk, retained a short breath and little cough; and not long ago a lady of my acquaintance died of a pulmonary ulcer, which had originated in a cessation of the milk and of the lochia, in consequence of a cold caught before the time of delivery, although no lacteal metastasis towards the lungs was at first apparent. If any considerable portion of milk be thrown into the cavity of the thorax itself, in all probability death must take place under symptoms of suffocation, in the same way as in pulmonary inflammations, in which too much coagulable lymph penetrates into these parts.

In one case where this seemed to be the fact, though I cannot be quite certain, on account of dissection being denied, the patient died under the symptoms alluded to.

The exciting causes are in most instances colds, and that disposition of the air which produces catarrhal fevers. Whenever I observed several patients labouring under the puerperal fever at the same time, I always found that a catarrhal constitution of the atmosphere predominated, which has likewise been noticed by Vogler, (vid. *Loder's Journal for Surgery*, &c. in German) and others; and in that patient, with whom I was last engaged, a common catarrhal fever preceded, from which she was almost recovered, when the puerperal fever showed itself, which as the woman was in the country, was suffered to go on for several days before my assistance was called in. Often gross errors in diet, perturbations of the mind, and an inconsiderable repulsion of the milk, were the causes of this disorder.

Another cause, not less frequent, is a difficult delivery, by which the internal or external parts of generation are injured, and an inflammation and gangrene occasioned. Sometimes purging medicines improperly given, though they might be gentle, if they were not blended with corroborants, seemed either to produce or at least to accelerate the lacteal metastases. At other times, violent hæmorrhages and spasmodic pains of labour, which bore testimony to a debilitated system, were the forerunners of the disorder. I never observed any gastric fever as antecedent, though I am of opinion, that many a physician would have treated a preceding fever of that kind in an anti-gastric manner. I have not hitherto made use of emetics, though I am inclined to believe, that sometimes they may be applied



applied with advantage, even without the purpose of evacuation. Upon the whole, the exciting causes which have fallen under my observation were all debilitating: For I should not venture to assert of any one, adduced before, that it had been purely sthenic, as the condition of a person in child-bed, who has undergone the sufferings of a long and painful delivery, cannot well be considered as sthenic.

It generally happens, that the physician is consulted when it is too late to obviate the first operation of the causes by proper remedies, and he meets with a disorder, which being partly local, and partly general, will give way to no simple method of cure, either roborant or debilitating. If he is fortunate enough to see the patients in the beginning, it is incumbent upon him to accommodate his mode of treatment to the particular situation of the person; and having succeeded in removing the disorder, to use all possible diligence in checking the approach of puerperal fever, nor lose a moment of his time in vain. According to the notions before explained, the endeavour of the physician, in the cure of puerperal fever, should be directed to prevent an unnatural translocation of the milk to other parts, to conduct the milk again towards the breasts, and to remove the morbid matter which has been secreted, either by resorption or in any other way. Most causes which produce puerperal fevers, manifestly have a debilitating influence on the body, but it would be a great misnomer to treat this malady according to the principles of the Brunonian theory, like any other typhus. Without entering into a useless discussion of this theory, in order to show how much depends in the different modifications of asthenic diseases upon the use of some stimulants, I will only remark, that the advocates of that theory have it not always in their power to abide by their principles, but are obliged in different asthenic cases to prescribe also such remedies, the benefit of which experience has taught us. We therefore find in their writings, in case of dropsy, that besides the roborants, such remedies are proposed, which always have been known as diuretics, though according to the theory of excitement, they ought to be considered as unnecessary.

Guided by my own observations, I deem myself justified in rejecting the indiscriminate use of stimulants, and confining myself only to some, though upon the whole a stimulating method is preferable to a debilitating cure, because the latter, according to experience, is apt to divert the milk from the breasts. The remedies of which I have chiefly availed myself in this disorder, are to be reckoned among the stimulants, and to that particular class of them which are commonly called anti-spasmodic. They are valerian and opium; the former in a greater dose than I have seen prescribed by many physicians. These medicines,



medicines, of which I apply the opium only in small quantities, that is to say, from half a grain down to a quarter of a grain, and perhaps even in still smaller portions, to be given every hour or every two hours, prove to be the most suitable for the purpose of producing anti-spasmodic effects, and for diminishing the fever, by restoring a certain degree of order in the process of lacteal secretion. However, with some mixture, these remedies, even when I prescribed opium in very trifling doses, still seemed too stimulant, and I was frequently obliged to omit the latter entirely. To be able to apply it in stronger doses, especially in a troublesome diarrhoea, I generally added alkali, saturated with vinegar, which addition diminishes the power of opium. It also has the advantage of promoting the resorption of extravasated milk, and the discharge by the urine, which is a more proper way of evacuation, in this instance, than the bowels or the lungs.

[ To be continued. ]

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

GENTLEMEN,

MUCH has lately been written on the subject of cold ablution in fevers, a remedy of very remote date, as those who are familiar with the works of the ancients well know. An historical account of the employment of cold water, internally and externally, in such cases, would be useful and acceptable to the medical world. *Floyer's Psychrolusia* would afford many materials, or it might be republished with notes and considerable additions.

Being on this subject, I shall offer an extract from a pamphlet entitled the "Curiosities of Common Water," printed about eighty years ago, relative to its external applications in burns and scalds, in which it has been lately extolled, under the title of a *new* remedy.

"Water, (says the author of the above-mentioned pamphlet) I have found, by long experience, to be of excellent use in burns and scalds *that are slight*, if the part is plunged immediately into the water, the colder the better. The pain will instantly be taken off, &c. If the part burnt or scalded cannot be dipped in water, you may apply water to it, with double linen cloths dipped therein, and new dipped as they grow warm; by which means I have cured burns and scalds in the  
face



face without blistering; when applied immediately before blisters did arise."

It is proper to remark, that this practitioner limits the application of cold water to *slight* burns and scalds, whence it may be inferred that he had found it improper in large and violent injuries of that sort; to which, no doubt, the stimulant applications of spirit of wine, or oil of turpentine, are better suited.

I am, &c.

October 11, 1802.

PRACTICUS.

*Description of a remarkable Enlargement of the Ovaria; communicated by H. VANDEN BOSCH, M. D. of Wageningen.*

IN the month of July 1797, I was desired to attend D. Janfen, a poor woman, who was supposed to be dropfical. She appeared extremely emaciated. Her abdomen was amazingly large, hanging down to her knees, and measuring rather more than four feet eight inches in circumference. She complained of great weight and pain in the lower part of the abdomen and backwards just over the right hip. Upon enquiring into her history that I might ascertain the cause of this singular appearance, I learned that about five years ago, while she was with her husband, who was a soldier in garrison, she perceived a tightness in the lower belly, and a hardness which gradually increased; so that upon removing to town, she consulted some females, who pronounced her to be with child; the midwife not only confirmed their opinions, but assured her that she would have twins. But these assurances proved fallacious.

In the severe winter 1794, 1795, she was compelled to remove to Weefop, where she was seized with a violent fever, which was accompanied with an alarming *hæmorrhagia uteri*; but upon her recovery, the abdomen began to enlarge very considerably. Her anxiety increasing, she consulted the faculty at every place where she came; but with no success. Nor had the *paracentesis abdominis*, performed in the year 1796, by the Surgeon Major of the regiment, any better effect than the medicines she had used. Not more than two cups full of a gelatinous fluid were discharged from two openings that were made.

Notwithstanding the greatness of the distention, the uterus was was not enlarged. She was seldom feverish; nor when she sat still and composed, was respiration difficult. Motion became



came gradually more troublesome to her, till at last it was impracticable. She had her monthly courses regularly; there were seldom indications of a *flour albus*: The urine was often discharged with considerable pain, and it had a lateritious sediment. In short, all the natural functions were much less impeded, even to the day of her death, than might have been expected.

All the above symptoms, united with the ill success of the *paracentesis*, induced me to suspect that the distention proceeded from a tumour, degeneration, or dropsy in the *ovarium*; and, accordingly, I had recourse to palliative medicines. The distention increasing, I wished her to submit to a second operation, under the idea that extreme pressure might occasion a kind of symptomatic dropsy; but as I could not *promise* success she refused to comply. A self-sufficient surgeon in the town, who assured her of a cure, and abused me for trifling with a complaint that was so easily remedied, obtained her consent. He undertook the operation in January 1798, and after three openings could not draw off more than about a quart of fluid; he tried various medicines, but in vain. Of consequence she lost her confidence in him, and my assistance was again requested. I did my utmost to alleviate her misery, till the month of July 1800, when she expired.

I was prevented by severe indisposition from opening the body; but foreseeing the event, I had desired my friend Mr. F. H. Hartog, a medical pupil in the University at Utrecht, to perform the operation, and communicate to me whatever appeared worthy of notice. My friend performed this office with skill and attention, and transmitted to me the following important discoveries, which fully justified my conjectures. I shall relate the particulars in his own words, premising only that the envelope of the abdomen, which had long been supported by a suspensorium, measured in the month of July 1800, somewhat more than two ells and a half in length.

“ Upon placing the body on the table, the abdomen appeared of an enormous size. It was about five feet and a half in circumference. It was hard to the touch; and various lumps or knobs were easily distinguishable. The navel was of the size of my fist. On the right side, the belly was more protuberant than on the other. Upon making an incision through the skin, we observed that the cellular membrane between the cutis and the muscular parts on the left side, was very thick, and seemed a kind of saponaceous substance; but on the right side there were scarcely any traces of this membrane. The muscles on the left side were of the natural size; on the other they were thin and emaciated. Upon opening the cavity, about sixteen  
pints



pints of slimy and offensive matter issued out from the parts just above the umbilical region.

" The intestines were mostly in the upper part of the abdomen. A large, irregular, and preternatural substance occupied almost the whole of the remainder. This was taken out, being separated from its union with the *vagina*, *uterus*, &c. that we might more minutely examine the state of the body as well as the substance itself. The liver was in a natural state. The bile in the gall bladder was thicker and of a deeper colour than is usual. The *spleen*, *pancreas*, and *kidneys*, retained their form and consistency; the *ureters* were, at their origin, more expanded than is natural. The smaller intestines were not injured; the larger, particularly the *colon transversum*, were distended with fæces and air: the larger vessels were as usual. The lungs were remarkably red, but appeared in a sound state; as also the heart, though it was replete with blood, which poured in large quantities into the cavity of the thorax, when it was opened.

" The misformed substance had a red fleshy appearance; it was covered with a very thin membrane. On the right side it was prominent, and was somewhat excavated on the left. It seemed to be composed of several pieces of a sub-globular form, which were separated from each other by fissures or grooves, from four to five inches in depth, but adhering to each other at their basis. They resembled the *gyræ* observable in the cortical substance of the brain. This substance was eighteen inches in length, and about nineteen inches in diameter. In the middle of this body, rather towards the right side, was a *saculum*, formed of a thick membrane. This cavity measured seven inches from beneath upwards, and five in depth; but it had no communications. It contained nearly five pints of mucilaginous matter. It was surrounded by the sub-globular bodies mentioned above, which upon mature examination, seemed to consist of a hard fleshy substance; and in some places a substance resembling the *materia adiposa* was perceived. One thing observable in this sac was, that its internal surface was not smooth and even, but had various irregular filaments running across it, in different directions. Towards the lower part of the cavity, but nearest to the upper surface of the body, three small cavities were observable; these contained a much thicker fluid than the other part. The *ureters* ran in grooves behind this substance; their opening into the *vesica urinaria* was natural. This viscus being strongly attached to the inferior part of the substance was much compressed, contained very little urine, but several red particles, with which the *urethra* was also filled.

