



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

### **Usage guidelines**

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

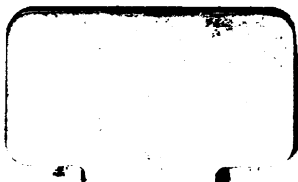
- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

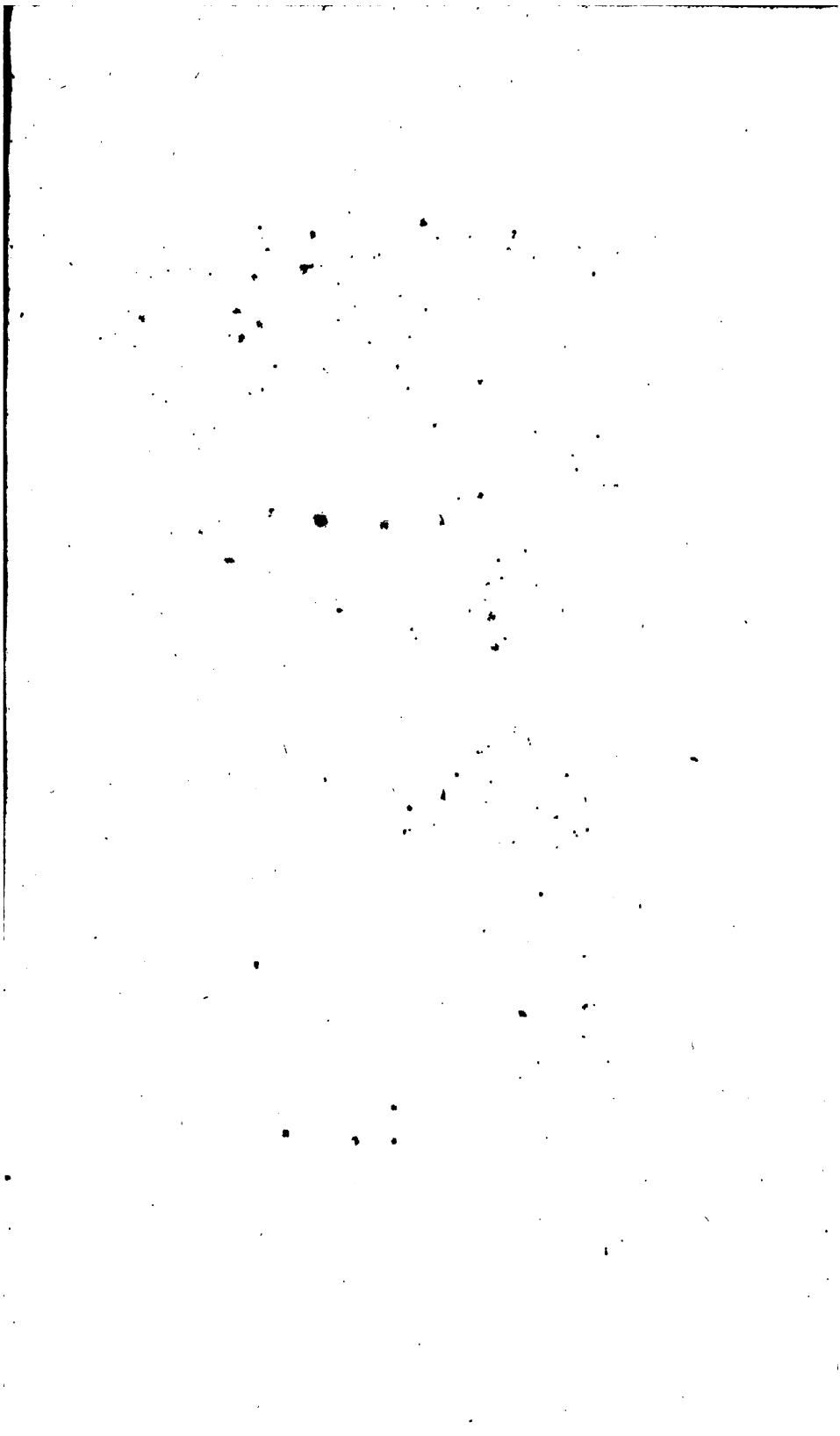
### **About Google Book Search**

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

1824

743







J.H. 1825

✓  
**CLINICAL REPORT**

ON

**DROPSIES;**

WITH

**OBSERVATIONS**

EXPLANATORY OF

**THEIR PATHOLOGY AND THERAPEUTICS:**

WITH

**AN APPENDIX**

ON THE

**THEORY AND TREATMENT**

OF

**ORGANIC DISEASE IN GENERAL.**

---

**By ROBERT VENABLES,**

**BACHELOR IN MEDICINE, AND LICENTIATE IN PHYSIC OF THE UNIVERSITY  
OF OXFORD, PHYSICIAN TO THE HENLEY DISPENSARY, AND  
CONSULTING PHYSICIAN TO THE POOR-HOUSE.**

---

*Ἀγαθὴ δὲ διδασκαλὸς ἢ πίεση.—Aretæus.*

---

**LONDON:**

**PRINTED FOR THOMAS AND GEORGE UNDERWOOD,  
32, FLEET STREET.**

1824.

743

**LONDON:**  
**PRINTED BY J. MOYES, GREVILLE STREET.**

---

TO  
H. P. SPERLING, ESQ.  
PRESIDENT;  
THE REV. GEORGE SCOBELL, D. D.  
RECTOR OF HENLEY;  
THE VICE-PRESIDENTS AND SUBSCRIBERS

TO THE

HENLEY DISPENSARY:

AS AN ACKNOWLEDGMENT OF THE NUMEROUS ADVANTAGES  
WHICH THEIR LIBERAL SUPPORT OF THIS  
INSTITUTION HAS AFFORDED IN CULTIVATING A KNOWLEDGE  
OF THE IMPORTANT DISEASES WHICH FORM THE  
SPECIAL OBJECTS OF CONSIDERATION IN  
THE FOLLOWING PAGES:

THIS WORK

IS MOST RESPECTFULLY INSCRIBED,

BY THEIR OBEDIENT

HUMBLE SERVANT,

THE AUTHOR.

## ERRATA.

- Page 12, line 8, *dele* "gr."  
— 24, — 11, *place the semicolon after* "size."  
— 27, last line but one, *for* "thorax," *read* "thoracic."  
— 31, note, *for* "obvious," *read* "cogent."  
— 65, —, line 3, *for* "immersing," *read* "to immerse."  
— 116, 5th line from bottom, *for* "rolling," *read* "by rolling."  
— 234, note, line 2, *for* "lead," *read* "lard."



## PREFACE.

---

WHEN I first determined to publish the result of my experience in the treatment of dropsies, I merely intended to have submitted the clinical history of some of the more important cases, with a view to establish the principles which I have adopted. The first impression of this work, and which was completed, ready for delivery to the publishers, on the day of the fire at Mr. Moyes's establishment, was totally destroyed by that unfortunate occurrence. By this delay, I have had an opportunity of adding several interesting cases, which have occurred since the time of first putting it to press.

I believe the view taken of the theory of dropsy is in some degree novel; and, as far as I am acquainted, no author has as yet professed to cure dropsies without the aid of diuretics. I certainly do not mean to advance this fact as a principle to be adopted in practice; but I think no one can read the

case of Sarah Burgess\* attentively, without acknowledging that the history throws considerable light upon the nature of dropsies. The regarding fever as symptomatic, rather than the cause, of local affections, has tended much to obscure both their nature and theory, and to enervate our practice. The precepts too of Dr. Cullen, and the authority of his well-earned reputation, establishing a doctrine of fever, in which debility is looked upon as the principal source of the phenomena, have led the profession to adopt principles of treatment, which I do not hesitate to pronounce not only erroneous, but highly injurious. I have long regarded febrile and inflammatory action as the same in *essence*,† and differing merely in the extent of parts occupied by the morbid action. Let fever then, and the diseases in which febrile action prevails, or which are accompanied with these morbid manifestations, be treated as other inflammations of a similar description would be, and I am convinced, that diseases which are now regarded as obsti-

\* Case XIV. † Vide Wilson Philip's Essay on Fever.

nate and incurable, will become infinitely more tractable, and in many instances yield to medical treatment. I have met with instances repeatedly among females, in whom the most distressing complaints, looked upon and treated as the results of constitutional debility, have readily yielded to a plan of treatment founded upon widely different principles. Constitutional debility I cannot regard as incompatible with an antiphlogistic regimen and plan of treatment for the cure of disease. Variola, measles, and typhus, are all considered as diseases of debility; and if a well-marked phlegmasia should supervene the termination of any of these diseases, or appear during the subsequent convalescence, no practitioner of any pretensions would hesitate to adopt the appropriate treatment for such complaints: all that is necessary is, to limit and adapt the vigour and extent of our means to the particular features and circumstances of the case. In regulating the treatment of inflammatory diseases, much may be done by careful and attentive reflection on the circumstances. Where there is a robust constitution, with strong arterial action,

violent inflammation, and high fever, the disease admits of an attempt at immediate cure by powerful depletion. Such a disease soon runs its course, and, if not speedily checked, the worst consequences may ensue. The low, languid, inflammatory action, which I have named sub-acute, and which is of obscure origin,—insidious and slow, indeed, it may be stated almost imperceptible, in its progress,—requires means of a less active nature, but more lasting and permanent in their operation. Who, for instance, would think of curing a violent pneumonia by the insertion of an issue or a seton, and the abstraction of two or three ounces of blood repeated once or twice at intervals of a month? And, on the other hand, in what situation should we hold him who would attempt the reduction of an enormously overgrown liver, or the cure of an indurated lung, by the abstraction of twenty ounces of blood repeated three or four times in the day? In the severer degrees of inflammation, the symptoms are unequivocal, and the principles of practice more fixed; but in the more obscure forms, practitioners are unsettled in their views,

and the treatment is more doubtful and inert; but I shall venture to assert, that the consequences to the unhappy patient are no less distressing and afflicting, though longer delayed.\* These are the views which,

\* A circumstance came under my observation a day or two since, which I cannot pass over without animadversion. A pauper belonging to a neighbouring parish brought her daughter (a little girl about six years old) to me, to tell her "if I thought she could be cured of a sore eye, with which she had been afflicted for the last three months." She told me that the apothecary who attended the parish, had been giving her eye-washes and poultices during the whole of this period, but that she experienced no relief whatever. In despair she brought her little girl to me. Judge of my surprise, when I discovered that a small extraneous body, about half the size of a pin head, imbedded in the lucid cornea, was the sole source of an inflammation, which baffled both the science and powerful collyria of this gentleman. From the long-continued irritation, red vessels were just beginning to shoot into the lucid cornea, and no doubt, in a very short time, the structure of the organ would have suffered, and opacity of the cornea would have ensued. I took this case to my friend Mr. Jeston, who, in less than fifteen seconds, removed this substance with a common silver probe. It appears to be the husk of a small seed, and I have preserved it in my collection as a memento of an ignorance (I wish I could say negligence) which would be disgraceful to the youngest tyro in the profession.

from nearly fifteen years' careful and attentive observation of the phenomena of disease in different climates, and under almost every variety of circumstance, I have adopted, as most likely to improve the theory and practice of medicine, and most conducive to the alleviation of human misery.—It now remains that I make a few observations in explanation of the objects, nature, and plan of this work.

It consists of two parts; the first a clinical history of twenty-one cases of dropsy which have occurred principally in my public practice as physician to a Dispensary. Although, in the great variety of situations in which my professional avocations have placed me, numerous opportunities of a similar description have presented themselves, I preferred those of more recent occurrence, and which were open to the observation of those professional friends and gentlemen with whom I am now more immediately connected. I have been for some time engaged in the preparation of a systematic Treatise on Dropsies, and which was in nearly a sufficient state of forwardness to have admitted of the publication of the First Part:

but circumstances, to which it is unnecessary here more minutely to advert, determined me first to publish those clinical facts and observations, upon which I thought to establish the theory and treatment of dropsies. The conclusions of an observer are seldom satisfactory, without a detail of the observations and facts from which they are deduced. On the other hand, a mere summary of symptoms and prescriptions is too dry and tedious to interest in a degree sufficient for practical improvement. Indeed, the same symptoms are not always indicative of the same morbid phenomena, nor do they invariably admit of the same mode of treatment. Here then presented two serious difficulties opposed to the execution of my plan. The Clinical Report of Dr. Crampton, however, and the no less valuable work of Dr. Blackall, convinced me that those difficulties were more imaginary than real. Upon referring to the works and observations of other eminent professional men, on the same subject, I discovered that much might be effected by perseverance and industry. Upon a review of each, I selected the report of Dr. Crampton as the

model of my work; not that I entertained the most distant idea of emulating my highly respected Preceptor, but, considering his plan as most suited to my object, I determined, however humbly, to imitate his example. I am well aware how much an effort must suffer in comparison with one conducted upon similar principles, but with infinitely superior ability — a comparison essentially connected, and inseparable from imitation; however, the improvement of the Profession, and not my own reputation, is the principle by which I have been actuated, and the motive which has influenced me in the present attempt.

Perhaps here I may be asked, with what consistency can I expect to effect what my acknowledged superiors have not been able to accomplish, or do I entertain any sanguine hopes upon the subject? — To this interrogation, I reply unequivocally in the affirmative; and the principles upon which I ground my expectations will, I am convinced, be acknowledged by every candid observer of human nature. If we wish to excite a boy, for instance, to make an essay of his strength, and attempt a hazardous



leap, should we effect our purpose, and convince him of its practicability, by shewing him a full-grown, powerful man, performing the same feat with the greatest ease and convenience? Would he not immediately associate the great disparity of age and strength with the accomplishment of the object; and would he not immediately infer, that though not impracticable with superior strength, yet the practicability, to efforts such as his strength would admit, still remained questionable and undecided? But let a boy of his own age and size perform it in his presence, or even assure him that he has previously accomplished it, and he who before hesitated, now attempts his task with perfect confidence, and accomplishes it with ease. Thus it is with the practice of medicine: few will attempt to rival a Cullen or a Baillie; but if an humble individual should be found possessed of sufficient courage to differ from established maxims and doctrines, those in the same humble circumstances as himself do not hesitate to follow an example, which, in superior ability, they would absolutely despair even to imitate. It is for this class, that I principally intend

these pages, fully sensible, that the higher ranks of practitioners stand not in need of the advantages to be derived from my observations and experience.