" The *uterus* was more oblong than usual, and inclined towards



wards the left side, as did also the *vagina*; but they appeared in a sound state.

"The right *Fallopian tube* was open from its origin to the distance of about three lines from the *uterus*, where it became obstructed, and strongly adhered to the preternatural substance. Every trace of it was now lost, nor could a natural *ovarium* be perceived. The left Fallopian tube was perfect, and open through its whole length; the *fimbriae* also were easily distinguished. This tube, however, was firmly attached to the cartilaginous part of the large body. This cartilaginous mass was also composed of several large knobs; and some of them were about four times the size of my fist. They adhered so firmly at their basis, that they were separated with difficulty. No *ovarium* could be discovered on this side also.

"The weight of this great misshapen body was not less than one hundred and two pounds. As there was no appearance of *ovaria*, either on the right or left side; and as the tubes on each side were incorporated with this substance, I do not hesitate to pronounce that this was a *degeneratio ovariorum*; and that the *Ovaria* adhering and growing together, formed themselves into this enormous mass."

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

GENTLEMEN,

SEVERAL reflexions naturally arose in my mind, on perusing Mr. Chamberlaine's paper in your Journal of last March. The circumstance he alludes to, namely, the means of determining with precision, whether a child has been born alive or not, has ever appeared to me to involve consequences of the greatest moment, both to society and to the individual. But does the certainty of the child having been born alive, always imply criminality in the mother? Certainly not. Or, are we invariably to infer guilt, because a child is found at the bottom of a river, or smothered in a privy? Certainly not. In determining the guilt of the parent, every circumstance, however trivial it may appear, should be minutely and deliberately weighed. Neither should we bring the unhappy mother to punishment, unless the circumstances are so strong as to remove all doubt from the minds of the most hesitating and timid. I have been pretty extensively engaged in midwifery, and have repeatedly witnessed the death of the child a few hours, nay, even minutes after its birth. Let us then imagine an unfortunate



fortunate woman placed under such circumstances. — By art, perhaps by falsehood, she has contrived hitherto to deceive the world; she has still some character at stake; some parent whose distress she may be anxious to spare. Stung with anxiety and remorse, without any friend to advise, any counsellor to direct, she seizes her infant, which has just expired, and without thought, without prudence, without judgment, she madly rushes to the first river, pond, privy, or dung-heap, and buries, as she fondly hopes, her infant and her shame together.

I am, however, more particularly induced to address this letter to you, from the following circumstances, which occurred to me a few years ago, and which would have been strongly in my recollection had I ever been called upon to give my opinion on such a subject in a court of justice.

Mrs. S. whom I had attended in former labours, was in a subsequent pregnancy, towards the termination of her reckoning, attacked with diarrhœa, and had regularly gone to the common necessity; but being one day above stairs, the inclination to go to stool was so urgent, as to oblige her to use a night chair half full of water. No sooner, however, was she seated on it, than a severe pain of labour came on, and continued without intermission till the child was born, and without the possibility of her removing or alarming the family previous to the delivery. I was immediately sent for, and rescued the child, who is now living, from its perilous situation, without its having received any injury. Had Mrs. S. been below stairs, or in the garden, the consequences to the infant might have been fatal. But in *this* case, no possible criminality could have attached to the mother, for *her character was above suspicion*. Place then an *unmarried* female in a similar situation, and ask what would have been the general impression respecting *her*, had she lost her child? Scarcely, alas! would this unhappy mother have found an advocate; the general voice would have been loud in her condemnation, and perhaps, with satisfaction, have seen her led to punishment. With compassion, therefore, for the failings of others, let us, as men, not be too hasty in adopting an opinion, nor too tenacious in maintaining it; let us feel for the misery; we who boast not only the superior strength of our bodies, but also that of our minds—let us, I say, feel for the misery we are so instrumental in causing, and shudder at the possibility of steeling our hearts to the sufferings of a too credulous, perhaps of a too fond associate in our guilt.

The theorist may conclude it very easy to distinguish actual labour pains from the bearing down or inclination to stool; but the man of practice will correct him, because he daily finds it otherwise. Labour, also, in many females, advances with  
uncommon



uncommon rapidity, and children are frequently born with scarcely more than one protracted pain. "A lady (in the paper alluded to, p. 284) was taken so suddenly in labour, *that the child shot forth from her with such force as to separate the funis.*"

Warned by the case of Mrs. S. this rule in Midwifery should never be forgotten, that towards the end of pregnancy, when there is a probability of the child living if born, women should guard against all hazard of losing it, by avoiding a common privy; and this more especially when the bowels are tender, or the preceding labours have terminated quickly. I am, &c.

Z. Z.

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*Some Account of a recent French Publication, respecting the Pestilential and Malignant Fevers of the Levant; communicated by Dr. HALL, of Pancras.*

THE public has of late been favoured with many judicious observations on pestilential fevers, as well as other diseases, which are more particularly prevalent in warm climates. As this subject, however, is by no means exhausted, and cannot fail to prove highly interesting to such a commercial nation as Great Britain, the present Work will, we doubt not, although not adding much to our present stock of information, be yet considered as furnishing an article worthy of insertion in the Medical and Physical Journal.

Dr. Pugnet, after presenting his readers with a short account of the temperature, the soil, and the diseases of Egypt, proceeds to the consideration of the plague, and other malignant fevers, which more particularly fell under his own observation, during the continuance of the French army in that country and Syria.

In Egypt the hot season occupies one half of the year, extending from the middle of March to the beginning of September, or from the vernal to the autumnal equinox. This period is divided by our author into what he terms the first and second summer. During the former period, the air is either extremely hot, and loaded with humidity, or it is dry, and charged with a thick cloud of very fine dust, according to the prevalence of the south-east or south-west wind; during the latter, the purity and salubrity of the air are restored, and the heat moderated by winds from the north, or north-east. The



rainy season commences in autumn, and is sometimes accompanied with terrible thunder-storms. But of all the seasons in Egypt, the winter is that which is the most agreeable; the sky is clear, the heat moderate, and vegetation, which is never wholly interrupted, now proceeds with increased vigour.

Besides the diseases of more temperate regions, all of which are known in Egypt, and especially those depending on a diseased state of the lymphatic system, our author mentions others, which may be said more particularly to belong to that climate. Among these we find the plague, and the *Dem-el-monia*, an account of which forms no inconsiderable portion of the present volume; as well as the *Demaouie*, which, from the description given of it, appears to resemble that species or variety of apoplexy, termed by Sauvages *Carus ab insolatione*.

Dysenteries are also extremely prevalent in this country during the second summer; they assume a putrid type, and are sometimes accompanied with a continued, sometimes with a remittent fever.

The inhabitants of the Saïd are not much subject to diseases of the skin, but in Lower Egypt, and along the coast, we are informed the elephantiasis and other cutaneous disorders are not unfrequent. Dr. P. particularly describes a very troublesome erythematous affection, which makes its appearance during the course of the second summer, and which he imputes to the saline particles with which their waters are abundantly impregnated.

Ophthalmia is likewise much more formidable in Lower than in Upper Egypt; the symptoms, as here enumerated, do not differ essentially from other accounts which have already been given of this disease; but, in our opinion, the treatment was not the most judicious or effectual that might have been pursued; for although it appears that the inflammation was extremely violent, neither blisters, scarifications of the eye itself, nor topical bleeding, under any mode whatever, were employed.

The author next proceeds, at some length, to show in what sense the plague may be termed endemic in Egypt, and to point out those measures which, in his opinion, are necessary to be pursued, in order to exterminate the existing contagion. He likewise proposes several additional articles to the code of health, respecting the regulations in Lazarettos, and the performance of quarantine; but as these do not appear to be either novel, or very important, we shall pass them over, with observing that we were rather surpris'd to find our author has either omitted to mention, or been wholly unacquainted with the important process first recommended by Dr. Johnstone, and since so successfully



cessfully employed by his countryman Guyton, for the correction and destruction of pestilential virus.

Dr. P. now gives a description of the epidemic which prevailed in the French army during its continuance in Syria, which does not however appear materially to differ from that given by other writers. He divides it into three species; inflammatory, putrid, and nervous; or according as they differ from each other, in being attended with increased activity in the vascular system, with symptoms of debility, or with those which denote a tendency of the fluids to putrefaction.

Without entering into any disquisition respecting the nature of this contagion, our author only observes that all these species were propagated by infection, and adduces several facts which fell under his own observation in confirmation of this opinion. Eight Frenchmen at Caïpha were successively affected with the disease, by conveying a pelisse to each other; five or six, at Gaza, by disputing for the cast-off clothes of one of their companions; and four, at Jaffa, in consequence of wearing the neckcloths of an apothecary, who had died of the plague. These last were affected with buboes round the neck, and fell victims to the disease between the third and sixth day.

Some late writers have, we are aware, endeavoured to controvert this doctrine, because a few individuals, who maintained a direct communication with the sick, escaped with impunity; but it surely does not thence follow, that this epidemic is not of a contagious character, since, unless the necessary predisposition concur with the application of the exciting cause, it must ever fail to produce the disease. Examples of a similar exemption are not unfrequent on exposure to the venereal and variolous poisons, which are yet universally allowed to be contagious: besides, on that principle, as Dr. P. justly observes, how shall we explain the safety of those who remained in a state of seclusion, during the prevalence of this epidemic pestilence? The particular state of the French army, both in Syria and at Damietta, prevented our author from fully ascertaining many facts respecting the mode in which this contagion was propagated: he agrees however with most writers on this subject, that actual contact with infected persons, or things, is necessary to produce the disease; or, at least, that the contagious effluvia act only near to the sources whence they arise. Many circumstances, however, induced him to believe that patients labouring under this epidemic ceased to communicate the disease, as soon as the fever was extinguished, whatever might be the state of the buboes or carbuncles at that period. But we regret he did not endeavour to ascertain what interval of time elapses between exposure to the contagion, and the first



appearance of the fever; or, in other words, how long the poison remains dormant in the system; since, as Dr. Haygarth justly observes, on the determination of this point, the rules of quarantine ought to be formed.

Various causes, it is well known, predispose, or render the body more liable to be affected by the operations of contagion. Whilst Dr. P. enumerates many of these causes, and points out the necessity of avoiding them, he at the same time recommends the employment of such measures as appear to him proper to strengthen the constitution, and enable it to resist the influence of pestilential contagion.

In this part of the work, we find a few remarks on the prophylaxis. Every attention, which circumstances could possibly admit, seems not only to have been paid to obtain ventilation and cleanliness, but to prevent all intercourse between the diseased and healthy, by the removal of every person, so soon as any symptoms of infection appeared, to the common Lazaretto.