With respect to the cases, they are a faithful record of facts—of symptoms noted down at the moment of observation, and of the treatment instituted for their relief. A dry detail of these facts, as already observed, would have been too insipid to interest and prove serviceable. Hence each case, on the result or termination, is followed by such observations as I conceived best suited to explain its history, and the practice adopted. Those who have enjoyed and fully appreciated the advantages of clinical lectures and instruction will, no doubt, recollect the anxiety with which they awaited the Professor's explanation of his practice. They can also fully estimate the benefits to be derived from this mode of instruction, and the superior knowledge of the nature and treatment of disease, which may be thus acquired. The plan here adopted, may be considered as in some measure equal to clinical instruction: indeed in but one respect is the claim of the latter

superior—namely, in the opportunity of acquiring an intimacy with disease, by personal observation and experience. To the medical pupil, a work of this nature, executed with care and fidelity, must afford some important advantages: it will teach him to reason upon the phenomena of diseased action, and nothing can be more instructive before forming our own opinion, than the perception of the errors of others, and detecting the fallacies of their conclusions. The inferences which I have drawn, may be illegitimate and inconsistent with the premises; to search out the weaker points of argument, and to shew the inaccuracy of the inductions, will tend considerably to professional improvement.

There is one circumstance in the history of dropsy, which has not hitherto attracted that attention which its importance would seem to warrant. I mean the coagulability of the urine, by heat and by nitric acid. Dr. Blackall considers this symptom as of great importance in determining the suitable diuretic. Dr. Crampton, on the other hand, is not disposed to place much confidence in the qualities of the urine, and

is guided more by the usual symptoms of disease, than by any properties which this excretion may exhibit. Although fully sensible how inadequate I am to settle a point of such importance,\* yet I feel it my duty to declare, that I look upon this symptom as one of the highest moment. It proves the inflammatory† tendency of the system, and how highly charged the blood is with coagulable matter. A cooling and anti-phlogistic treatment and regimen are in such cases more imperiously required;—at least such is the result of my experience.

The Appendix, upon the “Theory and Treatment of Organic Disease in general,” I think, possesses some interest. Organic diseases have been long regarded as the source of that general disturbance with

\* “Non nostrum inter vos tantas componere lites.”

† The report of the appearance on the 12th, at p. 54, and the observation in the note, p. 55, may appear directly contradictory. The observation at p. 54 regards the serum. A dense and milky appearance I regard as indicative of an inflammatory state of the blood; and in the first impression I had introduced a conclusion to this effect. However, I thought it better to submit this opinion to the test of future experience before adopting any conclusion upon the subject.

which we find them invariably accompanied. Perhaps an entirely opposite view may go far to elucidate their nature and treatment. In the third stage of organic disease, it is generally allowed that medicine can effect but little. However, we have well-attested histories of cures effected even in the most hopeless circumstances. I have endeavoured to deduce the rationale of the successful practice; and, by a judicious application, to increase our future prospects of success. Perhaps I may be here asked, have I verified my theory by practical proof? I have tried the plan which I have suggested, extensively, in scrofulous cases, some of which I should have pronounced unsusceptible of amendment; and yet the success exceeded my most sanguine expectations. In the other species of organic disease, my experience has been more limited; but so far as I have had an opportunity of judging, I can recommend the plan as deserving attention. Of course, there are periods of disease in which every effort of medicine must be equally unavailing and unsuccessful; but such are not the cases upon which practical

inferences should be established. Should my humble endeavours contribute in the least to improve the practice either in dropsies or organic diseases, my objects will be fully accomplished.

Indeed, I know with what anxiety and eagerness the Faculty look for and receive any reports which profess to illustrate either the theory or therapeutics of dropsies. When I undertook this attempt, I by no means anticipated its occupying any thing like the space it has done. No doubt the clinical histories might have been condensed, and the symptoms and treatment delivered in more general terms, and thus the tedium of minute and daily details avoided. But I confidently ask, would such brevity have been equally satisfactory and acceptable? To those who attach any weight or importance to the objection, I feel, I need not offer as an apology, that the plan and circumstances of a country Dispensary prevent the practitioner from making daily reports of a great proportion of the cases which thus come under his review. But as I feel confident, that few will object to

the most minute and ample detail of clinical observations, I must beg to assure the great majority of my readers, that the defects in this particular are by no means the result of apathy or indifference, nor of a want of labour or exertion on my part, but are owing purely and entirely to the scattered state of the population in a country district.

Notwithstanding all that has been written upon dropsies, there is no class of diseases to which the aphorism of Seneca will more justly apply:—"Multum egerunt, qui ante nos fuerunt, sed non peregerunt; multum adhuc restat operis, multumque restabit, nec ulli nato post mille sæcula præcludetur occasio aliquid adhuc adjiciendi:"\* and perhaps no better or more apposite apology for these my humble endeavours can be offered.

It will be perceived that I have not attempted to class the cases, according to the species of dropsy with which the patient was affected; the objects of the present work did not require any such classification,

\* L. Ann. Seneca, Epist. lxiv.

and I therefore preferred arranging them in the order of priority of application to me in my public capacity.

I have already hinted that a more extended work upon Dropsies was in a state of forwardness. I have lately, however, obtained a copy of the valuable observations of the venerable Portal upon the nature and treatment of these important diseases. It would be an injustice to the Profession to pass over in silence the extensive experience and valuable observations of so distinguished a character. That I may fully avail myself of these important advantages, and render the work in which I am now engaged more acceptable, I mean to remodel it, and embody the principal and most important parts of Portal's observations. To effect this will necessarily delay the publication of the general work for a considerable period.



# CLINICAL REPORT,

ETC. ETC.

---

" Haud ignota loquor."

---

IN submitting the clinical history of my practice in dropsies, it is not my intention to enter upon any hypothetical speculations, or to state at any length the principles which should determine the nature of the indications, nor the extent of the means of cure applicable to the treatment of these diseases. My principal object in this detail is to establish certain facts in the pathology of dropsy; the scientific application, when sufficiently matured, I have reserved for another opportunity.

The sense in which I shall use the term pathology differs in some degree from that in which it is usually accepted. By the term Anatomy we express a knowledge of the healthy structure and relative situation of the component parts of animal organization; Physiology in medical language expresses the doctrine of the functions of these parts while in a state of health; Morbid Anatomy

I consider as expressive of those changes of structure which constitute "disorganization;" and Pathology I use as expressing the doctrine of those morbid or deranged operations of the economy by which these organic changes in our mechanism are effected. Hence then it will be perceived that I use the term *morbid anatomy* in opposition to *anatomy* simply, which investigates merely healthy structure and relative situation; and that I consider *pathology* as opposed to *physiology*—the former expressive of the doctrine of morbid, the latter of that of healthy function.

Dropsies are frequently the result of the excitement of the circulating system independently of any organic disease; and indeed, if my conclusions be legitimate inferences from the facts hereafter stated, the organic diseases so often complicated with dropsies are more often the effects of irregular or unequal excitement, than the cause either of the disturbance in the general economy, or of the dropsy.

I have upon more occasions than one met with cases which have been treated as diseases of debility; but yet which yielded to the vigorous treatment suited to active dropsies. Cases of this description are detailed in the following report, and most practitioners of any experience in drop-sical affections must have met with similar in-

stances. As my object, however, is a plain statement of facts, divested of all hypothetical speculations, I shall immediately proceed to detail the history of the cases, at the same time making such observations upon the pathology, and drawing such conclusions, as the phenomena seem to warrant.

---

### CASE I.

In the year 1822, shortly after succeeding to the charge of the Ordnance Medical Department at Portsmouth, I was consulted by the wife of a gunner of the Royal Artillery. She informed me that about three months previous to her application to me, she had over-exerted herself when washing, and while much heated and exhausted imprudently exposed herself to a current of cold air. She also took some cold drink, which caused her to shiver. This was about a fortnight before the period of menstruation, which however passed over without the catamenia appearing. She became languid, feverish, hot, and thirsty. Under these circumstances she applied to a practitioner, who, conceiving the amenorrhœa to depend upon debility, gave her some tincture of muriated iron, to be taken in doses of twenty drops in a wine-glassful of water, at intervals during the day.

After persevering in this plan for about two

months, and finding that she was gradually getting worse, she applied to me. She was now affected with considerable dyspnoea, and as she expressed it, "oppression at her heart," the pulse was irregular, very frequent, and hard. The respiration, when she exerted herself, as by walking fast or ascending a hill, or even going up stairs, became so much impeded that she could scarcely breathe; the face on such occasions was suffused with a purple flush, and a violent coughing with a "*splitting*" pain in the head came on. Even walking to the hospital—a distance of only a few yards—was sufficient to bring on the cough, which did not subside for a quarter of an hour; she expectorated a small quantity of a glairy fluid. The abdomen was swelled, and she believed herself pregnant; but, on percussion, fluctuation was distinctly perceptible. Her ancles also swelled at night, and pitted on pressure. She was not aware of this circumstance until I directed her attention to it; but she acknowledged that frequently towards evening she felt her shoes so tight, that she was obliged to take them off.

The bowels were generally constipated, the urine high-coloured and scanty, but did not coagulate by heat. On her first application, I desired her to leave off the tincture of iron, and prescribed merely a few aperient pills composed of the pil. aloës ē myrrha; these she took for

two or three days, and then she was bled. Sixteen ounces were directed to be drawn off; but before six were obtained she fainted. The flux was stopped till she recovered, which she did in a short time, and ultimately she bore the loss of from sixteen to twenty ounces of blood without the slightest inconvenience. The bleeding, to nearly the same extent, was repeated three times in the course of a month; and without any medicine, except an occasional aperient draught of infusion of senna with sulphate of magnesia, at the end of this time she was perfectly restored to health; every symptom of her complaint having disappeared, and the regular functions of the uterine system being also re-established.

*Observations.*—The history of this case I have not been able to detail so minutely and perspicuously as I could have wished. I left Portsmouth in ill health, and did not return. On the removal of my papers, a part of those containing the notes of this case were lost. I have found, however, sufficient reference to give the general substance and outline as above. It will be readily seen that the hydrothorax and other dropsical symptoms could not in this instance have depended on any organic affection. It would appear to me that, by exertion, the general system had been preternaturally excited, and the exposure to cold during this excited state was followed by those feverish

symptoms which so frequently result from such exposures under similar circumstances. The amenorrhœa which succeeded, was the first cause of her alarm, and the person to whom she applied, forming his view of the case, if any view were formed at all, from the languor which generally attends uterine obstructions, decided on debility, and prescribed iron as a tonic and restorative. That the injudicious exhibition of iron was the exciting cause of the dropsical symptoms, I think none will deny, and had it been persevered in, there can be little doubt that disorganization of the lungs would have ultimately ensued. Had the feverish state of the system been arrested, on the first application, by venesection and a judicious administration of antimonials and aperients, I have no doubt that this woman would never have experienced any symptoms of dropsy, and that menstruation would have re-appeared at the next succeeding period. However, I shall not dwell longer on this case, as I have not been able to give a more full detail.

---

## CASE II.

ESTHER WELLS, aged 19, a stout corpulent girl.  
Dispensary.

June 12, 1823. Complains of pain in the side, with dyspnœa; cephalœa increased upon exercise; cough with glairy expectoration; pyrexia; temperature increased; pulse quick, frequent, and irregular; bowels free; urine in sufficient quantity, pale, does not coagulate by heat or nitric acid; abdomen enlarged; ancles swell towards night, pitting on pressure; palpitations with night-mare; amenorrhœa.\*

This girl had been under the professional care of another gentleman† before she applied to the Dispensary. I was informed by him, that she had been very severely attacked by pectoral inflammation, and that she had been bled twice or three times. The dyspnœa and oppression, with irregular pulse, the palpitations, night-mare, and purple flushes which she experienced, left no doubt of the existence of hydrothorax. The anasarca swellings of the ancles still farther confirmed the correctness of this presumption.

R *Jalap.* ʒss. *cremor. tart.* ʒj. *Fiant pulveres, no. xij.*  
—*sumat j. ter in die. Mittr. sanguis ad ʒxij.*

17. Pyrexia reduced; pain in side still continues; cephalœa; cough; clammy taste in mouth;

\* This girl was unmarried at this time, but she was pregnant, and therefore I was rather delicate in my inquiries upon this point.

† My friend Mr. Jeston, Surgeon in this town.

bowels free; urine plentiful; anasarca continues.

*Repet. pulveres.*

25. Pyrexia increased; dyspnoea and cough more severe; fluctuation in abdomen; pulse frequent; hard; full, but irregular; purple flushes, as before. *Mittr. sanguis ad 3x. Sumat misturæ salinæ, ʒj. ter quaterve in die.*

27. Pyrexia abated; but the pain in the side, with the dyspnoea and cough, still very troublesome; cephalæa much increased by coughing, or by any exertion; bowels free; urine sufficiently plentiful; thirst; pulse hard and frequent. *Admoveantur cucurbitulæ c̄ ferro, et detrahantur latere sanguinis uncia octo. Repet. pulveres et mistura salina.*

July 2. Bowels constipated; alvine evacuations dark-coloured; cephalæa very distressing; other symptoms relieved. *R. ext. colocynth. comp. ʒss. pil. hyd. ʒj. et divide in pil. no. xx.—sumat ij. nocte manequæ. Admov. emp. vesicans lateri.*

7. Symptoms have increased since last report: she was relieved by the means above prescribed; but she was exposed to cold and wet, and believes the increase of the symptoms owing to this cause.—Now pyrexia is increased; the temperature of the surface elevated; pulse hard and frequent; thirst; clammy taste in the mouth; tongue foul and covered with yellow fur; abdomen full and tense;



anasarca of the extremities very much increased ; bowels purged ; urine scanty and high-coloured, does not coagulate. *V. S. ad ̄xij.* R *Sodæ subcarb. ʒij. aquæ puræ ʒvij. tart. sodæ ʒss. sacchar. albi ʒj. M. sumat. coch. ij. ampla c̄ uno succi limonum tertiis horis.*

She persevered in this plan till the 25th of July, when she was discharged, cured, all the symptoms having disappeared.

*Observations.*—This case is interesting on two grounds. First, it would seem that the acute symptoms only of pulmonary inflammation had been reduced by the depletion to which she had been subjected previously to her application to me ;\* but the pleura probably continued in a state of chronic inflammation or congestion. On exposure to any of the usual causes of inflammation, irregular or unequal excitement was the consequence, and an increased effusion of water into the thorax ; cavity of the peritoneum and cellular structure took place. There is another circumstance, to which I am anxious to direct the attention of the reader—the great tendency to relapse upon the least exposure ; or, indeed, without any very evident cause, all the symptoms reappeared with increased severity, and required

\* She merely applied to the Dispensary to avoid expense.

the frequent repetition of blood-letting to reduce them. This tendency I consider as depending, in this instance, upon the excitement which conception sometimes proves to the nervous and vascular functions in the female economy. We know that the first periods of pregnancy are attended with serious alterations in the health of women; and that their susceptibilities to the exciting causes of disease are at such times very much increased: \* hence the liability to coughs, pleuritic inflammations, and, indeed, to inflammatory affections of the serous membranes generally, as well as to ephemeral fevers, &c. I have not noted the appearance of the blood drawn, because a buffy or sizzly state of this fluid is considered as peculiar to the pregnant state: but I may observe that the blood assumed, on standing, the sizzly appearance peculiar to this state. The serum was dense and gelatinous, and the crassamentum firm and unyielding. Perhaps the alterations† which take place in the physical properties of the blood may, in some degree, explain the increased

\* See this subject still farther discussed in the observations on Case XVI.

† Since the first impression of this work, which was consumed at the melancholy fire in Greville-street, I have seen Drs. Scudamore's and Stoker's observations on the properties of this fluid, which may be advantageously consulted.

susceptibility of pregnant women. That there is a morbid susceptibility to every species of irritation, even to that which is the natural excitement in a state of health, we cannot deny, without shutting our eyes against the most obvious signs of pregnancy: hence arise the nausea, sickness, head-aches, coughs, and the nervous and bilious symptoms, of which delicate pregnant females so constantly complain. These excitations are followed by fever, with increased temperature, accelerated pulse, thirst, &c.: and of course the weaker parts of structure suffer most. To the above causes, I conclude, were owing the dropical effusions, to which a tendency prevailed in this case. To control the excitability of the system in general, and of the circulation in particular, it became necessary to have recourse repeatedly to vigorous antiphlogistic measures—with what success, appears from the report.

---

### CASE III.

FRANCES EGLETON, aged 36, a poor, thin, emaciated, sickly-looking woman.—Dispensary.

July 2, 1823. Complains of dyspncea, increased by every kind of exertion; harsh, dry cough; purple flushes of the face; cephalæa; skin hot and dry; pulse frequent, 98—102, irregular;

very small and thready; bowels constipated; dark-coloured alvine evacuations; urine plentiful, pale, and limpid; abdomen swollen, and on percussion fluctuation; ancles anasaruous, with œdema of the legs. The urine does not coagulate by heat or the addition of nitric acid. *Sumat, pil. colocynth. comp. gr. x. statim. R. calomel. gr. vj. pulv. scill. gr. xij. confecti opii gr. q. s. ut ft. pil. vi.—sumat j. bis in die.*

7. The aperient pills affected her bowels, but afterwards she became constipated; the evacuations still dark-coloured; urine increased in quantity; but the dropsical swellings remain undiminished. The emaciation increased; pulse still hard and thready; respiration difficult and oppressed. *R. pil. hyd. ℥j. ext. col. comp. ʒss. pulv. scillæ, gr. xij. Ft. pil. xij.—sumat j. nocte manequæ.*

July 11. Symptoms very little, if at all, abated; complains of pain in the epigastrium when pressed upon; pulse hard, irregular, and wiry; dyspnœa continues; bowels tolerably free; urine copious; emaciation proceeds; pyrexia; increased temperature; thirst; foul tongue; clammy mouth. *Admoveantur hirudines, no. viij. vel x. scrobiculo cordis quæ dolet. R. Carbonat. sodæ ʒij. succi limon. q. s. ad sodam saturand. tart. sodæ et potassæ ʒj. aquæ fontanæ ʒx. sacchari q. s. ad grat. sapor. M. Sumat coch. ij. ampla 4tis horis.*

14. Pyrexia, with hard frequent pulse; tenderness of the epigastrium—on pressure much increased; other symptoms nearly as before: has not applied the leeches, but requested to be bled from the arm in preference. This request was not complied with, and she did not attend again, and thus I lost sight of her.\*

*Observations.*—This I conceive to have been at first a case of indigestion arising from improper diet. When inquiring into the history, I discovered that she had lived a good deal on fat bacon or pork, and cheese, which are very common articles of diet among the poor in this neighbourhood, and no description of food is more calculated to give rise to the symptoms of indigestion. She felt languid, listless, and weak, as she termed it: there was pain in the head, with flatulence, and many of the symptoms of the first stage of indigestion. I wish to point the reader's attention to the circumstance of there being no pain in the epigastrium at the first application. Nor is this to be attributed to inattention on my part, for I well remember being very particular in my inquiries on this subject; and it is a point to

\* I have since seen this woman: she has been in some degree relieved from the symptoms of dropsy, but she still complains very much.

which I am always particularly attentive, whenever the symptoms of indigestion prevail. Dr. Philip observes, "When indigestion has not arrived at its second stage, at the time the fever makes its attack, the accession of this disease, by increasing the inflammatory tendency, often induces that stage. The vessels, although they had not been sufficiently weakened to yield to the *usual force of the circulation, yield to its increased force*; and it particularly deserves attention, that an attack of fever, as I have repeatedly witnessed, is often the means of permanently converting the first into the second stage of indigestion; so that the fever leaves behind it tenderness of the epigastrium, and more or less hardness of the pulse, where they had not previously existed."\*

Here, then, we find the accession of fever capable of converting a nervous affection into an inflammatory disease: is it surprising that a similar accession should be adequate to the production of dropsical symptoms, or rendering them obstinate and unmanageable when so induced? That dropsies are frequently the consequence of indigestion, I believe few will attempt to deny; but they are considered rather as consecutive to those organic changes which constitute the third

\* On Indigestion, pp. 308, 309, Edit. 3.

stage: but that dropsies may exist independently of organic disease, I think, will be abundantly proved in this report.

---

#### CASE IV.

THOMAS JOHNSON, aged 14 months, an emaciated child, with enlarged head and joints; clear eyes, and prominent forehead. — Dispensary.

July 13, 1823. The head so large for the age and bulk of this child, as to be quite remarkable; the head hung in a pendulous manner either upon its own shoulders or the breast of its mother, as if the muscles were incapable of supporting the weight in an erect posture. The scalp was extremely tense, and seemed stretched from distention by the internal contents of the cranium. Although the eyes were not intolerant of light in the proper sense of the expression, yet exposure gave some uneasiness, as indicated by the restlessness and tossing of the head, on admitting the light to the face. The temperature of the surface was elevated, but not in a very great degree. At night there were pyrexial accessions, which the mother described by saying that the child got into a burning fever; pulse extremely rapid; respiration but little affected;

alvine secretions unhealthy in appearance ; abdomen soft, and of the natural size. No correct information could be obtained with regard to the urine.

The tendency to rickets was evident from the prominent flattened forehead and enlarged joints. There was no appearance of curvature or distortion of the spine.

This child had been ill for three weeks before Easter last, and had been confided to the professional care of the apothecary to the parish, who, finding the alvine functions disordered, prescribed medicines with a view to restore them to health. Although successful in as far as regarded this purpose, yet the severity of the cerebral symptoms was undiminished. There came on startings during sleep ; fits of crying, and apparently severe pains, with remissions occasionally intervening : from the history as far as I could collect, these remissions did not seem connected with the state of the bowels. Under the conviction (as I was informed by the mother) that the child suffered from an affection of the stomach, the professional gentleman under whose care the child had been placed previously to applying to me, directed leeches to the scrobiculus cordis and breast. One of the leeches, I understood, fastened on the neck near the jugular vein. The loss of blood was



described to me as excessive, in so much as to excite in her mind considerable alarm; but still she admitted that the severity of the symptoms was considerably mitigated by the bleeding. *R Calomel. gr. vj. pulv. antimonialis gr. xij. Ft. pulv. vj.—st. j. nocte manequæ. R Carbonat. ammoniæ ʒj. acidî citrici q. s. ad ammon. saturand. aquæ cinnamomi ʒij. aquæ distillatæ ʒvj. sacchari albi ʒi. M. Sumat coch. j. amp. tertiis horis. R Mur. ammon. ʒss. aceti distillati ʒiij. aquæ font. ʒviiij. Ft. lotio capillitio, modo præscripto, admovenda.*

16. Symptoms somewhat abated; light not so distressing; pupils sensible to the stimulus of the light, but not irritably so. Directed to put the child's feet in warm water this evening. *Perstat usu remed.*

18. Symptoms nearly as at last report; mercury has had no effect on the constitution. *Admov. hirud. no. iij. sing. temporibus. R Calomel. gr. vj. pulv. ant. ʒj. M.—ft. pulveres sex—st. j. è pauxillo sacchari ter in die.*

A brine bath rendered still more stimulating to the surface, by the addition of a proper quantity of vinegar, was directed to be used on this occasion. The skin had a harsh, dry, rough feel, and seemed quite torpid in its functions; and this bath was prescribed with a view of re-exciting the cuticular secretions.

23. Did not see the child again till this day. The mother described the effects of the bath in the following terms. "After the child was removed from the bath, and dried, the water poured off the skin in great abundance:" a papular eruption spread all over the surface. The child's health appears to be so much improved, that some of the medical gentlemen present express great hopes of recovery. The mercurial has not *specifically* affected the constitution. The eruption seems to produce considerable uneasiness. *Repet. pulveres. Sumat autem j. bis tantum in die.\**

About this period I was absent for a few days; and therefore did not see the child at the succeeding visiting day. I learned, however, that in the interval leeches had been procured, and applied as already directed. The improvement was so striking, that the medical gentleman who did me the favour to attend in my absence, told the mother, who lived at a considerable distance, that in future it would be unnecessary to attend oftener than once in the week. The medicines and lotion were continued as before.

On the 4th of the succeeding month, I accident-

\* The leeches were not applied as directed: she could not afford to purchase them, and the funds of the Dispensary would not admit of supplying them.

ally met the mother in the street, and on inquiring why she had not attended regularly, she told me that she felt wholly unequal to carrying the child so great a distance. She also stated, that the little patient had since become much worse: restless nights, with continual tossing of the head; and the child seemed to suffer much from general irritation. As the eruption had almost wholly disappeared, re-immersion in a bath, similar to that already described, was recommended, and she was requested to bring the infant on the next visiting day.

August 8. The child was immersed in the bath as directed, but seemed to suffer so much from the irritation, that the immersion could not be continued longer than four or five minutes. The head considerably diminished in size. The scalp may now be wrinkled by pressing it with the hands from the ears up towards the vertex\*. Bowels regular; and the alvine discharges more healthy and natural; eruption still present; sensibility increased; and the child is not so torpid and indifferent as it has lately been. Tempe-

\* The mother was saying, that the head had diminished very much in size, and on my asking if she had measured the head at different periods, she immediately verified her assertion by wrinkling the scalp in the manner described above.

rature nearly natural ; pulse less rapid ; the respiration, though still hurried, not quite so oppressed. Temper peevish ; nights not so restless, and the sleep more placid and tranquil. *R. Hyd. protiod. gr. ij. pulv. aromatici gr. iij. pulv. rhei gr. j. M. ft. pulvis sing. noctibus sumendus.*

10. Child more irritable, and not quite so well as at last report. The head decreases rapidly in size ; black foetid motions have been discharged, the eruption disappearing ; the medicine last prescribed has not been followed by any very sensible effect. *Perstat usu pulveris. R. Hyd. period. ʒj. ung. simp. ʒj. M. ft. unguentum infricr. circiter ʒj. interno femori nocte maneque, et descendat in bal. tepid.*

13. Symptoms nearly as at last report ; bowels rather constipated, with considerable fever. *Omitt. pulveres. R. Rhei gr. vj. Ipecacuanhæ gr. iij. Ft. pulv. sex—st. j. ter in die ad alvum promovendam.*

15. Severity of the symptoms increases ; bowels very irregular ; secretions also very unhealthy in their appearance, being occasionally natural and healthy, and sometimes otherwise. *Repet. pulv. hyd. protiod. et frictio.*

Sept. 1. The mother reported this morning, that the child was so ill she could not bring it to the dispensary, and she says she is in momentary

expectation of its dissolution. In a day or two after, I heard it died, slightly convulsed.

*Observations.* — This case, I feel assured, was one of rickets, terminating in a chronic form of hydrocephalus. The enlarged state of the joints; and the prominent, protuberant forehead, are characteristic of this disease. The enlarged, or rather enormous size of the head, evidently indicated some organic affection of the encephalon; while the tolerance of light, the sensibility, or rather uncontracted state of the pupil, together with the undisturbed state of the stomach, and the natural action of the bowels, clearly distinguished this case from purely acute hydrocephalus.

Regarding rickets as a scrofulous affection, and having found the iodides\* of mercury very beneficial in many scrofulous cases, I was induced, I confess without entertaining any very sanguine hopes of success, to try them in this case. The structure of the brain,† however, I am convinced, was so disorganized at the period of application to me, that no relief, from any treatment, could have been anticipated. Had the practitioner applied to in the early part of the

\* The French chemists call these preparations "Iodures," and probably this nomenclature is the more correct.