Our author, after presenting his readers with a pretty full statement of the favourable and unfavourable appearances of this disorder, as it prevailed among the French army in Syria and at Damietta, proceeds to a detail of its medical treatment, which appears, on the whole, to have been judicious, or not to differ very materially from that now generally adopted. If, however, it seems less marked by decision and vigour than could be wished, great allowances must be made for the peculiar situation of the author, during the course of an irregular warfare, and not only without the necessary assistants, but destitute of almost every requisite medicine. We find him even reduced to the necessity of supplying the want of vesicatories, by boiling water or vinegar, or by the application of the actual cautery. These, as well as other circumstances, joined to the want of a tabular view of the number of patients received into the hospitals, and the proportion cured, render it difficult fully to appreciate the merit of Dr. Pugno's practice.

With respect to the pestilential malady which prevailed among the French troops at Cairo, as it appears to have in no respect differed from that described in the former part of this volume, we shall not detain our readers with any account of it, but proceed to notice the *Dem-el-monia*, which is the last subject that engages our author's attention in the present publication.

From the description given of this malady, it evidently appears to be an intermittent fever of the tertian form, which, unless vigorous measures be employed to arrest its progress,  
speedily



speedily proves fatal. In combating this affection, our author seems very properly to have placed his chief reliance on the liberal exhibition of the Peruvian bark, during the period of intermission, or apyrexia. But he appears to hesitate with respect to the proper time of administering that medicine, when this fever assumes a remittent or continued type.

Every practitioner, however, who has carefully attended to the nature and symptoms of such fevers, and witnessed their rapid progress to a termination in a warm climate, must acknowledge, that whenever the remissions are inconsiderable, or great danger is apprehended from repeated paroxysms, the bark ought to be prescribed, not only without any regard whatever either to remissions or exacerbations, but in as large doses as the state of the patient's stomach will allow.

*Pancras, Oct. 26, 1802.*

R. HALL.

*Observations on the Zanthoxylon; communicated by*  
Dr. G. BELLAMY, of Oreston.

THE following observations are intended to illustrate the powerful and good effects of a medicine very little known in this country, but which appears to me, from my own experience in the use of it, and what I have heard from that of others, to bid fair for lessening an opprobrium of the art, namely, inveterate ulcers of the legs, without a constitutional affection. I do not mean to confine its operation to the leg; as it will doubtless be equally or more efficacious in other parts of the body; but inveterate ulcers, not dependent on the state of the system at large, being very rare; except on the leg, its use on other parts will require the aid of constitutional remedies; or it may prove only palliative; even so far it is a desideratum. The remedy is the *Zanthoxylon*, commonly called in the West Indies Hercules' Club. There is a paper or two already in your Journal about it, communicated from Jamaica. I hope, what I have to say, will add to the knowledge of its general properties, and of its singular efficacy in ulcers; I say singular, because it succeeded where every thing else that my information, or that of my medical friends, near me, could suggest, had failed. It was the powder of its bark which I applied to the surface of the sore, a piece of dry lint over; and if any, a slack bandage, or proportionably tight, according to the degree of retrocession of the surrounding integuments, and relaxed state of the muscles; preferring rather a generous diet with vegeta-



bles, and no salt meat. But I am told by Dr. Léonard Gillespie, late of Port Royal Hospital, Martinique, who first supplied me with the article, and directions for its use, that a tincture of the same locally applied is very efficacious; but to this form it may be objected, that we do not know how much we may owe to the stimulus of the spirit. Dr. G. further informed me, that employed internally, it proved according to the dose, tonic, diaphoretic, and diuretic; and is used also as a febrifuge; it is astringent and bitter. To my brother officers in the navy, who know how many lives have been lost, and rendered useless to the service, (and nearly so to Society at large, in too many instances a burthen to it and themselves), any improvement in this loathsome part of surgery must be particularly interesting; in all ships of war it bears a great proportion in the sick lists, and has existed with perhaps unprecedented malignity in the late war; in the Mediterranean, at the West Indies, and even in the Channel. However, I do not mean to infer that the Zanthoxylon will avail in that malignant state of ulcer, (which is scarce ever to be seen on shore except in our naval hospitals) which there is but too good grounds to think contagious; infectious they certainly are, so much so that it has been plainly proved, that every ulcer patient must be furnished with a distinct sponge, bandages, &c. &c.; for those which have been used for a malignant ulcer cannot be employed with impunity on a simple incision or mere scratch. For the use of Zanthoxylon in this dreadful disease my experience is not sufficient; but this I will be bound to assert, that their gangrenous sloughs, once removed, and the sloughing process, which appears to me their chief characteristic, corrected, the Zanthoxylon will hasten the final cleansing, and rapidly promote the healing action; but until that is done, we might as soon expect it to cure where there is a diseased bone beneath, or a venereal, scrophulous, or other habit. Again, how far it may prevent the malignant stage, by being early employed in the incipient state of ulceration, and in most common ulcers, (for most wounds on board of ship do ulcerate, and even those malignant ones will be found to have been but simple wounds or ulcers) till an absorption of the specific virus by some unfortunate and perhaps unheeded communication: How else are we to account for the total absence of the malignant ulcer in many ships, though on the same station, and exposed to all the same relative circumstances, till some miserable object consuming under it, has been sent on board for a passage to an hospital, &c. See then what vigilance is necessary! and how much better it would have been to prevent than to cure, alas, than to endeavour to cure only.



It will be plainly seen, when I shall have related my case of the efficacy of *Zanthoxylon*, that that was not a case of malignant infectious ulcer, at least of the kind above mentioned; perhaps, it may be called an ulcer, *sui generis*. Singular in its nature to me, and equally surprising to many who saw it. Should it be asked, why did I keep the man so long on board, I answer he was not only willing to stay, but unwilling to go to an hospital, till he did go; and then required incentives, or would have been easily induced to stay, could I have flattered him any longer. My officers were pleased with my earnestness; I should have been less wise, I hope I may be able hereafter to add, and the public less profited. These observations were at first intended for the Honourable Commissioners for Sick and Wounded Seamen; they have them it is true in my Journal, but in a more diffused state. The war being over, I think they will be rendered more public by means of your work, to the surgeons of the Navy and to the Profession at large. But to the Medical Board, at this time, they might not be so opportune. Moreover, I understand the late Dr. Johnstone had received a sample of the *Zanthoxylon*, with a much better account than I am able to furnish.

James Pomeroy, seaman, about thirty years of age, by trade a sail-maker, and usually employed as such on board, on the 4th of August, 1800, came to his Majesty's ship *Spencer* from the *Aquilon*, just arrived from the West Indies. I found him afflicted with several small, ill-conditioned ulcers on the soles and sides of the feet, and on one great toe. He told me he had been thus afflicted for several months, though occasionally better; he had some suspicion that jiggers were the exciting cause of the first sore, but that others had taken place from time to time, in form of a small bluish coloured vesicle; which those who are experienced in true scurvy will correctly form an idea of, and may be best compared to vibices. It may be necessary to inform some, that the jigger is a small insect of the tropical climate, which those who go bare foot are very liable to get insinuated, gradually, very deep in the feet, forming to itself a nidus, creating a most painful sore; for the cure of which, the removal of the animal is first necessary, and at this the blacks are very expert. Admitting such to have been the occasional cause, it was of very little consequence to consider that at present. On the whole, he had very gradually got into a deplorable state, suffering constant pain, quite unable to stand, and his health undermined. From the appearance of the wounds, his general health and countenance, the nature and intolerable foetor of the discharge, I considered the case to be completely scor-



butic. Accordingly, I gave him lemon juice, and applied lint compresses immersed in the same acid twice a day to the sores. This was continued till the 13th, when he took four ounces of the acid, with the same quantity of a mixture of bark, and repeated the dressings as before, till the 18th; he then took eight ounces of each till the 20th, when he omitted the bark, because it purged him; but the acid was repeated in both ways, and I gave an opiate till the 27th, when pulv. cinchon. was applied to the sores, and acid repeated as before.

Rep. ad 17th Sept. when all the ulcers began to skin over, and that very rapidly; very similar to the skinning process (very different from cicatrization) of a chancre, after the morbid action is destroyed by a caustic. R. Succ. limon.  $\text{℥xij}$  quotidie, et applic. pulv. cinchon. ulceribus. Antiscorbutic diet.

R. ad 10th October, when I omitted all antiscorbutics, and gave calomel, gr. ij. quotidie; applied simple dressings, and gave opium occasionally, because the ulcers were again at a stand, and very painful.

17th. Ulcers worse; spread again, and very painful; feels weak from the calomel, which I omitted, and resumed the former plan, dressing with powdered bark on the surface, and dry lint over; and taking a pint of lemon juice a day, till Jan. 4, 1801, when I dressed one foot with hydrarg. nitrat. and the other with bark.

7th. Omitted lemon juice, because he had it, in form of a sherbet, like the ship's company, with plenty of vegetables. But when lemon juice was prescribed, it is to be understood, he took whatever quantity is expressed, unmixed; not exceeding half a pint for a dose; and that he used to drink off with as much ease as water; and, I may add, with as little permanent benefit.

30th. R. u. a. et succ. lim.  $\text{℥iv}$  quotidie. A more scorbutic appearance. Repeated to the middle of February, when one foot was healed, and continued well to 17th March; but the other gets a repeated sloughing, or hardened collection of matter and dressings; on the removal of which, the sores are found nearly as before. Dress with a solution of blue vitriol.

March the 18th. A scabby eruption, for some days, on the side of his nose, not unlike herpetic scab, or rather like lepra; being whitish, brown, and incruusted; such, he says, he has been accustomed to in warm weather. If he was not so positive of never having had the venereal disease, and did not mercury aggravate the ulcers, should determine such to be venereal; also round a healed sore of one foot, some white scales come out first in form of tetters.



April the 10th. One foot continues quite well, the other nearly stationary; to assist which, applied adhesive straps, and continued the same general tonic method to the 13th of May, when, for the first time, I applied pulv. cortic. Zanthoxylon twice a day to the surface of the sores, and over it dry lint. 18th. Ulcers certainly improved they contract and dry, without granulation, as the others did, after the manner of chancre. 20th. One ulcer that lately broke out is well again, the other (for they are now reduced to one) has a florid, solid, and healthy appearance, which it never has had before. R. pulv. zanthox. N. B. He has not taken lemon juice, or other medicine, since he began the Zanthox. so that its action is totally unassisted, except by a simple nutritious diet; and that he has never been without; he generally had fresh beef every day, plenty of vegetables, and always a pint of wine, tea, sago, chocolate, &c. 24th. Much better, drying, hard and fair, but by contraction has caused a painful tightness of surrounding integuments, with some inflammation. R. ad 31, when not near so well; the florid-coloured granulations, or rather surface, has disappeared; discharge thin, and acrid; much pain, surrounding redness, and sensibility. Omit the Zanthox.; apply simple dressing till the 3d of June, when he went to Plymouth Hospital. Mr. Fuge, first surgeon of that establishment, has favored me with an account of what was done for him there, though without avail, till recourse was had again to the Zanthox. with the quick, powerful, and permanently good effects of which he was very agreeably surprized; and was decisive, in his opinion, that he owed his cure to the operation of that medicine, which it performed in three or four dressings; not by a gradual formation of cicatrix, after being brought to a level by granulations, but by cleansing and coming to a smooth red surface, very much like the look of a part from which you have recently removed the cuticle after a phlegmon, and healing by a process of skinning, like recent blister or chancre.

Whilst in the hospital he had a little of that encrustation on one nostril, of which I have before spoken; it was always trifling in its appearance, and without pain or inconvenience; was never complained of by him, and might have passed unnoticed by any one who was not interested in seeking for any probable developement of the cause and nature of his infirmity; nothing was ever applied to it. Of the same apparent insignificance, was a little interruption of speech, something like lisping and faltering of the tongue; this I had thought little of, except as an organic fault, or as the effect of habit; but there is reason to think it a degree of disease, from the circumstance of a partial paralysis of one arm, which came on suddenly a week



week or so after the healing of the wound; and the impediment of speech increased at the same time. By stimulants, however, he got the better of these complaints, so far as to be discharged from the hospital, after being in it about three months; not able to walk, or stand firm, without the aid of crutches; which is not to be wondered at when we consider the pernicious effects of inaction on the system at large, which was very much enervated, and on the lower extremities in particular, which he had not used for near eighteen months, generally going about on his hands and knees, or podex.

The muscles of the legs (tho' well formed, as was his frame in general) were quite flabby, the ankle joints so weakened, and he had so little command of the flexor and extensor tendons, that on lifting the feet from a point of support, they would tremble incessantly, and very quick, which he had not the least power to restrain; they shook as if they were hung on wires; this being considered, it is more to be wondered at he got on so fast. He then being desirous of going to his friends, Mr. Fuge very kindly promoted his being invalided. His wound remained well, and he was recovering, though slowly, the use of his limbs, and a restoration of tone in the system, which had been so long, as also his appetite, delicate and weak, more like a fashionable lady than a sailor. Neither at the time of his paralytic affection, nor since, have I had an opportunity of questioning him relative to his imperfection of speech, which it may be necessary to observe was not always alike, and was much worse, two or three times, when he had taken a glass of wine extraordinary. I dwell upon these circumstances, to shew the atony of the system; and the fitness of the method of cure, by tonics and stimulants, proved to be adapted to his general health, and to the particular atonic state of the ulcers and the morbid action so long entertained there; if that can be considered action, whose very essence consisted in inaction, confirmed by long habit, which the whole train of irritants was unable to rouse, or alter for the better. Though I could give a great deal of pain by such means, and enlarge the wound by sloughings and eschars, I never could produce inflammation, correctly speaking, nor that healthy degree of it so essential in such cases, until I applied the Zanthoxylon. Such action, it is to be observed, had been induced a few days before I sent him to the Hospital, though it again took an unfavourable turn, which, with all circumstances considered, and the expectation of the ship going abroad, made me decide on removing him; though it is more than probable I should soon have succeeded in his cure



cure on board, yet it may be right to attribute something to change of place, mode of life, and state of mind.

It may be alleged, I succeeded in curing several of the smaller ulcers, and one foot entirely; but the smaller ones were of considerable less duration; the one which remained was of the longest, was larger, deeper, worse conditioned, and worst situated; in the centre of the sole, and according to a law which frequently applies, the action which was before divided, appeared to be here collected; it was occasionally much worse, but never better; till at the last, than before the healing of the others; besides as it held out the longest, the force of habit may also explain the inefficacy of long continued means; and though as in diseases of some characters, you preserve the principle of action, you vary the agents; as we often find a good account in changing from bark, to bitters, steel, &c. All the usual means had failed; they had had a long and fair trial, and though I will not go so far as to say a cure could not have been obtained by persevering in them, or that something else might not have been found efficacious; yet it is plain that something new was desirable; happily for the patient, and satisfactory to me, therefore was the desideratum found in the *Zanthoxylon*; which besides its general qualities, I see no greater difficulty in admitting as a specific, in certain cases of ulcer, than to admit bark for intermittents, or mercury for lues; if it is not proved that they are the *sine qua non*, perhaps it may be admitted that they are the best, and that they are sufficient antidotes. I may be asked, What are those certain cases of ulcer? I am puzzled to describe even the one in question. It was never larger than a shilling, for months not bigger than a sixpence; about the eighth of an inch deep, thin ragged edges, like a margin of black skin falling down on the surface, as often renewed as removed; surface honeycombed, livid, with a thin, acrid, foetid, discharge; at other times nearly filled up, fair, almost dry, gathering a scab, which was renewed as often as removed; disclosing the sore exactly in the same state every day, for a month or two. But I think the best indication for the use of the medicine is, in all cases, where the usual practice has failed, where there is no disease of bone, or any thing acting as an extraneous body; nor any virus in the system. Even in these cases, though it cannot effect a cure, it may answer many good purposes, and appears worthy of extensive experiment.

This treatment in the hospital consisted, first, in a liberal use of bark, with porter, and nutritious diet, and opium occasionally. 6th June, he had boluses of calomel and antimony. 7th, Having a slight attack of fever, he had a febrifuge mixture, with camphor, &c. with porter, wine, and a pill of calomel.



calomel, gr. iij. and opium gr. ij. which was continued to the 12th, with the addition on the 10th, of a strong decoction of bark, ℥ss. in which ʒss of strained opium was dissolved: this was used as a lotion to the ulcer; the camphorated mixture and opium were resumed till the 15th. — 16th he began a free use of bark and opium till the 17th July, with porter, wine, &c.; then a liniment of linim. sapon ʒiij. and tinct. cantharid. ʒj was applied to the margin of the ulcer, and the former treatment of bark, &c. repeated to the 1st of August, when a blister was applied near the seat of the ulcer, which was repeated on the 9th, bark, opium, wine, and porter being continued to the 16th, when he took a mixture of pulv. and tinct. cinchon. and the tinct. canth. was locally repeated. Purgatives had been occasionally administered, and as yet not the least salutary change induced; the ulcer larger, sloughy, and without action, though excessively painful: a solution of argent. nitrat. was then applied, with no other effect than producing a large eschar, which was repeatedly produced, but no disposition to salutary action induced; nearly as if it had acted on dead matter: then succeeded the yeast poultice, which cleansed off the remains of sloughs, but left a ragged, dark-coloured ulcer, on which an ointment with hydrarg. nit. did nothing. I then mentioned to Mr. Fuge the flattering character I had received of the Zanthoxylon in obstinate ulcers in particular; and the good effect, though transient, it had had on Pomeroy, just before I sent him on shore; as also in cleansing several other ulcers, and partly diminishing their size, though incapable of cure by such means, from Necrosis; which were sent home, under my care, in the same voyage from the West Indies. Mr. Fuge had read of the virtues of the medicine, and met my proposal for its trial in a very friendly manner: I accordingly supplied him with some of the bark, which was applied under his immediate inspection; and to his great surprise, positively performed a cure by covering the surface of the ulcer three or four times with the powder of the same; and without any other assistance. I mentioned to Mr. Fuge my intention of publishing the case, which he joined with me in thinking worthy of public notice, and very politely furnished me with the preceding account of his hospital treatment. Why it did not cure him when used on board might be owing to my suspending its use too soon, on account of its powerful excitement, and the inflammation it induced: perhaps it was even right to omit its use for a few days for that reason; and I doubt not, had I then resumed its application, he would have been cured; but all circumstances considered, I thought it right not to lose the opportunity which offered of sending him to the hospital. His case



case had often been shown, while on board, to several medical men, who, not informed of its peculiarity, looked on it with indifference—as a mere nothing. “Oh! that will soon be well,” till they were informed of its history, which it required no small share of confidence to believe. Its usual appearance was indeed so trifling, that without such information, those in power could not have adjudged him an object for the hospital, nor the gentlemen of that establishment admitted him, had not his case been stated. I believe then his cure, with the assistance of good diet, and the privation of the inconveniencies (to say the least of them) of a sea life, was thought to be no difficult matter, and at first excited little more attention than a simple case, till ocular demonstration impressed on their minds the singularity both of the case and its cure.

Oct. 11, 1882.

G. BELLAMY, M. D.

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

GENTLEMEN,

MANY judicious and pertinent observations have appeared in several Numbers of your respectable Journal, on the baneful and ignoble practice of Quackery; but I have not observed any plan proposed by those correspondents for its entire suppression, or cause assigned for the encouragement it has met with in this country *particularly*.

Having repeatedly witnessed the injurious effects of several nostrums daily recommended in the papers, as curative of every disease incident to the human frame; the subject has since appeared to me of so great importance, as to induce me to devote much time to the investigation, not only of their compositions, but the abilities of the proprietors, and the testimonies published of their efficacy, the result of which I purpose laying before the public, in a Treatise, entitled, “An Analysis of Quack Medicines, comprising a faithful account of every advertised medicine sold in the united kingdom, the names of the proprietors, their education and origin, the testimonies of cures and authenticated cases, of their baneful effects, &c.” In which I shall satisfactorily prove, that this practice is the greatest imposition ever practised in any enlightened country. Many of these *wonderful discoveries* I find to be pharmaceutical preparations sold under a fictitious name, as the balsam or essence of some celebrated herb or medicine. Surely, if impositions are cognizable by  
our



our laws, this species, which affects the health and life of his Majesty's subjects, is particularly worthy the notice of the legislature. To my astonishment I discover many of their *innocent* preparations to contain mercury, although they solemnly declare not a particle enters the composition. Spirit of turpentine diluted with an expressed oil, is sold under a *pompous* title, as a certain remedy for chronic and *inflammatory* rheumatism, gout, pleurisy, inflammation of the lungs, indigestion, flatulency, &c. which, I think your readers will agree with me, do not require a similar treatment; but, on the contrary, such a medicine in inflammation of the lungs, must be productive of very serious mischief. The class of nervine medicines, which are spirit impregnated with the essential oil of vegetables, are merely employed as vehicles for the exhibition of more potent compositions which are kept in every apothecary's shop. Hence, in weakness of the stomach, they are directed to be taken with a dose of Huxham's tincture of bark, in hysseric fits in conjunction with the foetid pills, in suppression of the menses with the pilul. aloet. c. ferro, &c.

In order to render this work as copious and effectual as possible, in exposing in its true light the practice of those self-created doctors, &c. I shall be greatly obliged to your readers to favour me with such information connected with the subject, as they may judge likely to promote my views, particularly of their inefficacy or pernicious effects, which must have occurred in the practice of every medical gentlemen; and as I have already been at a very considerable expence in purchasing the medicines for examination, their different publications, and in obtaining other information from those who have attested the cures that occasionally appear in the daily papers, (which are chiefly by their printers and people interested in the sale of their trash), and more particularly as I undertake it more for the good of the commonwealth than any emolument that can arise from its publication; I must request, that what communications they may be pleased to favour me with, may be sent free of expence, addressed to G. M. at Mr. Slower's, printer, No. 1, Grange Court, Carey Street, with real signatures and place of residence.