† See a case published by the author, in No. 307 of the Medical and Physical Journal.

illness been thoroughly and perfectly acquainted with the nature of the disease, and adopted a vigorous and active plan of treatment, it is not improbable that the disorder might have been arrested, before those serious changes in the structure of the brain had taken place; but which, when once established, no means, however powerful, have hitherto proved successful in removing. The stimulating bath seems to have been the most active remedy employed in the treatment of this case. This circumstance serves to prove the necessity of attending to all the functions, and the benefit that may result from a due regulation of them. I could not obtain permission to examine the morbid condition of the diseased parts.

---

#### CASE V.

ANN ABBOTT, aged 25, weaver's wife: a stout, lusty woman. Dispensary.

July 16, 1823. Pyrexia; foul tongue; thirst; skin hot and dry; pulse frequent, 98—106, hard, and somewhat irregular; respiration hurried and oppressed; dyspnoea much increased by any exertion; difficulty of lying in the recumbent posture; languor and listlessness; bowels irregu-

lar; alvine dejections discoloured; urine scanty and thick; curdles by heat, and breaks into flakes by the addition of nitric acid. Abdomen swollen, and on percussion fluctuation is perceived; on attempting a full inspiration, a cough with purple flush comes on; ancles and legs œdematous.

This woman had been under my care some time before, with a severe attack of acute rheumatism, for which venesection and other very active means were found necessary. She never recovered perfectly from that attack, but always felt feverish, with pains in the side, and difficulty of breathing. Shortly after the abdomen began to swell, and then the ancles and legs. *Mittl. sanguis ad ℥xij.* R. *Calomel. gr. xij. pulv. scillæ gr. xxiv. confect. aromatici q. s. ut. ft. pil. xij.—st. j. nocte maneque.* R. *Sulph. magnesiæ ℥ss. magnesiæ albæ ʒss. aceti colchici ʒss. aquæ puræ ʒviij. M.—st. cyath. j. bis terve in die.*

21. Pyrexia abated; pulse somewhat softer, and more regular; respiration difficult and oppressed; abdomen still much swollen; anasarca of the lower extremities reduced; bowels as before; urine was not examined. Blood drawn was highly inflamed; the coagulum buffed and cupped; the serum dense and gelatinous in ap-

pearance. *Repet. pil. ē calomelane et scill. et mistura, ut antè.*

30. The pills were this day repeated, but as I was absent, no report was made of the symptoms.

August 6. Pyrexia; increased temperature; hard frequent pulse, 100—108; irregular; thirst; dyspnœa; flushings of the face; bowels constipated; urine free, but gelatinous in appearance; becomes flaky on elevating the temperature; abdomen much increased in size and fluctuation; on percussion very evident; tenderness on pressure of the umbilical and hypogastric regions; anasarctous swellings of the ancles, with painful œdematous swellings of the legs; attributes the increase of the symptoms to cold caught when attending her children, who are ill. *Mitt. sanguis ad ℥xij. et rep. pil. ē calomel. et scilla, ut antè, et mistura.*

August 8. All the symptoms abated; the pyrexia reduced; pulse more moderate; dyspnœa relieved; bowels regular; urine plentiful, and becomes slightly turbid on the application of heat. The blood drawn highly inflammatory. *Perstat.*

13. Slight increase of the pyrexial symptoms; thirst; flatulence and eructations; alvine evacua-



tions passed regularly every day, but hard in consistence, and voided with difficulty. *R Sulph. magnes. ℥j. aquæ font. ℥xij. olei carui m vj. M.—st. cyath. j. ter in die.*

18. Pyrexia reduced, and the dyspeptic symptoms relieved; dropsical swellings diminished. *Perstat.*

Sept. 3. I did not see this woman again till this day; she found herself improving so much, that she did not think it necessary to attend. The dyspnœa, however, is now returned, and the swellings have increased; the ancles swell, and pit on pressure; soreness of the chest, with slight cough, and a glairy mucous expectoration. *Admov. hirudines no. xij. sterno quâ dolet; et postea applic. emp. vesicans: repet. item pil. scill. ut olim.*

5. The leeches have relieved the urgency of the pectoral symptoms; the cough and expectoration removed; the blister discharges well. *Perstat.*

12. The pyrexia continues; tongue foul; abdomen swollen, tense, and tender, especially on the slightest pressure; fluctuation; ancles swelled, and pit on pressure; skin hot, harsh, and dry; pulse hard and frequent; regular. *Mitt. sanguis ad ℥x. R Aquæ ammon. acet. ℥j. vini antimonialis ℥j. tinct. opii m xx. M.—sumat coch. j. amp. tertius horis: repet. vesicatorium.*

From this time the dropsical swellings rapidly decreased; the pectoral symptoms also gave way; the skin became soft and moist; the tongue cleaned; and the different functions resumed their healthy vigour. She was attacked with slight rheumatic pains in some of the joints; but friction with a little soap liniment relieved them; and she was discharged cured, on the 2d Oct.

*Observations.* — This was a case of acute rheumatism, terminating in a kind of remittent fever, producing subacute inflammation of the serous membranes, and cellular structure. These led to dropsical effusions. There does not appear to have been any organic disease, as there was no symptom from which the existence of such disease could be inferred. The febrile accessions were always attended with an increase of the dropsical swellings; and therefore we may fairly conclude that the increased effusion was owing to the excitement of the vascular system, usually attendant on febrile paroxysms. The congested state of the serous and cellular structures no doubt diverted the activity of the circulation to the exhalants of these parts, and hence the effusion of dropsical fluid into the thorax and abdomen. Indeed, rheumatism seems to affect the serous membranes, and cellular structure, in a peculiar manner, and I think what is generally

termed "rheumatic fever," is very apt to leave a tendency to dropsical effusions. The subacute fever, and chronic inflammatory affections, in which acute rheumatism is apt to terminate; are very obstinate and intractable; and in very strong and plethoric constitutions, like the one under consideration, require the adoption of very active and vigorous means to subdue them. The urine in this case was plentiful all through; but yet dropsical symptoms set in, and increased notwithstanding, and on the subsidence of the swellings, there was no remarkable increase in the flow of this excretion: a proof that exciting the urinary organs was not the proper means of reducing them. This disease would not perhaps, at first, have been taken for dropsy, or at least until the symptoms had attained so unequivocal a character, as that the most ignorant could hardly have mistaken it. The pectoral symptoms would, in all probability, have engaged the attention; and the practice so prevalent, of administering tincture of squills in pulmonary complaints, if adopted and solely relied on, would no doubt, by its heating and inflammatory qualities, have only aggravated the mischief; and thus, with a confirmed dropsy, we should probably have had organic disease, both of the thorax, viscera, and brain, to contend with.

What light could dissection, in the event of a fatal termination, have thrown upon the pathology of such cases. If organic disease of the lungs were discovered, the pathologist would conclude that the dropsy was consecutive to the organic affection—merely an effect of this as a cause—whereas the history of the case would warrant a very different conclusion. No doubt the excitement of the circulation during a febrile tendency should, in such cases, be regarded as the cause of the morbid condition of the different structures, as well as of the dropsical effusions; and I am fully persuaded that organic affections and dropsies are much more independent of each other, and unconnected, than is generally imagined.

This woman attributed the attack of acute rheumatism from which she first suffered, to cold caught on leaving Reading, to come and reside in this town. Her removal took place immediately after her confinement, and she said that her accommodation here was much inferior to what she had been previously accustomed to.

The milky appearance which the urine assumed on the application of heat, the obstinacy of the inflammatory symptoms, and the marked tendency to relapses, are peculiar to rheumatic affections of the acute kind, and merit attention.

## CASE VI.

ELIZABETH MOLLOY, weaver's wife; a thin, weakly-looking woman. Dispensary.

16th July, 1828. Complains of dyspnœa; oppression at her chest, with a sense of weight, impeding the perfect inflation of the lungs. The attempt to fill the lungs is followed by fits of a hard dry cough. There is a severe and unusual degree of hoarseness, so that articulation is performed in a sound like whispering, so low that she is scarcely audible, and with difficulty understood. Pyrexia; hot, dry, and rough skin; pulse hard, frequent, 98—110, irregular; breathing hurried; bowels confined; urine small in quantity, and high coloured; does not coagulate on the application of heat, or the addition of nitric acid; tongue moist, but clammy.

The abdomen very sensibly enlarged, tense, and fluctuation very evident; ancles anasarca towards night, but the anasarca disappears in the morning. In the evening the cellular membrane pits on pressure, but the pitting is not very sensible at this time of the day.

She attributes this attack of illness to cold caught after her confinement, as she says she has never been well since. *Mitt. sanguis ad 3x.*

R *calomel.* gr. xij. *pulv. scillæ* gr. xxiv. *confecti aromatic.* q. s. *ut ft. pil. no.* xij.—*sumat.* j. *nocte maneque*; — *st. item sulph. magnes.* ʒss. *pro ut necesse sit.*

18. Bowels free; urine plentiful, and more pale; pyrexia abated, but the pulse still hard and wiry; skin harsh and dry. Hoarseness as at last; abdomen swollen; anasarca still continues, but not to so great a degree. The tongue moist, but clammy. *Omitt. med. ut ante præscript.* R *Pulveris antimonalis* ʒss. *ipecacuanhæ* gr. xij. *pulv. opii* gr. vj. *ext. hyoscyami* q. s. *ut ft. pil. no.* xij. — *st. j. ter in die.*

21. Pulse still wiry and hard; skin more soft; hoarseness still continues; anasarca relieved, but the abdomen tense and swollen, and fluctuation sensible; evacuations from the bowels dark-coloured; tongue foul and furred; cephalæa very severe on coughing; urine plentiful, rather more high-coloured again; believes she caught cold when winding silk, in a cold damp room. *Mitt. sanguis ad ʒx.* R *Pil. hyd.* ʒss. *ipecacuanhæ* gr. x. *Ft. pil. viij.*—*st. j. sing. noctibus.*

23. The evacuations improved in colour, but the skin has become more harsh and dry, and has a feeling of roughness about it, indicative of a suppression of the natural functions of this texture. The urine voided in the natural quantity;

colour as at last, with some degree of cloud, or sediment. R. *Calomel. gr. iij. pulv. ant. gr. xij. opii gr. iij. ext. hyoscyami q. s. ut fit. pil. no. vi.—* st. j. *bis tertie in die, ad diaphoresin promovend.*

27. I was absent, but the pills were repeated; no report of the symptoms was made.

August 4. The abdomen has diminished very much; no anasarca of the extremities; pulse, though softer, is still a little wiry; bowels free; urine plentiful; skin soft and improving. Pectoral symptoms as at first; hoarseness unaffected. *Admov. himud. no. x. sterno, et postea emplastr. vesicans: aliter ut ante.\**

18. The tumescence of the abdomen has entirely disappeared, and the sense of fluctuation on percussion is not experienced. The anasarca swellings of the legs have entirely subsided. The pectoral symptoms, however, still continue, and the hoarseness is as severe as at the very first application. *Sumat balsam. copaivæ m. x. & tinct. opii m. xx. ter in die.*

I did not see this woman again, and on making some inquiries about her, I learned that she left Henley immediately after the last report.

: *Observations.*—In this instance, the dropsy was

\* She did not apply the leeches for obvious reasons—poverty.

complicated with some affection of the lungs and trachea. The symptoms of dropsy in the incipient stage are so obscure, that the history obtained from the patient assists but little in determining which was the primary affection—the dropsy, or the disease with which it is complicated. It is to be wished that medical practitioners would pay more attention to the history of cases, and then I am convinced, much light would be thrown on complicated diseases and their causes. This woman, though she said she had been affected precisely in the same manner, and with the same symptoms as when she first applied to me, and had consulted some professional gentlemen before her arrival in Henley, yet she herself never suspected, nor had her professional attendant ever hinted to her the possibility of her being dropsical. Thus an inattention to this circumstance might have led to a more confirmed and obstinate dropsy, which no treatment, perhaps, would have been sufficient to relieve.

Exciting the urinary organs seemed to have little or no effect in reducing the dropsical swellings;\* nor did any effectual subsidence take place, till the phlogistic state of the system was first reduced by vigorous anti-inflammatory means.

\* Emaciation seems to be the only effect.



Had the treatment of this case been confided to the exhibition of diuretics; and had tonics been freely administered, to correct the *apparently debilitated* state of the system, we can readily conceive what havoc might have been made in the pulmonary tissue; even before the practitioner could have perceived the danger.

The subsidence of the dropsical swellings, notwithstanding the undiminished severity of the pulmonary affection, is a peculiar feature of no trifling importance in this case. If the pectoral affection had been the cause of the dropsy, surely we may reasonably suppose, that the removal of this would have been a necessary antecedent to the relief of the dropsy; but the history shews that the dropsy disappeared, notwithstanding the continued severity of the affection in the chest. What connexion then could have subsisted between the two diseases? Certainly, if the pulmonary affection were in any way the exciting cause of the dropsy, it must have acted through the medium of the fever, which irritations of this nature are apt to occasion in the general system; and this view seems fully confirmed by the fact, that when the pyrexial tendency was reduced, the dropsy disappeared (it may be affirmed) almost spontaneously, and without any critical discharge.

I am convinced the cutaneous discharge, and indeed the general state of this organ, should receive a greater share of our attention in dropsies, than is usually bestowed. The softening of the cuticular texture, the keeping up a proper discharge by perspiration, and the restoring to every organ its healthy function, form a principal part of the treatment of dropsies;—and I would still farther remind the reader, that these are an essential portion of the indications of cure in febrile complaints.\*

---

#### CASE VII.

FRANCES BIGGS, aged 35, lace-maker; a thin, sallow, emaciated-looking woman. Dispensary.

24th July, 1823. Pyrexia; elevated temperature; hard, wiry, irritable pulse; small and frequent—98; respiration, while quiet, free; but on motion, or any exertion, the breathing becomes difficult and short; the tongue foul and furred; clammy taste in the mouth; skin dry

\* The sudden departure of this patient from Henley prevented me from endeavouring, as I had intended, to relieve the pulmonary congestion, upon which state of these organs I have no doubt the hoarseness depended.

and rough; occasionally severe cephalæa; bowels constipated; urine small in quantity, but not very sensibly so; pale and limpid; does not coagulate by heat or nitric acid. Abdomen swollen, and fluctuation, on percussion, easily perceived. The legs and ancles œdematous; slight degree of pitting on pressure. *Fiant pilulæ no. sex æquales è massæ pil. al. c̄ myrrhâ ʒss.—st. ij. statim et j. sing. horis ad effect.*

25. The pills operated well, and brought away a quantity of hardened fæces. The pyrexia, with the irritability and hardness of the pulse, continue; dyspnoea as at last; foul tongue, thirst, and headach. Urine as yesterday; abdomen swollen; fluctuation sensible; ancles pit on gentle pressure. Complains of severe pain in the back; this pain is always very severe at the approach of the catamenia, which are generally discharged with considerable difficulty. Leucorrhœa very urgent and distressing. *Mitt. sanguis ad ʒx.\* R. Acetatis potassæ ʒj. aceti colchici ʒij. magnesiæ alb. ʒss. aquæ font. ʒviij. M.—st. coch. ij. ampla 4tis horis.*

28. I was absent, but the mixture was repeated; no report was taken.

\* The blood drawn to about ʒxij. buffed and cupped. The coagulum very firm.

August 1st. The symptoms of fever have been reduced; the dropsical swellings nearly as at first. Bowels confined, and what passes dark-coloured; urine plentiful; pain in the back still urgent. R *Pil. hyd. submuriatis comp.* ℥i. *ft. pil.* ℥ij. *æquales*—*sumat j. sing. noctibus.* *Repet. mistura.*

6. Pyrexia; hard, small, frequent, wiry pulse; temperature increased; bowels regular; urine natural in quantity, high-coloured; dyspnoea very distressing; great languor, and inability to muscular exertion; countenance pale, sallow, with occasional livid flushes after exercise; abdomen much increased in size; ancles swollen, and pit slightly on pressure; pain in the back, with considerable leucorrhœa. Believes she caught cold. *Mitt. sanguis ad* ℥viij. R *Pulv. digitalis* gr. xij. *confect, aromatici q. s. ut ft. pil. no.* viij.—*st. j. sing. noctibus.* *Admov. vesicator. sterno.*

11. The pyrexial symptoms reduced; the urine free; slight expectoration, with cough; dyspnoea much relieved; bowels free, but the evacuations are hard and discoloured. The swellings begin to subside. R *Calomel.* gr. x. *pil. scill. comp.* viij. *pulv. digitalis* gr. viij. *M.\* ft. pil. no.* xij.

\* Dr. Blackall objects to such combinations, as unphilosophical. The objection is not only well founded, but I believe squills and digitalis are never indicated at the same time.

—*sumat j. sing. noctibus. Bib. sol. crystall. tart. ad libit.*

18. All the symptoms gradually declining; the bowels, however, act rather tardily; the leucorrhœa has nearly ceased. *Repet. pil. & additione ext. col. comp. gr. j. sing. R Infusi sennæ ꝑviii. sulph. magnes. ꝑj.; tinct. jalap. ꝑj. M. —sumat cyath. j. subinde prout necesse sit.*

September 8. I did not see this woman since last report, till this day; she informed me that all the swellings had entirely disappeared, and she had not conceived it necessary to apply since; but now she finds a slight degree of intumescence about the ancles; there is a fulness of the hypogastrium, but this last very trifling; some tenderness on pressure. No sense of fluctuation; slight pyrexia; pulse hard and thready; bowels regular; urine rather more plentiful; amenorrhœa. *R Pulveris digitalis gr. xij. opii in pulv. gr. vj. extract. hyoscyami gr. xxiv. M. fiant pilule no. xxiv.—sumat j. bis in die.*

22. The tenderness of the hypogastrium diminished; fulness nearly as before — perhaps a little increased; no sense of fluctuation; bowels regular; urine plentiful; symptoms of pregnancy. *Omitt. omnia medicam.*

She proved pregnant, discontinued her attend-

ance at the Dispensary, and was safely delivered at the usual period.

*Observations.* — This case is interesting, inasmuch as it fully shews how the natural functions of the different organs are suspended or perverted, by the diseased operations of the system at large. At the first application, pyrexia or a febrile state is reported. Constipated bowels, likewise, form a prominent part of the symptoms noted down. Conceiving that the obstructed state of the bowels might have contributed, in such an irritable habit, to aggravate all the symptoms, I determined to empty them, before I decided fully on the nature and activity of the curative means. Were we to judge of the degree of excitement while the animal functions are suspended, or but imperfectly performed, inirritable, or rather nervous temperaments, we should frequently be deceived, and perhaps to the prejudice of the patient. In such cases it is often useful, as a guide in determining the extent to which depletion should be carried, to excite the peristaltic motions, before practising the venesection. Thus we shall often find that, after regular or plentiful alvine evacuations, a much less abstraction of blood is indicated, than previously seemed necessary.

The irritability of the nervous system is this

case, seemed to be a principal means of keeping up that degree of irregular vascular excitement which constitutes some of the principal phenomena of febrile action.\* This led to *subacute* inflammatory affections of the serous tissues, and increased exhalations into the cavities resulted.

It will be perceived, that painful menstruation also formed a character of this patient's disordered economy. Whenever I learn that menstruation is attended with severe pains in the back and loins, I generally suspect that the patient is afflicted with leucorrhœa. This I discovered to be the case in the present instance. Under such circumstances, the uterus is generally incapable of one of its most important functions — conception. It commonly depends on a subacute inflammation of the organ; moderate depletion, repeated at proper intervals, due regulation of the bowels, and regulating the action of the skin, seem to be the most effectual correctives of

\* I have since thought that the indications in this case would have been much more effectually fulfilled without *quilla*. The heating properties of this medicine, I think, render it ineligible, when either nervous or vascular irritation prevail. I of course do not mean to exclude it as an assistant to purgatives, for exciting catharsis. Exhibited with this view, it often proves highly beneficial, when it is otherwise contra-indicated.

this state. I have known several women who have been married for years, without having any family, and in whom this morbid state of the uterus seemed to be the only cause. When such have overcome the objections which they have to complain of this affection, and adopt proper means for its removal, the uterus becomes fitted for its natural purposes, and they have families. I am intimately acquainted with a lady who was married for upwards of three years before she had any family, and leucorrhœa seems to have been the only cause; for after she was relieved from this distressing complaint, she immediately became pregnant, and she has since had four healthy children. Should a woman conceive when afflicted with leucorrhœa, she often miscarries; but should she go her full time, the pregnancy frequently proves a cure to the complaint. Regarding such discharges as invariably the consequences of a generally debilitated system, has led to the most serious errors in practice. I have witnessed the exhibition of bark, steel, and aromatic tinctures, in immoderate doses, to strengthen the system, and correct the habit, under such circumstances, lead to acute inflammations, requiring the adoption of anti-phlogistic measures of the most active nature. In instances of general debility, the same prac-



tice excites subacute or chronic inflammatory action in the different structures, which speedily produce irremediable disorganization. Let us only contemplate for a moment the probable consequences of the stimulating plan of treatment in the present case. Unequal excitement,—a too vigorous action of the heart and larger vessels of circulation, propelling the blood to the debilitated organs with a velocity infinitely beyond their powers of disposal: hence dropsies, congestions, inflammations, thickening of textures, and final disorganization of the parenchymatous viscera. Had the treatment of this case been conducted upon the above principles, I have not the least doubt that inveterate or confirmed dropsy would have speedily ensued. When the patient had been reduced to this deplorable situation, she would probably have applied to some hospital, and there ended her days in wretchedness and misery. Dissection would have detected the existence of extensive, incurable organic disease, and the dropsical accumulations would have been attributed to the operation of the manifest changes in the structure of the diseased organs—with what justice let the reader determine.\*

\* I have this moment returned from visiting a lady in precisely a similar state with this patient. This lady has been married five or six years, suffers severely from leucor-

## CASE VIII.

ELIZ. PLUMBRIDGE, aged 70; a thin, swarthy, wiry-looking old woman. Dispensary.

29th July, 1823. Applied with symptoms of acute rheumatism. I was not at Henley at the time, but the gentleman who visited her took away blood, and on the 30th, prescribed some saline diaphoretic, principally antimonials. I visited her on the

1st Aug. Pyrexia, with considerable excitement; hot and dry skin; thirst; foul tongue, and very much furred and dry, and feels, as she expresses it, like a bit of chip in her mouth. The pulse was 97, hard and full; the bowels

obscure, and has not had any family. She has consulted a variety of eminent medical men; some say she is labouring under debility, some one thing, and some another. It was at one time supposed she was afflicted with "prolapsus uteri;" but on examination by a most eminent accoucheur, this supposition proved to be quite unfounded. The symptoms increased to such a degree at one period, that she was presumed to be pregnant. The hypogastrium became full and prominent, and even some degree of tenderness supervened; at last it assumed the character of enteritic inflammation. The affection ultimately turned out to be an inflammatory affection of the uterus, from a chronic degree of which she is at this moment suffering.

free; the urine small in quantity, and high-coloured. The pains in the joints, especially of the lower extremities, excruciating. As she had been bled\* previously to my seeing her, I did not like to direct its repetition so immediately, and at so advanced a period of life. R *Aquæ ammon. acet.* ℥ij. *sodæ tart.* ℥ss. *aquæ font.* ℥xij. M. —*st. cyath. j. ter quaterve in die.*

2. The pains still very severe; fever continues; pulse somewhat softer, but the symptoms in no way relieved. *Perstat.*

4. Harsh and dry state of the skin; pains very severe; bowels regular; urine sufficiently copious; pulse nearly as at last. R *Pulv. antimon. gr.* xij. *pulv. opii gr.* iij. *confect. ejusdem q. s. ut sit pil. no.* viij.—*st. j. sextis horis.* At the same time the evaporating lotion recommended by Dr. Scudamore, in gouty inflammation, was prescribed, and to be used in the manner which he has directed.

6. The rheumatic pains intolerable; considerable fever; thirst; hot dry skin; pulse sharp, quick, and hard; its frequency, however, is reduced. The bowels free; urine scanty again, and high-coloured. *Mitt. sanguis ad* ℥viiij. R *Pulv.*

\* The blood had been disposed of before my visit, and no note was made of its appearance.

*ant. gr. xij. opii gr. vj. ext. hyoscyami gr. xxiv. ft. pil. viij.—sumat j. tertiis horis usque remiserint dolores.*

8. Took four of the pills, when she experienced some abatement of the pains, and obtained a little sleep. The fever, though reduced, still exists to a considerable extent. The blood drawn was highly inflammatory; the coagulum buffed and cupped; the serum dense and gelatinous in its appearance, and readily coagulated through-out, by the application of heat. *Perstat: augeatur autem tempus inter singulas pilulas ad sex horas.*

11. Pyrexia increased; thirst; foul tongue; pulse accelerated, small, thready, and somewhat irregular; dyspnoea; great oppression, especially on attempting to lie down in the recumbent posture; livid appearance of the countenance, with purple flushes. Bowels constipated; urine small in quantity, and high-coloured. Slight œdema of the feet and ankles; especially of the right one. *Mitt. sang. ad ℥xij. et habeat pil. aperientes\* no. vi.—sumat ij. alternis horis ad effect.*

15. The bowels have been opened; the alvine evacuations dark-coloured; the rheumatic pains of the joints still continue; the œdema of the

\* Composed of merely extract of colocynth and soap.

feet a little reduced; the dyspnoea abated, and the livor of the countenance relieved. The rheumatic pains produce considerable irritation, and there appears to be a morbid sensibility of the nervous system. The pulse is very irritable and wiry; the urine still scanty and high-coloured. The blood drawn inflammatory in appearance, but not so much so as at last report. ℞ *Ext. col. comp.* ʒss. *pil. hyd.* ℥j. *ft. pil.* viij.—*sumat j. alt. noctibus.* *Ht. item liniment. saponis* ʒij. *partibus dolent. infricand.* ℞ *Opii gr.* ij. *ext. hyoscyami gr.* iij. *M. ft. pil. h. s. sumenda.*

20. The difficulty of breathing so great, that the patient gasps, as it were, for breath. She cannot attempt to lie down in bed; the febrile symptoms as before; the pulse hard and small. The bowels free, and the evacuations improved in colour. The urine decreases in quantity; the rheumatic pains distress her very much at night, and disturb, or rather prevent her enjoying any sleep.\* *Admov. hirud. no. x. sterno et posted vesicatorium.* ℞ *Opii in pulv. gr.* vj. *ext. hyoscyami gr.* xij. *M. ft. pil. no. viij.—st. j. tertius horis ad remissionem dolorum adipiscendam.* ℞ *Aquæ*

\* The increase of the symptoms she attributed to cold, in being obliged to get out of bed "to assist herself."

*ammon. acet. ℥j. acet. colohici ℥ij. aquæ font. ℥viiij.*  
*M.—st. coch. j. amp. 2dis horis.*

From this period the symptoms began to yield. By attending to the state of the bowels, regulating the action of the skin by the use of antimonials, and tranquillizing the nervous system by opiates, all the symptoms gradually disappeared. An occasional blister applied to the sternum, when the dyspnoea became severe or oppressive, constituted the principal part of the subsequent treatment, and she was discharged cured, on the 1st of October.

*Observations.*—This was a case of acute rheumatism, leading to, or perhaps it may be more correctly stated, terminating in effusion into the cavity of the thorax, and pulmonary structure. It is interesting, as shewing that we are not to be deterred from the adoption of vigorous antiphlogistic measures, whatever the age of the patient, or the nature of the disorder, if the excitement seems to justify us in resorting to them.\*

The tendency which acute rheumatism leaves towards effusion into the cavities lined with

\* “Interest enim, non quæ ætas sit, neque quid in corpore intus geratur, sed quæ vires sint.”—*Cels.* lib. i. cap. 10.

serous membranes, is again exemplified in this case. The reader will readily anticipate the consequences of a weak and timid practice, under such circumstances. Had this case been trusted to diuretics, I have no doubt the patient would have soon fallen a victim to the severity of the disorder; but as the event has proved, she still lives in the enjoyment of such health as is usually compatible with her advanced age.