Although I subscribe myself for the present under a fictitious name, my real name, with those of the chemists that have assisted me in the examination and decomposition of the medicines, are in the title page of the work. I am, &c.

London, Sept. 12, 1802.

CHEMICO-MEDICUS.



## CRITICAL ANALYSIS

OF THE

## RECENT PUBLICATIONS

ON THE DIFFERENT BRANCHES OF

PHYSIC, SURGERY, &amp; MEDICAL PHILOSOPHY.

*Observations on Pulmonary Consumption, or an Essay on the Lichen Islandicus, considered both as an Aliment and a Medicine in that Disorder, illustrated by a coloured Engraving. By J. B. REGNAULT, late Physician to the Military Hospitals and Forces of France, &c. London, 1802, 8vo. pp. 82.*

ALL substances taken into the human stomach, may be considered as food, medicine, poison, or inert matters; and these denominations depend more on the *quantities* or doses, than on the *qualities* of the substances themselves. We do not, however, wish to extend this position so far, as to intimate that we believe arsenic may be so dosed as to become a nutritious food, or water gruel a deadly poison. What we wish to state, is, that in the science of medicine, *quality* has been more attended to than it merited, and *quantity* almost entirely overlooked. This accusation could not, with justice, be applied to physicians of the two or three preceding centuries, for they seldom prescribed a draught or potion of fewer than six or eight ounces, and often double that quantity. But modern refinement, luxury, and quackery, have very generally induced a belief, that diseases may be cured by doses of grains or ounces, by syrups or watering places, by fleecy hosiery or tepid baths. Nay, nothing is more commonly said by squeamish patients, than that they cannot take medicine, or submit to regimen; and yet they expect to be cured.

In these times, when the very mention of rhubarb, opium, or mercury to a patient is sufficient to prevent their being taken, nothing could have been more injurious than the publishing the composition of all the principal formulæ in English.

Every practitioner of experience must have observed the great difference that arises between the treatment of a patient who has been bred to the profession, and one who never heard the name of a medicine before his present illness: he must have observed and lamented the cause of this difference. The late justly-eminent Dr. Warren, in his last illness, told Sir George Baker, who attended him, that *medicine was of no use to him*. Now this particular observation of a very great physician, is often made by persons totally ignorant of medical science, who yet imagine they are capable of  
judging



judging of the effects of medicines on their own constitutions. If a patient has confidence in his physician, he should yield him implicit obedience; if not, he should send for another. Nothing can be more unjust than to make a medical practitioner responsible for the event of a disease of which he had not the entire direction of the treatment; and yet nothing is more common than this species of injustice. We have been induced to offer these remarks from a belief that those who ought to be the patrons and guardians of medical science, have fallen into the same error as Jack did, who tore the lace off his coat with such violence that he tore the coat to pieces.

To return to the work before us; the object of which is to recommend a remedy, or rather a medicine and regimen which had never been exhibited in the most advantageous manner, for the cure of Pthisis, by the Author's predecessors.

Dr. R. lays no claim to the discovery of a panacea, or even a specific for all possible cases of consumption. What he appears to wish, is to call the attention of the public to the properest mode of dosing and administering a substance which had long been acknowledged as a valuable remedy in affections of the lungs. We have often employed it ourselves with decided advantage in those complaints, in consequence of the recommendation of Dr. Crichton; but we now believe, in doses too small to produce its full effect. Without seeking for explanations in the various acrimonies of the humoral pathology, which is now become obsolete, we are compelled by experience to confess, that spices, spirits, strong beer, and even animal food, always aggravate the cough in common catarrhs, as well as consumption; and that mucilaginous substances, on the contrary, allay or diminish it. The truth is, that various fluids, taken into the stomachs of adults, pass through the lacteals into the circulation, without undergoing that complete animalization which has been supposed. How, otherwise, could an infant at the breast be intoxicated, or purged, by what the mother takes? instances of which occur daily. If then it be admitted, that the blood itself may be materially changed, in its power of irritating and inflaming the lungs, by diet and medicine; and that the irritation produced in the lungs, by the blood, is the cause of the supuration of the tubercles, or the means of perpetuating the ulceration by the incessance of the cough; it will not be difficult to conceive, that such a plan as Dr. R. recommends will generally be found beneficial. It is not, however, to theoretical reasoning that he seems desirous of appealing, though a few observations of that kind appear in several parts of his pamphlet, but to facts, and the experience of ten years in different parts of Europe.

As it is an object of importance to avoid the impositions or obviate the ignorance of herb-gatherers, Dr. R. begins with giving the synonymes and characters of the lichen from the most eminent botanists, with a full description of the plant, illustrated by a coloured plate, and the places where it flourishes; he then mentions the opinions of a considerable number of physicians on the continent,



tinent, who have thought highly of its medicinal virtues, both in phthisis and some other diseases, particularly *tabes dorsalis* and *hooping cough*.

As the chief object of Dr. R's pamphlet is to recommend a new and improved manner of employing this lichen, he is minute in his directions for its purification and preparation. His general practice is to prepare an extract or jelly, by boiling  $\text{zvj}$  of the lichen, which has been washed clean in boiling water, in  $\text{℥vj}$  of spring water for an hour or more, and then evaporating the strained decoction, with the addition of  $\text{zvj}$  of refined sugar, to the consistence of a syrup or jelly. This he gives either alone, or mixed with milk, syrups, &c. to the quantity of three or four ounces or more daily, which constitutes the medicinal exhibition. He next considers the virtues of this *moss*, when used as an article of diet, which is a very common practice in Iceland; and we find by our papers, that a Russian has lately obtained a patent for making bread of it. Dr. R. seems, in the cure of consumption, to prefer the use of it with chocolate to any other form of food. He concludes this part of his work with a few rules respecting the diet and regimen of consumptive patients; and then commences the history of about twenty cases, selected so as to introduce as much variety as possible. The cases appear to us fair, and several of them seem sufficiently desperate to give the plan a full trial; but all terminate favourably. We should have been better pleased if a few unsuccessful ones had been added, or we had been told that he had never met with a case which did not yield to his method of treatment. The credit notwithstanding of his method of cure will not rest merely on cases contained in his work; other practitioners will soon have recourse to a remedy so simple, so safe, and so pleasant. To give it, however, a fair trial, it should be exhibited *precisely according to his directions*, both as to medicine, diet, and regimen; and there can be no doubt that it will often be tried in cases which are become incurable, and where it will fail of success. But if it saves only *one third* of those who perish annually by phthisis, Dr. R. will merit the warmest gratitude of the public. If his hopes should be confirmed by the experience of others, there can be no doubt that the lichen will become a considerable article of commerce; and we shall be regularly supplied from Iceland itself, where the best kind is produced in great abundance.

The work concludes with a review of several of the means and remedies which have been proposed by others for the cure of consumption, with the author's objections to them. Indeed, their inefficacy alone would be a sufficient objection, if they were merely innocent; but several of them appear to be *injurious* in phthisis.

We join in the author's request to practitioners, that they will communicate the result of their experience, founded upon a candid, fair, and accurate trial of the plan proposed; convinced that it never can injure any patient, and believing that it will always afford relief, even when it cannot effect a cure.



*A Compendium of the Veterinary Art; containing an accurate Description of all the Diseases to which the Horse is liable, their Symptoms and Treatment; the Anatomy and Physiology of the Horse's Foot; Observations on the Principles and Practice of Shoeing; on Feeding and Exercise, the Stables, &c. illustrated by Plates; by JAMES WHITE, Veterinary Surgeon to his Majesty's First Royal Dragoons. London. Badcock. 1802.*

THOUGH the health of man constitutes the principal object of our Journal, we do not, on that account, propose to exclude the anatomy, physiology, or treatment, when in a state of disease of other animals. Nay, so intimately is the health of human beings connected with that of other animals, that we may assert the perfection of the former to be unattainable without the latter. Dr. Jenner has observed, how much the domestication of animals, for the purposes of luxury, may have contributed to increase the catalogue of human diseases; and we may observe, that the same domestication daily contributes, in an eminent degree, to the prevention or cure of diseases which it cannot be accused of producing.

The noble animal, the health of which is the object of the work before us, is now become a necessary as well as a luxury; and we are much pleased to see the care of his health superintended by regularly educated practitioners.

M. W. appears to have taken a very comprehensive and proper view of his subject; and we have no doubt that his book, together with the labours of his contemporaries, will soon supersede, and consign to oblivion, the miserable jargon of the last century. The plates appear to be well executed, and well calculated to illustrate the subject intended.

### *Cuvier's Lectures on Comparative Anatomy.*

[Concluded from our last Number.]

HAVING concluded his account of the organs of motion, the author proceeds, in the second volume, to the highly interesting subject of the organs of sense, a subject which exhibits, perhaps of all others, the most curious, complicated, and recondite researches of the anatomist.

Among the organs of sense, the head, of course, comes the first under consideration; which is composed of the cranium or bony case, for the protection of the brain; and the face, in which are lodged the organs of sight, smell, and taste.

The study of this noble organ becomes peculiarly interesting, when, to the consideration of the structure and uses of its several parts, is added, that of the proportional scale of intellect indicated by the relative magnitude and distribution of the organs in which we have every reason to believe this quality resides. This study, which to man is so flattering, and which forms the most rational basis for the more sober part of physiognomy, appears to have engaged much of the attention of the learned author of this valuable work, who thus expresses his opinion on this subject. After relating



relating some of the observed facts, "It is not astonishing, therefore, that the form of the head, and the proportions of the two parts which compose it, are indications of the faculties of animals, of their instinct, of their docility, and, in a word, of all their sensitive being. This circumstance renders the study of these proportions highly important to the naturalist."

If we might any where expect the ingenious author to give the reins to his imagination, and quit the path of simple description which he had hitherto pursued, it would be here, in following up this curious and interesting subject; but this is not the case, *facts* are still his principal and almost his only object, and the reader, who is in search of facts, will give the author high credit for his forbearance.

He introduces, in a few words, the measurements of the different parts of the head that have been made by Camper, Blumenbach, and other anatomists, who have peculiarly attended to *Cranioscopy*, which is founded on the following principles:

The two organs which occupy the greatest portion of the face, are those of smell and taste, and in proportion as these are developed, the proportional magnitude of the face, with respect to the cranium, is increased; and vice versa. An extensive cranium and a small face, therefore, indicate a large brain with little development of the organs of taste and smell, while the opposite proportions point out a brain of small volume, with very perfect organs of taste and smelling.

The nature of each animal depends, in a great measure, on the relative energy of each of its functions, and it may be said to be influenced and governed by those sensations which are the most powerful.

The brain is the common centre of the nerves, where all perceptions terminate, and it is the instrument in which the mind combines those perceptions, compares them, reflects, and thinks. Animals appear to enjoy the thinking faculty more perfectly, *in proportion as the mass of the medullary substance, which forms their brain, surpasses that which constitutes the remainder of their nervous system*, that is to say, in proportion as the central organ of the senses exceeds their external organs.