---

## CASE IX.

ANNE FLIGHT, aged 45; fisherman's wife; a pale, sallow-faced, bloated-looking woman. Dispensary.

20th August, 1823. Severe rheumatic pains; high fever; thirst; foul tongue; pulse quick, hard, and frequent, about 98; but the distention of the cellular structure with dropsical fluid, renders any observations on the state of the pulse extremely equivocal. Respiration very difficult and oppressed; bowels regular; urine small in quantity; becomes milky on the application of heat.

The abdomen greatly distended with fluid; anasarca of the extremities, and indeed of the

cellular membrane generally, extremely severe, pitting on pressure. Has been for a long time subject to dropsy, and is never free from it, even in any comfortable degree. Since the rheumatic attack, the dropsical symptoms have become much worse. The abdomen tender on pressure; and a degree of soreness in the chest impedes respiration. *Admov. hirudines no. xij. sterno et abdomini. ℞ Cal. gr. vj. pulv. digitalis gr. iij. pil. scill. ʒss. M. ft. pil. xij.—st. j. bis in die.*

29. The febrile symptoms somewhat relieved; the rheumatic pains still very severe; orthopnoea very distressing, as she is obliged to be propped up into an almost erect posture with pillows, and cannot attempt to lie down in a recumbent position. Complains very much of the difficulty of breathing, and the weight at her chest. Ascites and anasarca as at last. Febrile symptoms somewhat reduced, but the hardness of the pulse, so far as this can be distinguished, still continues. *Admov. vesicatorium sterno, et repet. pilulæ ut ante.*

September 10. Pyrexia nearly as at last report; dyspnoea very oppressive; bowels regular; urine scanty, curdles on being heated; pulse very hard and irritable; tongue foul; thirst. *Mitt. sanguis ad ʒviij. et repet. pil. ut antè.*

12. The symptoms somewhat relieved; the



blood drawn buffed and cupped; the serum dense and gelatinous in its appearance; the difficulty of breathing still very distressing; the abdominal tumefaction diminished; the anasarca reduced; urine somewhat more plentiful; bowels regular; the pulse softer, and more equal than at last report. *Admov. emp. vesicans sterno: aliter ut antè.*

19. Complains much of the burning of her hands and feet at night; the dropsical symptoms relieved, and the breathing more easy and tranquil; the rheumatism has entirely left her, and she is able to get out of her bed, and sit up in her chair.  $\mathcal{R}$  *Nitratis potassæ ʒj. mucilaginis acaciæ ʒiij. aquæ font. ʒviiij. M.—sumat coch. j. amp. ter quaterve in die.*

October 6. Complains of acidity in the primæ viæ; digestion weak; stomach feeble; all the other symptoms much relieved.  $\mathcal{R}$  *Carbonat. potassæ ʒj. infusi cascarillæ ʒxiij. M.—st. coch. j. amp. quater in die.*

20. Found the cascarilla too heating, and did not take it very regularly. Symptoms nearly as at last. Urine not quite so plentiful.  $\mathcal{R}$  *Infusi quassie ʒxiij. carb. potassæ ʒj. tinct. scillæ ʒss. M.—sumat ut supra præscript.*

Nov. 10. Has been able to attend the Dispensary since last report, and has continued the

use of the above medicine, with some trifling intermissions, ever since. There is now some degree of pyrexia; the ascites and anasarca swellings increase a little; the urine natural in quantity, and does not become turbid or curdle on being heated. The pulse somewhat hard, accelerated, and wiry; tongue clean; bowels regular.  $\mathcal{R}$  *Jalap. ℥j. cremor. tart. ℥ij. theriacæ q. s. ut ft. elect. cujus sumat coch. j. min. ter in die. Omitt. infusum quassiae.*

19. Improving; some cough, with slight expectoration of mucus; the bowels not sufficiently open.  $\mathcal{R}$  *Cremor. tart. ℥ij. jalap. ʒss. Fiat elect. ut antè. ℞ Pulv. digitalis gr. iij. pil. scillitic. comp. ʒss. Ft. pil. viij.—st. j. sing. noctibus.*

26. Dyspnoea returned; the attempt at a full and perfect inflation of the lungs is attended with pain, and brings on cough, which continues troublesome for some considerable time after; pulse hard and frequent; a slight degree of fever is present. *Mitt. sanguis ad ʒvj.\* aliter ut antè.*

She persevered in this plan till the end of December, when all the functions being restored to a comparatively vigorous and healthy tone, a

\* Blood did not buff, but the serum shewed its usual gelatinous appearance.

watery solution of the tartarized iron was prescribed, which she took as a tonic, with considerable advantage. In this course she persevered for about three or four weeks, and no return of the more severe symptoms having taken place, she was discharged, at her own request, with some general directions, on the 23d February, 1824.

*Observations.* — This was a case of long and confirmed general dropsy, the symptoms of which were much aggravated by the attack of acute rheumatism which she experienced. It will be perceived that active antiphlogistic measures, by diminishing the violence of the rheumatic fever, reduced the severity and inconvenience experienced from the dropsical accumulations. From the long duration of her complaints, and the leuco-phlegmatic appearance of this patient, there can be little doubt that the pulmonary structure has become indurated, and to a certain extent impermeable to the air. This case was one in which, perhaps, few practitioners would have ventured to practise depletion, either general or local; and probably most persons would have been deterred from the use of blisters, in the anticipation of gangrenous or sloughing ulcers. Yet all these remedies were resorted to, and even repeated, not only without any of those incon-

veniences alluded to, but with considerable relief to the patient. A partially impervious state of the pulmonary tissue will no doubt subject the patient to distressing dyspnoea, especially after exercise or exertion; but yet this state is not incompatible with life. Any extraordinary accumulation of water in the cavity of the thorax, not only aggravates all the distress, but, if neglected, soon induces those morbid actions in the economy, the effects of which are felt more sensibly in the parts already diseased. The active treatment adopted in this case, as tending to check the farther effusion, and even to excite the absorption of what had been already effused, proved a most sensible relief to the patient.\* Of course, under such an inveterate form of disease, little more than an alleviation of the more urgent and distressing symptoms could have been looked for; the vigorous measures adopted, accomplished this purpose to an extent infinitely beyond the limits of the most sanguine expectation.

\* I have since seen this woman walking about the town, with as much ease and comfort to herself as if she really had never laboured under any pulmonary oppression.

## CASE X.

FRANCES AVERY, aged 47, a thin, poor, spare-looking woman. — Dispensary.

September 10, 1823. Complains of a most severe and distressing dyspnoea; “can scarcely get her breath;” any exercise, such as merely walking across the room, creates such a degree of dyspnoea, that she gasps and catches for air; violent fits of coughing follow, which last for ten or fifteen minutes; orthopnoea; the face flushes and becomes purple, the lips assume a livid hue, and the whole countenance indicates the greatest distress. The skin feels hot, dry, and rough to the touch; the pulse quick, irregular, hard, and slow; only 50 beats in the minute. The bowels constipated; the urine scanty and high-coloured, and on settling deposits a sediment; does not coagulate on the application of heat; tongue foul, and covered with a yellow fur; the abdomen swollen, and on percussion, fluctuation distinctly perceived. Anasarca of the ancles, with pitting on pressure. *Mitt. sanguis ad ʒx. Ht. pil. col. comp. no. vj.—st. j. sing. horis, ad akum promovend. R. Pulv. digitalis gr. xij. pulv. ant. gr. xx. ipecacuanhæ gr. x. confecti aromat. q. s. ut ft. pil. xij. — st. j. bis in die.*

12. The symptoms detailed above, nearly as at the time of that report. Complains of restless nights, palpitations at the heart, and frequent attacks of night-mare, with startings from sleep. Has taken her medicine with very little relief, or even perceptible effect. The aperient pills have regulated the bowels. The blood drawn exhibited, on standing, signs of inflammatory action. *Perstat, et admov. hirud. no. x. sterno, et posted vesicatorium.*

17. Symptoms somewhat relieved; the dyspnoea and coughing not so violent; the restlessness and palpitations continue, though she thinks they are not so severe or violent as before. *Perstat; et st. ext. hyoscyami gr. iij. horâ somni, et repet. cras vespere.*

19. All the symptoms abated. The evacuations, however, somewhat dark-coloured. *R Calomel. gr. vj. pulv. digitalis gr. x. ext. hyoscyami gr. viij. M. ft. pil. xij.—st. j. nocte maneque.*

24. Some increase of the dyspnoea; the symptoms generally, however, improved; the cough is not so readily excited; the orthopnoea relieved, as she can now lie down in nearly a recumbent posture. *Admov. vesicatorium sterno, et perstat ut antè.*

26. All the symptoms rapidly disappearing; the abdomen decreases in size; the urine plen-

tiful; the bowels free; the fever and pectoral symptoms very much abated. *Perstat.*

October 3. All the symptoms completely relieved. She feels weak, and sometimes the urine diminishes in quantity. *R Infusi cascarillæ ℥viij. infusi digitalis ℥ij. M.—st. cyath. j. ter in die.*

20. Has not attended since till this day; complains of a return of the symptoms; the urine diminished; pyrexia, with hard pulse. *Mitt. sanguis ad ℥x.\* R Cremor. tart. ℥ij. jalap. ℥ij. M. ft. pulvis, cujus sumat gr. xij. ter in die.*

27. The powders purge very much; the urine not quite so plentiful. *R Cremor. tart. ℥ss., jalap. ℥jss. gum kino ℥ss. theriacæ q. s. ut ft. elect.—st. coch. j. min. bis terve in die.*

She persevered in the above medicine till the 12th Nov., when, through an imprudent exposure to cold while washing, she was again attacked with acute febrile symptoms, which threatened a return of all her former distress. Eight ounces of blood were now drawn off, and the electuary directed to be repeated.

Nov. 17. The bleeding immediately checked the fever, and she now feels perfectly well, with the exception of weakness, from the active treat-

\* The blood drawn from this patient did not buff in any instance

ment to which she has been subjected. She was now directed to take the tartarized iron, as a tonic, and was discharged, cured, on the 24th of the month.

*Observations.* — This was as severe a case of hydrothorax as I have witnessed. The appearance of this woman was not what would be considered as warranting bleeding. The pulse was unusually slow, but after bleeding it rose, and acquired a much greater frequency. This often happens; when the quantity of blood is such as to oppress the heart, or that there is such pulmonary obstruction as to impede the circulation through these organs, the motion of this fluid becomes preternaturally slow. Venesection, by relieving the actual disease, and lessening the influence of its causes, removes the obstruction, and the blood acquires a greater degree of velocity. I am much inclined to believe, that the lungs in this case were in that morbid condition which Laennec has termed “Pulmonary Apoplexy.”\* Although hæmoptoe is a general attendant on this condition of the lungs, yet I question whether it be an absolutely necessary consequence. However, I questioned this woman

\* See Laennec, translated by Dr. Forbes: and also Dr. Forbes's own work on the Stethoscope and Percussion, &c.



upon the subject of spitting of blood, but she answered in that hesitating and equivocal manner which led me to doubt the accuracy of her assertions. Some people seem to imagine, that to admit of being afflicted with disease is a sure mode of becoming affected; perhaps she thought the converse of this equally good reasoning, and that to deny the presence of symptoms was a sure way of diminishing their violence.

It will be observed, that a frequent repetition of the blood-letting and blistering was absolutely necessary, to establish any thing like permanent relief.\* Surely, it could not be to the want of diuretics, nor to a diminished secretion of urine, that the aggravation of the symptoms, which occasionally took place in this instance, should be attributed. The increase of the symptoms was usually attended with pyrexia; this proved a stimulus to the heart, and excited inordinate action.† The impermeability of the pulmonary tissue to the blood, propelled with an unusual velocity, no doubt, contributed much to the dyspnoea, cough, and other kinds of pectoral distress experienced in this case.

\* I have since seen this woman repeatedly at church, and she seems to enjoy very good health.

† At least, in a comparative sense.

## CASE XI.

LUCY BARTLETT, aged 26, needle-worker : leucophlegmatic appearance. — Dispensary.

September 26, 1823. Complains of flatulence, and distention of the stomach after eating; eructations; languor and listlessness; palpitations; cephalæa, and occasionally vertigo. She can with very great difficulty make herself understood, in consequence of imperfect articulation, from a defect in the palate, owing, apparently, to scrofulous ulceration. Complains principally of pain in the sides, extending along the cartilaginous margins of the ribs. Pain in the shoulder-blades, extending up the neck, frequently assuming the character of what is vulgarly called "Crick in the neck." The pulse hard, but otherwise natural; febrile exacerbations, with full and perfect intermissions; respiration free; bowels regular, but the evacuations unnatural and dark-coloured; urine very plentiful, pale, and limpid during the apyrexial intervals, but scanty and high-coloured at the febrile accessions. The abdomen a little swollen, with a sense of fluctuation, on percussion. The ancles anasarcaous, with pitting on pressure. The symptoms of long standing. The history of this case cannot be well traced. R *Pil. hyd.* ℞j.

*pulv. zingib. gr. xij. ipecacuanhæ gr. x. M. ft. pil. no. viij.*—*sumat j. sing. noctibus. ℞ Infusi sennæ ʒx. sulph. magnesiæ ʒj. tinct. jalap. ʒiij. M. sumat cyath. ij. quotidie mane.*

October 3. Alvine evacuations improved in appearance, and the bowels act more regularly; the dyspeptic symptoms, however, still continue, and the digestion seems very weak. The anasar-  
cous swellings as at last. ℞ *Pil. hyd. gr. x. pulv. digitalis gr. xx. ext. gent. ʒss. M. ft. pil. no. viij.*  
—*sumat j. sing. noctibus. Utatur misturâ laxante prout necesse sit.*

15. Pulse slow (40), and fluttering; frequent vertigo, with perpetual cephalæa; digestion improved; dropsical symptoms remain as at first application. *Omitt. pil. ℞ Pulveris rhei ʒss. pulv. ipecacuanhæ comp. gr. x. M. et divide in pulv. no. vj.*—*st. j. bis in die.*

20. This day 12 grains of squills were substituted for the Dover's powder, which she took in doses similar to those prescribed above.