This proportion lies peculiarly convenient for examination in the cranium and face, as the former contains the whole of the brain, and the latter the organs of the senses, especially those of smell and taste, which act with the greatest force on animals, as they govern the two most commanding passions of hunger and love.

Man has, of all animals, the largest cranium and the smallest face, that is to say, as we have before laid down, the central organ of the senses exceeds the external organs in greater proportion than in other animals.

One of the means adopted by Camper, in order to shew this relative proportion, and which is very simple though not always sufficient, is to measure the angle which the *facial line* makes with the *basilar line*, or the basis of the cranium. The facial line is sup-



posed to pass along the edge of the incisor teeth, and the most prominent part of the forehead. The basilar line of the cranium, is that which bisects longitudinally a plane passing through the external meatus auditorii on each side, and the inferior edge of the anterior aperture of the nostrils. Hence it follows, that the more the cranium is enlarged, the more will the forehead project forward, and the facial line will form a larger angle with the basilar.

In man, this angle is much larger than in the other mammalia, and the ancients appeared to have laid much stress on the height of the facial line as a characteristic of a noble nature, since, in their representations of gods and heroes, they usually made it quite perpendicular, (that is, at an angle of 90 degrees with the basilar line) or even projecting forward, which is out of all human proportion.

But shall we venture to launch out so far on this hypothesis as to infer that the proportional scale of intellect in man is regulated (*ceteris paribus*) by the height of the facial angle? In different races of the human species we find even more difference in this angle than exists between man and brutes. There are, likewise, two important circumstances which affect the angle of the facial line; age is one of them, for an infant will be born with this line at 90°; and, in the same individual, old age will often sink it to 75°; the *depth of the frontal sinusses* is the other; for, as the author observes, in the sarcophaga, or carnivorous animals, in the hog, the elephant, and some others, the extent of the frontal sinusses swell the cranium in front, and consequently elevate the facial line more than the proportion of the brain would require. The following are some of the measurements of this angle given by Camper: European infant, 90°; European adult, 83°; aged European, 75°; adult negro, 70°; young orang-outang, 67°; Sajapou monkey, 65°; horse, 23°; hare, 30°; &c. &c.

However it may flatter the European physiologist to trace the gradual fall of the facial line from himself, through the negro, to the ape, the monkey, the dog, and to the rest of the brute creation, we ought surely to receive with some caution, a system, which (independently of numerous anomalies and exceptions that might be pointed out) places the human native of Africa on so near a level with the brute.

An accurate description of the osteology of the head in man and different animals is subjoined, which properly prepares the reader for the full and comprehensive view of the nervous system, the brain, and the organs of sense, which occupy the greater part of the volume. A remarkably clear and elegant sketch of the general organization of the nervous system, introduces the anatomical description of its several members. In this, the author adduces several arguments to prove the apparent homogeneity of the parts of the nervous system, and hence he infers that the appropriation of particular nerves to the acquirement of determined sensations, is more to be attributed to the accessory circumstances of blood vessels, and the



the like, which render these nerves fit for these individual offices, than to any original difference in their structure.

Hence it would follow, that it is only on account of the situation, and what may be termed the external relations of the optic nerve, that it is peculiarly devoted to the sense of seeing, and so of the rest. It is inconsistent with the author's plan, however, to pursue these ideas at large, and he soon quits them to return to the strictly anatomical part of this interesting subject.

After describing the general distribution of the nerves in man, and other animals, the author devotes separate chapters to the *five senses*, as they are usually termed, which he gives in the order of the eye, the ear, the touch, the smell, and the taste. The description of the organs appropriated to each of these functions, is very complete and comprehensive; to give more than the anatomy of parts would require distinct treatises on optics, phonics, &c. entirely foreign from the purpose of the work; but occasional digressions into these subjects are introduced, which shew a familiar acquaintance with the laws of these branches of natural philosophy. The anatomy of the organ of hearing is treated of more in detail, than those of the other senses, on account of the vast variety of its parts, the intricacy of their distribution, and the deep researches of some of the most eminent anatomists to which it has given rise.

Here terminates the second volume of this highly valuable, but as yet unfinished work. Though incomplete, it is not, however, imperfect, or hereby rendered in any degree unfit for present use; the anatomical descriptions are full yet concise, perfectly clear and intelligible (as far as can be done without drawings or reference to particular specimens) but not tedious and verbose; and as these volumes supply, in so admirable a manner, the want which has long been severely felt; of a general view of Comparative Anatomy, every anatomist and student of anatomy will feel the highest obligations to the illustrious author, and earnestly wish for a completion of his labours.

The translation is uniformly good, and appears to be executed with perfect fidelity. The translator has had the advantage of the assistance and inspection of Mr. Macartney, who, in the prefatory advertisement, has given the reader entire security in all the essential points, by acknowledging himself "responsible for the fidelity of the translation as far as respects the science." He has likewise taken considerable pains to adopt the new French nomenclature of anatomy, employed by the author, to the Latin, and (where it could be done) to the English terms in common use, a task which considerably increases its value to the English reader.

As we hope soon to see a completion of this excellent work by the learned and eminent author, we trust that when it appears it will speedily be given in an English dress; and we shall beg leave to suggest, that besides a copious index, some comparative view of the anatomical nomenclature of the respective countries will then be peculiarly acceptable.



*A Treatise on the Morbid Affections of the Knee Joint; by JAMES RUSSELL, F. R. S. E. Fellow of the Royal College of Surgeons, and one of the Surgeons to the Royal Infirmary of Edinburgh. Edinburgh, 1802, 8vo. p. 242.*

DISEASES of the knee joint are justly looked upon as some of the most formidable and threatening maladies that come under the care of the surgeon; their diagnosis is often extremely difficult; the event of a large proportion of them is frequently of the most calamitous nature, and from their intimate connection with scrophula, the frequency of their occurrence is unfortunately greater in this island than in most other parts of Europe.

The author of the present work, whose extensive practice must have afforded him ample opportunity of consulting personal experience, has here given a concise view of several of the most serious diseases of the knee-joint, with the mode of treatment which he considers as the most successful; and the reader will not be disappointed in expecting here the same perspicuity and accuracy which distinguish the Essay on Necrosis.

The first chapter treats of superficial injuries on this part, which, the author observes, on account of the delicacy of the part, are often followed by the most dangerous consequences. Extensive surfaces of tendon and capsular ligament, seldom, if ever, granulate kindly, and even a slight injury in such parts is always liable to proceed to extensive inflammation, sloughing, and a long train of local and constitutional evils.

The second chapter notices the injuries upon the bursa, belonging to the broad tendon which connects the knee with the patella. As this is a part very liable to accidental blows, to injury from kneeling, and the like, it often is the seat of tense diffused fluctuating swellings, which may be either the effect of suppuratation, or of simple accumulation of the mucous fluid of the bursa. These should be distinguished, as often the practice is entirely different.

A description of the appearance of tumours, containing blood, is given in the third chapter; which tumours are of more rare occurrence, are often very indolent in their progress, and when converted into an open sore, prove exceedingly tedious, painful, and troublesome of cure.

Having described those kinds of tumours which might sometimes be mistaken for the white swelling, the author, in the fourth chapter, gives a detail of the symptoms, progress, and varieties of this dreadful complaint. After relating these, he notices separately the ravages which it occasions in the different parts in which it is seated, such as, morbid effusion on the capsular ligaments, gradual wasting of the cartilages, and erosion of the articulating bones. The nature of white swelling he decidedly refers to scrophula.

A rare anomaly of diseased joint (which is illustrated by a plate) is given in the seventh chapter. In such cases, the joint becomes enlarged into a firm swelling of considerable size and irregular shape. The progress of the disease is extremely rapid, but the constitutional symptoms of hectic do not prevail with great severity till



till the swelling is at its height. On examination, after death, or amputation, the head of the tibia is either extremely enlarged and rendered quite spongy or honey-combed in its texture, or it is almost wholly consumed. In either case, the bone is very fragile, and even the head of the fibula suffers, which is not the case in common white swelling. At the same time, the soft parts become gelatinous and of a scirrhus like appearance. The author considers it as by far the most hopeless case that can occur. If left to itself, it proves fatal by the constitutional disease, and if the severe measure of amputation is resorted to, the patient (in all the cases which the author has seen) has died of subsequent hæmorrhage.

The very painful, though not generally dangerous complaint of moveable bodies within the knee-joint, is next considered at some length. For the cure, unfortunately, nothing but excision can afford any prospect of success, and this operation is at all times so hazardous, that it is only adviseable when the pain and inconvenience of the complaint are intolerable.

The method of cure occupies more than a third of the volume, and the merit of all the usual remedies is discussed with considerable attention. We do not find much novelty in the mode of cure proposed: On the first attack, leeches and saturnine lotions are recommended, where the symptoms are evidently inflammatory; but if otherwise, astringent applications, especially decoction of oak bark and alum. Blisters are recommended very warmly in every case. Among the topical stimulants, the author particularizes the powder of gum ammoniac moistened with vinegar of squills, and the savine ointment recommended by Mr. Crowther.

After treating of the cure of white swelling, the author considers the mode of practice in simple inflammation, gouty and rheumatic affection, and swellings of the bursa mucosa.

A short chapter on ankylosis and a few formulæ for some of the applications here recommended, conclude the volume. Three plates are added, one of the diseased enlargement of the head of the tibia described in the seventh chapter, and the two others of different species of ankylosis.

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*Practical Information on the Malignant Scarlet Fever and Sore Throat, in which a new Mode of Treatment is freely communicated; by E. PEART, M. D. 1802, pp. 64. 8vo.*

As our principal object in this Retrospect of Medical Publications, is to relate, in a few words, the *facts* that may be brought forward in the numerous publications that are laid before the public, and the practical information to be derived from them, we shall only observe on the pamphlet before us, that the author, after describing the circumstances of a very malignant fever and sore throat that prevailed in the summer and autumn of 1801, and resisted most of the usual remedies, relates, that he employed a solution of ammonia preparata, or carbonate of ammonia, in the proportion of two drachms to five ounces of water, of which two tea-spoonfuls were taken



taken every two, three, or four hours, according to the urgency of the symptoms.

The success, he asserts, was so great, and so much beyond his most sanguine wishes, that he considers this remedy as almost a specific in this dreadful malady. The title of this pamphlet, *Practical Information*, is not very happily chosen, as the above simple fact is all the practical matter in the volume. A large portion of it is occupied with a violent attack on the modern chemical theories, very improperly, though commonly, termed *French*, as this term can only be applied, exclusively, to the system of nomenclature, and by no means to the discovery of the facts, or even the theories which have given it birth. If the manner of our author's attack is not the happiest, we must allow that he has selected his adversary's weak side, for such we may certainly consider the fashion or rage for explaining by mere chemical principles, and especially by the agency of oxygen, the operation of so many of the most powerful medicines.

The author takes no little credit to himself for divulging the improvements which he persuades himself he has made in the treatment of several disorders, and not making a pecuniary advantage of them as *secrets*.