24. The dropsical swellings no way relieved; the urine plentiful; bowels regular; digestion very much improved; febrile accessions troublesome. *Repet. pulveres ʒ scill. ut antè.*

November 3. Has continued to take the powders since last report, without any alleviation of

the dropsical symptoms. Feverish accessions at night, attended with increased temperature; thirst; great languor and uneasiness; occasional palpitations, with startings out of sleep, and sometimes night-mare; pain in right side; bowels regular; urine plentiful; pulse small, hard, and wiry; somewhat accelerated, about 84; respiration free. *Mitt. sanguis ad ℥viii.\** ℞ *Supert. potassæ ℥ij. theriacæ q. s. ut ft. elect. inter diem sumend.*

7. Complains of pain in the side being still troublesome; the other symptoms relieved. The skin, however, feels harsh and dry, and the perspiration suppressed. The electuary purges and gripes her. *Omitt. elect. admov. vesicatorium lateri quæ dolet.* ℞ *Pulv. dig. gr. iij. ipecacuanhæ gr. vj. pulv. ant. gr. viij. ext. hyoscyami gr. iv. Ft. pil. no. vj. —st. j. sing. noctibus.*

12. The febrile symptoms abated; the anasarous swellings disappear towards morning, but return again at night; pulse better, and its hardness much reduced; skin soft and moist. *Repet. pilule ut antè.*

19. All the symptoms have disappeared, with the exception of some degree of the pain in the

\* This blood did not buff, nor put on any of those appearances usually considered indicative of the inflammatory diathesis.

side. A cloudiness being observed in the urine, she was desired to take the squill pill, in combination with digitalis.

From this period, she gave up attending the Dispensary, conceiving that her health admitted of no farther amendment.

*Observations.* — This is a case, which, comparatively speaking, excites but little interest. There are, however, one or two circumstances in its history, to which I am anxious to direct the attention of the reader. She applied on the 26th September, suffering from indigestion, with all its concomitant languor and general disturbance.

There was also, evidently, subacute or chronic hepatitis and splenitis. Anasarca of the feet and ancles, with a degree of ascites, are likewise noted as existing. Medicines were prescribed with the view of correcting the dyspeptic symptoms, and this with tolerably good effect. On the 3d October, digitalis was given, in combination with the stomachic medicines, with the view of acting on the dropsical swellings. This was continued, till it affected the head and pulse so much as to render a discontinuance of it necessary. The urine was passed in sufficient quantity from the first; but neither this circumstance, nor the active exhibition of digitalis, seemed to have the slightest influence in reducing the dropsical accumulations. Squills was next tried, and with what effect, the

report will shew. She took, as appears from the report, the most active of those remedies comprised in the class of diuretics, and persevered in their use, with very little intermission, from the first application till the 3d November. The urine, during nearly the whole of this interval, is reported sufficiently plentiful; but yet the dropsical swellings remained unaffected. One of the most powerful of the class of diuretics was given, till its specific effects upon the nervous system were clearly developed; yet the dropsy remained as at first. Can, then, diuretics be the appropriate remedies for dropsies? It would be wrong to establish therapeutical principles upon the phenomena or history of a single case; but the question has been, I may say, fully answered by the foregoing observations. On the 3d November bleeding was practised, and almost immediately after, the dropsical swellings subsided. The blood drawn indicated none of those signs which are generally considered as marking the inflammatory diathesis; a clear proof that venesection may be not only safely but advantageously practised, even where the more marked symptoms of the inflammatory diathesis are wanting.\*

\* I lately met this girl in the street, and on examining her, I found that the anasarca of the extremities had entirely disappeared. She complained merely of a constant dull pain in the

## CASE XII.

MICHAEL GRACE, aged 24, bargeman, a stout, able, young man.—Dispensary.

7th November, 1823. Applied with a deep, eroding, angry-looking, syphilitic ulcer upon the glans penis. A deep excavation had been effected from the ulcerative process. He denied that the sore was one of any considerable duration, or that he had used any medicine whatever. The correctness of this statement, however, I strongly suspected. He is now extremely irritable and feverish; cold chills, with a burning hot skin; great propensity to sit over the fire; foul tongue; thirst; loss of appetite; hard, full, and frequent pulse; bowels full, and rather constipated; cephalæa; languor; hurried respiration. *Mitt. sanguis ad* ℥x. *R. Ext. colocynth. comp.* ʒss. *saponis gr.* x. *M. ft. pil.* viij. — *st.* ij. *sing. bihoriis ad effect.* *R. Sulph. sodæ* ℥j. *vin. antimonialis* ℥j. *aquæ fontanæ* ʒviij. *M.* — *st. cyath.* j. *quater in die.*

8. The febrile symptoms, though still considerable, much abated. The pulse hard and frequent; the bowels have been well moved; the

side, for which I recommended the application of leeches and blisters alternately, till its removal be effected.

urine small in quantity and high-coloured; the penis painful; some slight degree of dyspnoea. The blood drawn much inflamed. *Cont. pil. et mistura ut heri.*

9. The violence of the symptoms very much reduced. *Perstat.*

10. Symptoms of excitement still abating. *Perstat.*

12. All the inflammatory symptoms have entirely disappeared. The penis very painful, and the ulcer shews no disposition whatever to heal. *Sumat pil. hyd. gr. v. ipecacuanhæ gr. j. sing. noctibus. Admov. cataplas. refrigerans\* ulceri penis.*

14. Feels somewhat better; the penis not so sore. *Perstat.*

17. Does not feel quite so well; pyrexia; thirst; foul tongue; clammy taste of mouth; languor, and listlessness; coma, or drowsiness; abdomen tumid, and tympanitic; no soreness of mouth, nor has the mercury shewn any of its specific effects on the constitution. *Omitt. pil. hyd. Repet. pil. et mistura ut 7timo.*

21. Feels rather better; the tympany of the

\* Made with one drachm of liq. plumb. acet. ℥xij. of water, and as much oatmeal, moistened with the liquor, as may be necessary to form a poultice.



abdomen has nearly disappeared, and the other urgent symptoms are much abated. *Perstat.*

24. I was absent; I believe at Oxford, but I find by the Dispensary book, that the gentleman who did me the favour to attend in my place, prescribed as follows: — *R Pil. hyd. ʒj. pulv. opii gr. iij. ft. pil. xij.—st. j. alt. noctibus.*

I did not see this patient again till the 1st Dec. He had, either through mistake or design, taken two pills *every* night.

1st December. Considerable pyrexia; thirst; foul tongue; hot and dry skin; respiration hurried; pulse hard, quick, and frequent, 108—115; bowels constipated; cephalæa; pain in the eyeballs, which are suffused with red vessels. The abdomen much swollen, and tympanitic; fluctuation very sensible; anasarca of the legs and ankles, which are greatly distended, and pit on pressure. Complains of great soreness of the legs and thighs; the urine, which is scanty, and gelatinous in appearance, coagulates into a dense, firm, solid mass, on being heated to about 180.\*°

*Mitt. sanguis ad ʒxvj. R Pulv. jalap. comp. ʒss. pulv. aromatici gr. vj. M.—sumat statim. R Ext.*

\* The most convenient way of ascertaining the degree of heat at which the urine coagulates, is to have glasses filled with water, heated to different temperatures, and immersing test-tubes, filled with the urine, into these. It may also be conveniently

*col. comp.* ʒj. *pil. aloes & myrrha*, gr. x. *M. ft. pil.*  
*vj.*—*st. j. sing. noctibus.*

2. Feels somewhat better; but the amendment, if any, is not very obvious. *Perstat. R. Sulph. sodæ* ʒj. *vin. ant.* ʒij. *tinct. digitalis* ʒj. *aquæ font.* ʒviiij. *M.*—*sumat coch.* ij. *ampla tertius horis.*

3. Several hard, dark evacuations have passed away; the pulse very hard, frequent, quick, and irritable; temper very peevish; pyrexia considerable; complains of pain in the abdomen on pressure; dropsy nearly as at first note of this symptom. Urine still scanty, and coagulates on the application of heat. *Sumat pulv. jalap. comp.* ʒj. *Perstat usu misturæ, et mitt. sanguis ad ʒxvj.*

4. The violence of the symptoms somewhat abated; the tenderness on pressure, however, of the abdomen, still continues; the swelling diminishes; fluctuation still perceptible; anasarca of the legs and ancles much reduced. *Admov. hirud. no. xij. abdomini; aliter ut antè.*

5. Did not apply the leeches, in consequence of the expense attending the purchase of them.

done by filling a vessel with water, placing it over a lamp, and immersing in it a thermometer, and a test-tube filled with the urine; the thermometer will indicate the temperature, the moment coagulation takes place.

The dropsical swellings subside rapidly; the urine more plentiful, but still coagulates; the other symptoms as yesterday. *Admov. cucurbitulæ c ferro, et detrahantur abdom. sanguinis ℥xij: et postea emp. vesicans.*

6. All the symptoms relieved; the dropsical swellings, and tympany of the abdomen, have all nearly subsided. *Perstat.*

From this time all the symptoms rapidly improved. On the 19th, however, there was a slight return of the pyrexia, and with this state, the dropsical swellings began to reappear. These symptoms were reduced by the abstraction of eight ounces of blood, and by the administration of digitalis and hyoscyamus, in half grain doses, three times a day. At this period he was also directed to use the camphorated mercurial ointment. By the end of the month, all the more urgent symptoms had nearly disappeared. On the 31st, the bowels being rather constipated, and the urine beginning to diminish, some pills, composed of extract of colocynth and soap, were directed to keep the bowels open; and he took small doses of the vinegar of colchicum.

Jan. 7. He was attacked with high irritative fever; respiration very much hurried; pulse small, hard, and thready; great peevishness; thirst; skin hot and dry; pains and dropsical

symptoms returned ; says he caught cold, through a broken glass in the window-frame of his room. *Mitt. sanguis ad ℥x.* ℞ *Aquæ ammon. acet. ℥ij. vin. ant. ℥ij. aquæ font. ℥vj.* M. — *sumat coch. j. amp. 2dis horis.*

He died in a few days afterwards, and was interred before I was made acquainted with the event ; and thus I had not an opportunity of making any examination of the diseased structures.

*Observations.*—This case presents some phenomena worth noticing. This patient, at the first, was affected merely with symptoms of fever ; there were no signs whatever of local inflammation.\* The blood drawn upon each occasion buffed, and manifested the inflammatory diathesis, in a very remarkable degree. There can be no question that the exhibition of mercury, under the circumstances of such constitutional excitement, contributed in no small degree to induce both local inflammation and dropsy. When I first saw this case, I anticipated dropsy, from an active course of mercury, and I therefore determined to lower the excitement, before subjecting him to the influence of a mineral which his disease demanded, but the constitutional irritation forbade.

\* I exclude the inflammatory ulcer on the glans penis.

Under the impression that I had sufficiently reduced the excitement, and corrected the habit, I ventured, on the 12th, to give small, and what I conceived unirritating doses of mercury. But the extreme susceptibility of the nervous system soon convinced me that I had greatly overrated my endeavours; accordingly, on the 17th, the blue pill was suspended.

On the 24th, the blue pill, combined with opium, was prescribed,\* and, from the extreme susceptibility of both the nervous and circulating systems, was followed by very serious consequences. It likewise unfortunately happened, that the patient took the medicine in double the quantity prescribed. On the 1st December, we find him affected with all the symptoms of highly acute, irritative fever, and fully formed dropsy. There can be little doubt of the exciting influence of mercury; and we can thus readily comprehend how diseases, in the first instance trifling and unimportant in their nature, are, by the injudi-

\* This circumstance shews the great advantage of being perfectly acquainted with the *history of the case*. Had the gentleman who kindly supplied my place at the Dispensary been thoroughly informed of my views with respect to mercury in this instance, I am well convinced it would have been the last remedy he would have resorted to, notwithstanding the formidable appearance of the syphilitic sore, and its efficacy in arresting the progress of such ulcers.

ious use of mercury, converted into severe, and perhaps, ultimately irremediable organic disorders. Dr. Blackall, in his excellent work on Dropsies, details the history of four cases of severe dropsy, after mercurial courses. "No one," he observes, "can contemplate these remarkable characters of the blood, the dry cough, and pains in the side, the thickened membranes, and turbid fluid discovered on dissection, and particularly the spontaneous coagulation of the fluid taken from the cellular membrane, without forming conclusions favourable to the doctrine of an inflammation induced by mercurial courses, and of the great risk of that inflammation fixing internally."\*

It must be observed, that this young man was, however, most unfavourably circumstanced. His habitation was a most miserable hovel, with scarcely a whole pane of glass in his room. Hence the windows were stuffed with old rags, which, falling out at night, left him exposed to all the deleterious influence of the cold night air. It is to an accident of this nature, that the relapse, which terminated fatally, should be attributed.

\* Page 111.

## CASE XIII.

ELIZ. PLUMRIDGE: the subject of Case VIII.—  
Dispensary.

10th November, 1823. Applied with very severe dyspnoea, greatly increased by the least exertion; fits of coughing, and gasping for breath. The face becomes flushed and purple, and even the effort of speaking aggravates the dyspnoea. Cannot lie down without danger of suffocation; the pulse hard, wiry, slow, 46—52, and oppressed. Increased temperature of the skin; thirst; foul tongue; bowels regular; urine scanty. Œdema of the feet, so that she cannot wear her shoe up. *Mitt. sanguis ad ʒx.* R. *Supert. potassæ ʒss. theriacæ q. s. ut ft. elect.* — *sumat coch. j. min. ter in die.* R. *digitalis gr. vj. pulv. ant. gr. xij. ext. hyoscyami gr. x. M. ft. pil. no. vj. —st. j. sing. noct.*

17. The severity of the symptoms diminished; the pyrexia abated; the dyspnoea and cough, however, still very severe; œdema now confined to one foot; pulse hard, but less oppressed; has increased in frequency, 64—69. Bowels rather purged; urine very plentiful; complains of slight rheumatic pains. *Mitt. sanguis\* ad ʒviij.* *Per-*

\* The blood drawn in these instances did not buff; but the serum was dense in its appearance.