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*Practical Information on Inflammation of the Bowels and strangulated Rupture, in which a new Method of treating those Disorders is faithfully communicated; by E. PEART, M. D. 1802. pp. 38. 8vo.*

THIS treatise is certainly more practical than the last. The author, after a few remarks on the nature of enteritis and of incarcerated hernia, gives it as his opinion, that the two complaints are similar in nature, only that the latter has an assignable cause, which is not always the case with the former. After undervaluing in some degree the importance of the operation for hernia, on account of its removing only the cause of the disease, and not always its effects, he proceeds to propose the new discovered remedy for both these disorders, announced in the title page—"And what is it?" the reader will ask. "Is it digitalis, cold affusion, or some new gum from New Holland?"

This new remedy is a pill composed of five grains of calomel, and another of one grain of opium, which are to be repeated every hour or two; sometimes, however, increasing the opium if the pain be great, or diminishing it, if the patient is easy.

Cases are given, we doubt not with fidelity, in which both hernia and enteritis were removed by this simple practice; and the author describes his great satisfaction, "at having now; for the first time, found a remedy," (we give his own words and italics) "evidently possessed of prompt and powerful influence over the disease."



*Practical Information on St. Anthony's Fire, or Erysipelas, and on Erythematous Affections in general; as also on the Measles, in which new Modes of Treatment are communicated; by E. PEART, M. D.*  
1802. p. 33. 8vo.

THE author introduces the remedy by the history of a case of severe erysipelatous inflammation of the right leg, attended with high fever, delirium, and a very formidable train of symptoms. He saw the patient after he had been ill for three days, during which time he had undergone the usual mode of medical treatment, but the fever continued, and the part threatened gangrene. He immediately prescribed one drachm of volatile alkali to be made into pills, with aromatic confection, to be taken every two or three hours. As an external application, he directed a solution of ammonia preparata, sugar of lead, and spirit of ammonia in water; and the precipitated lead was directed not to be washed off. The patient recovered speedily under this practice, which, under these circumstances, was certainly very judicious, and probably contributed much to the cure. We have, however, heard of the use of ammonia and aromatic confection in similar cases, before we learnt that it was a discovery of Dr. Peart.

The same alkali is proposed in the worst cases of measles, but more doubtfully.

*Anatomical Plates of the Bones and Muscles, diminished from Albinus, for the Use of Students in Anatomy and Artists, and accompanied by explanatory Maps; by ROBERT HOOPER, M. D.* 1802. p. 22. 12mo.

WHEN the magnificent plates of Albinus are cut down to a very small duodecimo, all that can be expected, is to preserve a general outline and distribution of parts.

The plates are as neatly executed as could reasonably be expected, and if employed as the A, B, C of anatomy, they will have their use. After each plate from Albinus, a sketch for reference is added, and the sketches or maps are washed with different colours in the several parts, which renders the explanation and reference very easy.

This little volume is intended to accompany the author's *Anatomist's Vade Mecum*.

*The Anatomy of the Brain, explained in a Series of Engravings; by CHARLES BELL, Fellow of the Royal College of Surgeons of Edinburgh.* 1802.

THIS beautiful, accurate, and elegant work is a real acquisition to the study of anatomy. The engraving is coloured, and is executed in a soft delicate style, which most happily expresses the natural appearance of the parts, an advantage of peculiar value in the complicated and minute anatomy of the brain. The author is himself the draughtsman, a circumstance which tends to ensure the fidelity



fidelity of representation, and strongly enforces the utility of making the art of drawing an essential in the education of those whose profession requires a knowledge of the situation of natural objects.

This work consists of twelve plates (one of which is copied from the splendid and admirable work of the late much lamented Vicq d'Azyr) and the position of the different parts is so varied, as to give a very clear idea of the anatomy of this noble organ. Peculiar attention appears to be bestowed on the representation of the ventricles and the parts immediately contiguous to them in the centre of the skull.

Each plate is accompanied with its explanation, and the figures of reference are very delicately inserted in the plate, without injuring the general effect in any sensible degree.

An Appendix is added, in which the claim of the present Professor of Anatomy at Edinburgh to the discovery of the communication between the two lateral ventricles of the brain is oppugned from the writings of Vieussens, Winflow, Haller, and even the older anatomists.

## MEDICAL AND PHYSICAL INTELLIGENCE.

[FOREIGN AND DOMESTIC.]

The earths, when combined with each other, frequently produce compositions which may be taken for new simple earths, and thus account for the errors that are sometimes committed in the analysis of stones and fossils. Cit. Guyton had already made us acquainted with the action of earths on each other; Cit. Darracq repeating his experiments, confutes them, and adds several new ones, while he at the same time doubts the accuracy of others. The results of his experiments are as follow.

1. Cit. Guyton had thought, that on mixing together lime-water and the water of barytes, a precipitation was produced; which fact, however, never succeeded in Cit. Darracq's experiments, and he therefore believes, that the lime employed by that chemist contained a little sulphuric acid, which occasioned this precipitation.

2. The water of strontian, of barytes, and of lime, mixed together, did not yield any precipitation.

3. The



3. The aluminous potash mixed with siliceous potash have produced a precipitation composed of siliceous earth and alum.

4. The siliceous potash is likewise precipitated with strontian and lime, when liquors containing these bodies in solution were mixed together.

It appears from these observations, that the alkaline earths form no combination with each other; whereas such a combination takes place between the non-alkaline earths, and between these and the alkaline, with exception of alum; or we may say, that it is only the siliceous earth which possesses the property of detaching the earths from their watery dissolvents, and of forming with them terreous combinations.

5. Cit. Guyton had asserted, that the muriats of lime and of alum, when mixed together, yielded a precipitation not soluble in acids. Cit. Darracq, however, could not obtain this precipitation, and therefore, supposes, that this mistake of Guyton might have arisen from a small quantity of sulphuric acid, that always adheres to the aluminous earth, which is separated from the alumen.

6. Cit Darracq could not obtain a precipitation from a mixture of muriat of lime with the muriat of barytes, and he also attributes that precipitation which Guyton has observed, to the presence of sulphuric acid.

7. It was impossible to obtain any precipitation by separately mixing muriat of magnesia with the muriat of alum and barytes, either by a mixture of the muriat of alum or of barytes, notwithstanding every possible precaution, as proposed by Cit. Guyton; at least, not one earth would unite with another when earths were employed, dissolved in the same acid.

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Although it has been long known that the bulbs of several plants contain a great quantity of mucilaginous substance, no chemist has as yet endeavoured to separate it, and to ascertain its nature by a chemical analysis. Citizen *Le Roux*, of Versailles, therefore, has opened the field of these inquiries, by analysing the bulbs of *Hyacinthus non scriptus* L. the viscosity of which is very remarkable. On pounding a certain quantity of its roots in a stone mortar, the pulpy mass was carefully washed, and the water afterwards filtrated. On having evaporated this liquor to the consistency of a syrup, the residuum became dry in a short time, amongst which a transparent substance was found in considerable quantity, which had all the characteristics of a real gum. A farther account of these experiments has been promised by Mr. *Le Roux*.

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Since Dr. JENNER's announcement of his discovery of the value and importance of the Vaccine Inoculation, several researches concerning the earlier history of the disease have been made, by which it is found, that at different times before the present period, the most obvious hints have been suggested, which might have led an impartial



impartial observer to expect the same extensive advantages from the inoculation of this disease as are now so well understood. What fatal coincidence of circumstances have we to accuse, by which the attention of medical men was formerly withdrawn from so great and remarkable an object! The earliest notice of the cow-pox, and of its power in preventing the infection of small-pox, has lately been found by Mr. Steinbeck to, exist in a weekly publication, which formerly was published at Gottingen, under the title of *Allgemeine Unterhaltungen*, i. e. General Entertainment: Gottingen, printed by Rosenbusch. In No. xxxix of the volume for the year 1769 of this work, from page 305 to 312, is a dissertation, by an anonymous author, who signs himself "an experienced husbandman," *On the Distemper amongst the Horned Cattle; and on some Passages in Livy*," of which the third section contains the following interesting passage: The author having described what Livy calls *pestis*, questions whether that which Livy comprehends under the general name of *pestis*, had always been the real plague, or some acute fever, attended with eruptions, pox, purples, &c. "Though I do not venture, he proceeds, to give a decisive opinion on this subject, it excited my attention, that such a plague as Livy describes, has, according to his statements, been common both to men and animals; a feature of the plague now not observed. I have however, intimated before, that the *pestis* of Livy was probably nothing more than an eruptive fever, as it is said to have been common both to men and animals, and as he expressly calls it, *scabies*. The cow-pox is not uncommon in the neighbourhood of Gottingen. It is true, that neither men nor animals die of this disease, though it is said to be pretty severe in some persons, which may be ascribed to our climate being colder, and thus rendering the poison less venomous and dangerous. On this occasion I shall mention, that people in the country near Gottingen, who have had the cow-pox, flatter themselves that they are by it quite secured from the infection of our common small-pox, as I have, upon accurate inquiries, frequently heard from creditable persons." How happened it that this remark escaped the attention of the physicians of Gottingen, Hanover, and Germany? Gottingen and Germany would then have acquired the honour of this great Discovery, which is now so justly obtained by England, and the lives of thousands would have been saved, had any Physician, at that time, been possessed of the sagacity and perseverance of a JENNER!

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Mr. GIESE, of Berlin, has made several experiments, in order to ascertain the presence and quantitative proportion of the benzoic acid in the urine of horses, which acid, according to the researches of Fourcroy and Vauquelin, is always to be found in the urine of herbivorous animals. The results of these experiments proved extremely different, as the benzoic acid could frequently not be traced



traced at all, or in a great variety of proportion. It has likewise been intimated by the above French chemists, that the benzoic acid, found in the urine of herbivorous animals, especially in that of horses, might have originated from their food, and particularly from the vernal grass (*Anthoxanthum odoratum*, L.) which is frequently met with in hay. In order to enquire into the truth of this statement, Mr. Giese undertook a series of experiments with the above grass and with hay, with which it was mixed in considerable quantity. No traces of benzoic acid however could be discovered. He prepared an extract of it, which yielded a strong odour similar to that of melilot (*Trifolium melilot. officinal*), but after it had been digested with spirit of wine, and the mixture evaporated, not the least portion of benzoic acid could be traced in it. In oats this acid was likewise not to be found by a chemical analysis. Hence it appears, that the generation of the benzoic acid in the urine of horses and other herbivorous animals, seems to originate in the animal body itself; and it remains an interesting question for naturalists to determine in which state of the body it is particularly generated. Upon farther inquiry Mr. Giese found that the urine, in which he had discovered the greatest quantity of benzoic acid, had come from horses which had for a long time been sickly, whereas the horses whose urine contained no benzoic acid, or at least a very insignificant quantity of it, were apparently quite healthy. The benzoic acid, found in the urine of horses, is either in a free state, or neutralized with natron. Sometimes not a trace of benzoic acid is discovered in the urine of horses, which, however, yields a considerable quantity of calcareous earth. The *urina cocta* of horses seems in general to contain benzoic acid, which is rarely discovered in the *urina cruda*.

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Cit. TREMERY, a French Engineer of Mines, has lately published a *Memoir*, containing, what he calls, *An Examen of the electrical Phenomena which do not appear to accord with the Theory of the two Fluids*.

Among the facts which have been assumed as grounds to admit, with Franklin, the hypothesis of a single electric fluid, the most remarkable is the following: Having placed, between two metallic conductors, a card which touches each of them by one of its faces, in different points, he caused a strong electrical discharge to pass across or over this apparatus; at the instant when it operated, a luminous track proceeded from the positive conductor, passed over the surface of the card, and penetrated it facing the negative conductor. This took place even when the card was previously pierced, before the first of these two conductors.

It was inferred from this fact, that in order to admit the theory of the two fluids, we must suppose that a single one of them may escape from the bodies that it contains, and produce light, whilst the other remains inherent in its own. Cit. Tremery overthrews this



this reasoning by the following experiment: He placed the card and the two conductors under the recipient or receiver of a pneumatic machine; in proportion the density of the air contained under the recipient is diminished, the point where the card is penetrated approaches to the positive conductor; when the pressure was nearly half that of the atmosphere, the point of passage was precisely in the middle of the two conductors. At each discharge, a luminous track proceeded from each conductor, and spread over each surface of the card, as far as the point of interfection.

Cit. Tremery concludes, from this experiment, that we must consider the atmospherical air, in its ordinary state, as resisting the passage of the negative fluid, more than that of the positive fluid. These resistances diminish, for each of these two fluids, with the density of the air, in different proportions, and much more rapidly for the first than for the second.

From what precedes, Cit. Tremery deduces this general result, that the isolant faculty of idioelectrical bodies, should not be supposed the same for both positive and negative electricities.

In proceeding according to this explication, it would be easy to reconcile with the theory of the two fluids, the facts which his opponents set against him.

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Cit. GUYTON, Member of the National Institute and Director of the Polytechnic School, read at the meeting of the Institute, held 7th Fructidor, a Memoir, entitled *Researches on the Electric Pile of Volta*, by Citizens Hachette and Desorues, Professors in the Polytechnic School.

This memoir contains two important facts, which tend to throw much light on the theory of electricity; the first is, that an isolated electric pile, or a friction machine of Nairn, positive and negative, and also isolated, that is, only communicating with the atmosphere, is an inexhaustible source of electricity. The second fact is, that many solid and dry substances, such as pure starch, or starch impregnated with different salts, may supply the moist substances of the pile of Volta, and allow of a mode of constructing piles, which, by the simple action of substances placed above, become the constant and inexhaustible sources of electricity.

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The Institute of Health, of Gard, at their meeting at Nîmes, have offered, for the eleventh year, a gold medal of the value of 300 livres, for the best Dissertation on the following question: "Are there any physical or chemical means of destroying the dangerous emanations which exhale from marshes, or from ground newly drained, and of preserving from its influence those who are exposed to them."

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The experiments and results of Mr. Lowitz, on the decoloration of vegetable liquors, and by pulverised charcoal, have been confirmed by some later experiments made by M. DUBURCA. The following circumstances may be relied on: Three ounces and a half of charcoal, purified by incandescence, mixed with 24 drops



of sulphuric acid, will purify  $3\frac{1}{2}$  lb. of putrid water, without communicating any sensible acidity. The process consists in pouring the water upon this mixture, and afterward filtering it. It destroys the astringent principle; it absorbs fatty matters; it dissipates all foetid smells, and may be used with advantage in cleansing musty casks; it has no effect on the smell of camphor, essences, ethereal oils, essence of orange, bark, &c.; it renders vinous liquors colourless; it diminishes scorbutic affections, sweetens bad breath, and whitens the teeth.

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Cit. Vauquelin gives an account to the Societ  Philomatique of a blue oxydated iron which was sent from Salzburg to the Conseil des Mines at Paris; it is of a light blue colour, and occurs in small masses, that are concealed in the cavities of quartz and of a hard greenish steallites. It is friable and feels a little greasy; it loses its colour at the fire of the tube, and melts afterwards to a greenish glass. It is not to be discoloured either by acids or by weak alkalis, which circumstance distinguishes it from lapis lazuli and the prussiat of iron. This blue substance, when digested with muriatic acid, communicates to it a saffron colour, whereby it is a little discoloured; but it loses the colour entirely when it is dissolved in this acid, in which it leaves behind a portion of siliceous earth.

On examining this solution, it will be found to contain alum, lime, and oxyd of iron; but neither manganese, nor sulphurated hydrogen, nor phosphoric acid can be traced in it, substances to which one might have attributed the blue colour of this oxyd of iron. It therefore remains to determine the cause of the remarkable colour of this oxyd; a colour, which we are not able at present to communicate to it by any known chemical process. It is probable, that the iron is brought to a degree of oxygenation, that approaches the maximum.

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MR. CHAUSIER employs a solution of oxygenated muriate of mercury, kept constantly in a state of saturation, for preserving animal substances from putrefaction. The preparations are to remain immersed in the solution several days, and then dried by exposure to light and air. After the process, they are no longer susceptible of being easily decomposed; they preserve their form, become possessed of a great degree of hardness, and are not subject to the attacks of insects.

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List of Private MEDICAL CLASSES to be opened at Edinburgh in the ensuing winter.

Anatomy and Surgery, Dr. BARCLAY.

Anatomy, Surgery, and Midwifery, Mr. CHARLES BELL.

Clinical Surgical Lectures in the Infirmary, Mess. RUSSELL and J. THOMPSON.

Chemistry, Dr. THOMSON.

Chemistry, Pharmacy, and Materia Medica, Mr. MURRAY.

Extemporaneous Prescription, Dr. J. KIBBY.



Mr. Fox will commence his Lectures on the Anatomy and Diseases of the Teeth, in the Theatre of Guy's Hospital, on Tuesday, November 16, as half past five o'clock.

Dr. WALKER, Physician in Ordinary to the City of London Lying-in-Hospital, will publish, in a few weeks, General Observations on the Constitution of Women, and on some of the Diseases to which they are more especially liable.

On Wednesday, the 6th of October, Dr. MARCET, Physician to the City Dispensary, was unanimously appointed Assistant Physician to Guy's Hospital, in the room of Dr. CURRY, who has lately been elected one of the Physicians in Ordinary to that Institution.

Dr. JENNER has received a very valuable Diamond Ring from the Empress Dowager of Russia, together with a Letter, of which the following is a translation.

" SIR,

" THE practice of Vaccine Inoculation in England having been attended with the happiest success, which is well attested, I have eagerly imitated that example, by introducing it into the charitable Establishments under my direction.

" My endeavours having perfectly answered my expectations, I feel a pleasure in reporting my success, and in testifying my acknowledgments to him, who has rendered this signal service to humanity.

" This motive induces me to offer you, Sir, the Ring sent herewith, as a testimony of the sentiments of esteem and regard with which I am,

" Yours, affectionately,

MARY."

*Paulowsky, Aug, 10, 1802.*

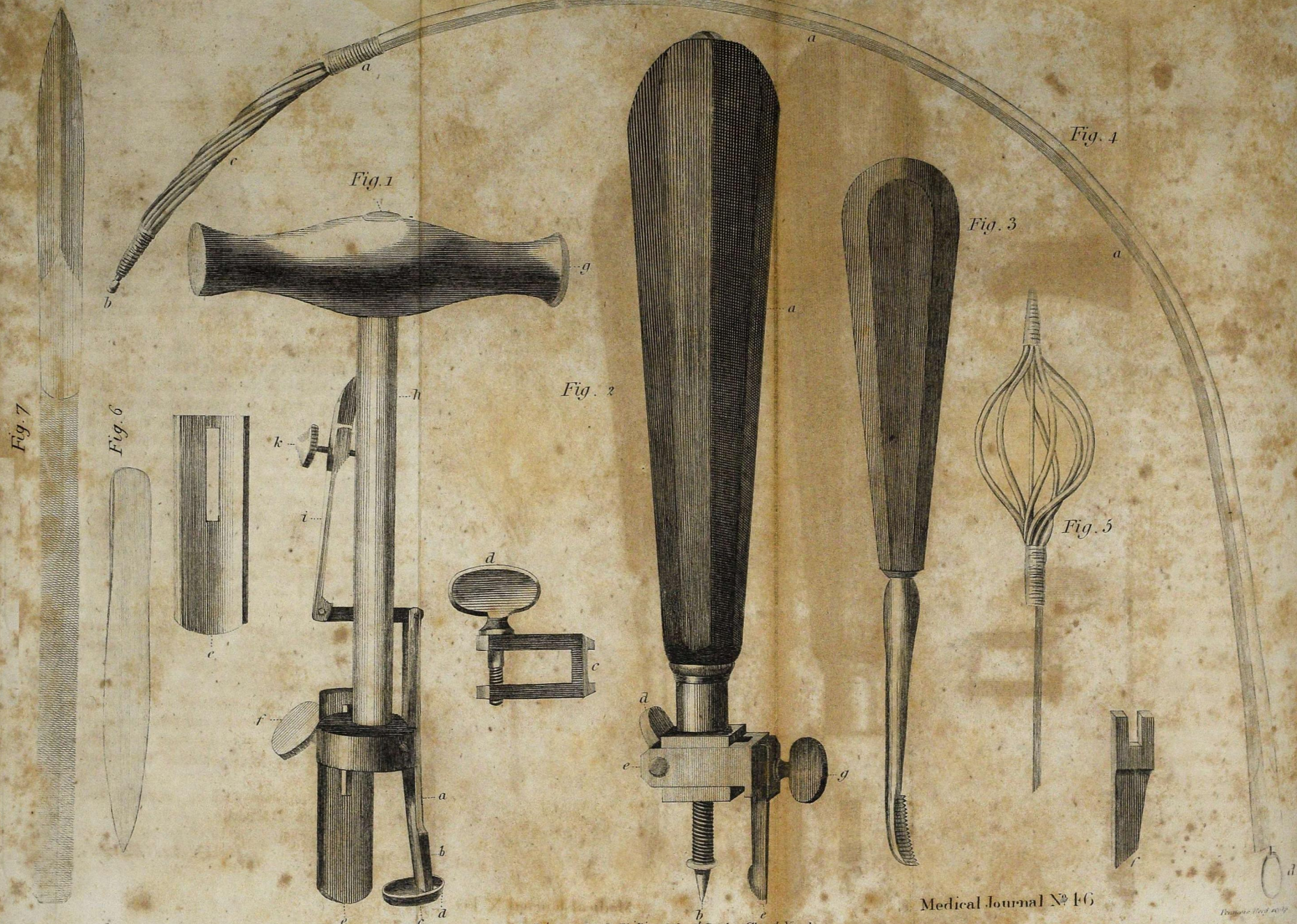
#### TO CORRESPONDENTS.

*Communications are received from Messrs. Pears, Rigg, Burrows, Westall, Philo-Medicus, Indagator, Alpha, Philadelphus, &c.*

*We are sorry to be under the necessity of reminding our Correspondents, that Communications which are intended to be published under assumed Names, must always be accompanied with a private notice to the Editors of the real name and address of the Writer.*



*The improved Lenticular, Raspatory, Tooth punch, Extractor for the Oesophagus, and Lichen Needle.*



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Thomas Hodgkin