*stat usu aliorum remediorum. Ht. item lin. anodyn. contra dolores rheumaticos.*

19. All the symptoms much mitigated; the dyspnoea, and sense of suffocation on attempting the recumbent posture, still, however, very troublesome. *Admov. hirud. no. x. sterno, et postea applic. vesicatorium: aliter ut antè.*

26. Complains of vertigo, and some degree of cephalæa; the dyspnoea, and other symptoms of oppressed pulmonary action, very much relieved since the application of the leeches and blister. The frequency of the pulse diminishes again, it being about 40; the urine very plentiful; the œdema of the foot has entirely disappeared. *Omitt. pilulæ digitalis. Perstat autem usu cremor. tart.*

28. She complains that the electuary purges and gripes her; the urine diminished. *Repet. elect. c̄ additione pulv. opii gr. vj. gum kino ʒss. adhibeatur ut antè.*

1st December. A slight return of the dyspnoea; the pulse improves, and recovers its natural frequency; is soft, and has lost that wiry, irritable feel, which has hitherto been remarkable. *Repet. vesicatorium sterno: aliter ut antè.*

8. Chronic form of rheumatism urgent; bowels constipated, otherwise the health tolerably good. *Repet. liniment. et habt. pil. aperientes no.*



vj.—*sumat ij. pro dose, urgente obstipatione. Omitt. electuarium.*

24. The convalescence having been perfectly established, the following tonic electuary was directed. *R Tart. ferri ʒj. pulv. colombæ ʒiij. cremor. tart. ʒj. theriacæ q. s. ut ft. elect.—sumat circiter nucis mosch. magnitud. ter quaterve in die.*

She persevered in this plan for about a fortnight or three weeks, at the same time attending to the state of the bowels; and having experienced no return of the unfavourable symptoms, her name was removed from the books of the Dispensary, on 9th February, 1824.

*Observations.*—It will be recollected that this woman, in the first instance, suffered from acute rheumatism, and on the subsidence of the acute stage, was attacked with symptoms of hydrothorax. These were met with active treatment, and were, at all events, partially suppressed. It is very probable, that a preternatural sensibility to the exciting causes of disease still remained.

She was out one day in the woods of this neighbourhood, searching for and collecting fuel, and I suppose was, through the exertion, overheated and fatigued. In this situation she got wet by a shower of rain, and almost immediately after, suffered in the manner already described. The

vigorous measures adopted soon subdued the violence of the symptoms, and she of course was left in a comparatively exhausted state.\*

Perhaps it may be objected that I carried the depleting system to an unnecessary and wanton length, considering her extreme age, and the active measures to which she had been so lately subjected. Case X. in Dr. Crampton's Report, however, decided me. "Tuite's case," he says, "is one of the most interesting in the collection, as he was twice subjected to medical treatment within a short space of time. In the first instance, his attack of dropsy, as will be seen in the sequel, was met with repeated venesection, blisters, and other antiphlogistic remedies. The result was, that he was completely cured.

"In the second instance, although his disease did not appear more formidable, the result was unfavourable. The same active plan of treatment was not adopted. *Too much reliance* was placed on *cathartics* and *diuretics*; and though there were less decisive marks of inflammation, so far as could be collected from the symptoms, yet the

\* I met this old woman an evening or two since, returning home from lavender-cutting, by which employment she earns her bread. She goes a distance of two miles daily to her work, and returns in the evening, and looks extremely well and healthy.

appearances after death shew that there were not only old, but recent signs of inflammation.\*

Here then, even our errors, when candidly, and, I may add, thus honourably acknowledged, become useful practical guides, not only to ourselves, but even to others. Were I to have an opportunity of again treating Grace, I should, possessed of the advantages of my present experience, begin with opium earlier, and also in doses sufficiently powerful to control the excitability of the nervous system, which, I have no doubt, by its disturbance, contributed to aggravate the febrile symptoms.

---

#### CASE XIV.

Dispensary, Nov. 12, 1823. SARAH BURGESS, aged 45, a cook, applied labouring under general dropsy, with severe anasarca. The extremities, both upper and lower, were swelled to an enormous size, and also the integuments of the face and abdomen. The distention so great, that the skin seems as if bursting; and on pressure, from this circumstance, the parts *pit* but little. The tension so great, that the slightest pressure pro-

\* Dr. Crampton's Clinical Report, pp. 173, 174.

duces intolerable pain. Great difficulty of breathing; the temperature of the surface elevated; pulse small, hard, and frequent (98); but the difficulty of ascertaining the state of the pulse, from the great distention of the cellular membrane, renders any observations upon this symptom extremely equivocal. The abdomen was very much distended, and, on percussion, fluctuation was distinctly perceived. The urine scanty; the bowels torpid; tongue foul, dry, and furred.

This woman had been afflicted with dropsy several times before; had been in several of the London hospitals on this account, and was never wholly free from some degree of the disease.

An electuary, composed of the compound powder of jalap, was this day directed to be taken, in small and repeated doses.

14. At Dispensary hour, this woman's sister attended, and stated that the patient was so ill as to be confined to bed, and therefore was unable to attend. On visiting her, I found her complaining of severe griping pain of the abdomen. There was also pain of the abdomen increased on pressure, straining, tenesmus, and an inability to pass any natural alvine evacuations. There was a constant desire of going to stool, but nothing was voided, except mucus, tinged with

blood.\* The urine, which was voided in very small quantity, on exposure to an elevated temperature, became a tough, viscid coagulum, scarcely a single drop remaining fluid. The same phenomenon took place on the addition of nitric acid. Indeed, the urine had a peculiar, thick, gelatinous appearance, which led me confidently to anticipate coagulation on the application of heat. *Mitt. sanguis ad 3x. et adhibeatur mistura oleosa ad irritationem intest. placand.*

15. The surgeon who attempted to practise the venesection, was unable to open a vein, (although he tried in both arms,) in consequence of the distention of the cellular membrane with the dropsical fluid, and therefore no blood was obtained.

The bowels still feeling tender on pressure, and the obtaining blood from the system being apparently impracticable, twelve leeches were directed to be applied to the abdomen, and a dose of Dover's powder to be taken at night.

16. The leeches bled freely; the tenderness

\* This bowel affection went through the whole of the family in which she lived as cook, and of which the master himself, a very respectable elderly gentleman, died, after a very tedious, lingering, and protracted illness.

† Merely castor oil diffused through water, and suspended by means of mucilage, or yolk of eggs.

of the abdomen somewhat diminished; pyrexia continued; griping and tenesmus as severe as at first; no natural feces have passed; no abatement of the dropsical symptoms; the tongue somewhat moister. *Repet. mistura oleosa.*

17. The griping pains still continue; the tenderness on pressure rather increased; the dropsical symptoms undiminished. On examining the tongue, I perceived that it was dry and parched, and evidently very different in its appearance from that of yesterday. This circumstance led me to conclude that she had been taking wine, or some other exciting liquor; and on strict inquiry, after some prevarication, it was acknowledged that she had taken, at the suggestion of some ignorant person, a little wine. She was ordered not to take any more wine, or other exciting liquor, without permission. *Admov. cucurbitulae & ferro, et detrahantur sanguinis 3x. cont. mistura.*

18. The cupping-glasses were applied, but the prescribed quantity of blood could not be obtained; water flowed from the wounds inflicted by the scarificator. The griping, and tenderness on pressure, still continue. Every description of aliment or drink taken, passes unaltered through the bowels, almost immediately after its introduction into the stomach; the dropsical swellings somewhat diminished; fever abated; tongue more

molst. R. *Rhei* gr. vj. *pulv. Doveri* gr. iij. *M. fiat pulvis ter in die sumendus* — *sumat item ext. hyoscyani* gr. ij. *horā somni, et admov. emplast. vesicans abdomini q. p.*

20. The bowels still much affected, but the dropsical swellings, especially of the upper extremities, are diminished: the stools still consist of mucus. *Cont. pulveres.*

26. I have not had an opportunity of visiting this woman since the 20th. The dropsy has completely left the upper extremities; the pulse, on being examined, feels extremely hard and wiry; elevation of temperature; tenderness of abdomen diminished, but the irritability of the bowels continues, though not so severely. The urine being passed with the evacuations from the bowels, none could be collected for experiment; however, the hardness of the pulse, tenderness of abdomen, continuance of the dysenteric symptoms, with the presence of the pyrexia, determined me, notwithstanding the *apparent exhaustion*, to practise a moderate general blood-letting. *Mitt. sanguis ad ℥vj. vel viij.*

27. The gentleman who was directed to perform the venesection, did not make the attempt to draw blood, conceiving the effort useless; however, at my urgent solicitation, the attempt was made this day.

28. The venesection was effected yesterday, and about eight ounces of blood were drawn. The coagulum, on separating, cupped and buffed, and was solid, and very hard; the blood generally highly inflamed; the fever abated; tongue moist; tenderness of bowels much diminished; but there is still considerable irritation. *Inji-  
ciatur enema ex mucilag. amyli, c̄ tinct. hyoscyami*  
3ss.

29. Tenderness of the abdomen, merely from the effects of the blister; the evacuations from the bowels consist of small, crude, undigested lumps; the fever very much reduced, and the dropsical swellings have almost wholly subsided. *Repet. pulveres rhei.*

30. As at yesterday. *Perstat.*

December 1. Passed a restless night; dysenteric symptoms, with fever, increased; pulse hard and frequent; tongue, however, moist, and nearly natural in appearance; dropsical swellings returning. *Mitt. sanguis ad ℥viij. — x. — sumat pulv. cretæ comp. c̄ opio gr. vj. bis in die.*

2. About six or eight ounces of blood were obtained; it buffed, but did not indicate so much inflammation as the last. Passed a more tranquil night; fever much abated; dysenteric symptoms relieved, but the bowels are still irritable; tongue moist. Through some misconception, she did not



take the anodyne absorbent powders. *Sumat. pulv. cretæ comp. c̄ opio ut heri præscript.*

3. Pain in the epigastrium. *Admov. vesicatorium part. dolent.*

4. All the symptoms relieved ; a little of the urine, which was procured this day, on exposure to heat became milky, but did not become solid throughout, as related in a former experiment. *Contr. pulveres c̄ additione pulv. rhei gr. iij. sing. dosibus.*

13. Recovery progressive, but extremely slow ; on visiting this day, I found her sitting up in bed, eating potatoes and butter,\* and drinking a little wine and water. All the febrile, and dysenteric symptoms have disappeared, but the patient seems very weak and helpless. *R Ext. col. comp. ʒss. saponis gr. x. M. ft. pil. viij. — st. ij. statim et j. sing. bihoriis ad alvum deducendam.*

14. Pills operated almost instantaneously, and brought away the potatoes unaltered ; considerable irritability of the bowels. *Omitt. omnia medicamenta.*

17. Gradually but slowly improving ; skin rough and harsh ; pulse soft and good. *R Ext. gent. gr. x. pulv. ant. gr. v. M. ft. pil. no. iij. indies sumendæ.*

\* This circumstance is not introduced as an example for imitation, but as an imprudence to be deprecated.

31. Skin has become more natural to the feeling, but she feels very languid and weak; bowels begin to resume their healthy vigour; the pills were omitted, and she was now directed to take a watery solution of the tartarized iron, in appropriate doses, at intervals during the day. This plan she pursued for a fortnight, taking occasionally, when necessary, an aperient pill, to act upon the bowels.

About the 20th January, the convalescence being perfectly established, she had the compound infusion of gentian, with infusion of senna; and on the 10th February she was discharged, perfectly cured.

Since this period she has been in London, and has returned again, and is at the present moment in service in this town. Her sister, whom I accidentally met last night,\* informed me that she finds herself much better now than ever she had been before.

*Observations.*—The history of this case does not furnish any evidence of the existence of organic disease; nor indeed can the dysenteric affection be regarded as the cause of the dropsy. On the first application at the Dispensary, she was swelled to an enormous size, and it is a rational

\* 26th May.

conclusion, that so severe a degree of general dropsy, could not have been a momentary operation. Neither did she complain of any other particular ailment at first; and it was not till the 14th November, the third day of medical attendance, and perhaps an advanced period of her disease, that she complained of any visceral affections. There was, however, rather a severe degree of pyrexia observable from the first; there was also, as far as the circumstances of the patient would admit of judging, a hard, wiry pulse, with an accelerated circulation. Such were the principal symptoms. Had organic disease been the cause of the dropsical accumulations, we should have been able to detect more decisive and unequivocal evidence of the existence of such disease.

Her occupation as a cook frequently exposed her to extremes of temperature. These exposures, in all probability, increased the inflammatory tendencies of the system; and possibly, at last, superinduced the febrile excitement. This excitement, no doubt, produced the dropsy; and probably also aggravated the intestinal irritation,\* when it came on.

\* It should be stated, that this kind of irritation spread through the whole family, and proved fatal to the master of it; but yet it shewed no contagious properties, as far as I have been

The extraordinary coagulability of the urine forms a peculiar feature of the complaint. It was principally this circumstance which determined me to bleed; notwithstanding the apparently hopeless condition of the patient, and the obscurity of the pulse as a guide. I have never hesitated, when the urine coagulates, to bleed in dropsies; and I have never yet had reason to believe the practice injudicious; and I cannot help expressing here my opinion, that the profession are highly indebted to Dr. Blackall, for so pointedly directing our attention to this condition of that discharge.

I am not, indeed, prepared to admit that the sensible qualities of the urine form a principle upon which to found a practical division of dropsies; but I feel assured that the coagulability of the urine will almost invariably warrant the practice of blood-letting. The appearance of the blood drawn incontrovertibly proved, in this instance, the inflammatory tendency, and the propriety of the practice.

On the 13th December, I directed the exhibition of active doses of the compound extract of colocynth, to counteract the irritating and otherwise injurious effects of such indigestible food, in so debilitated a state of the digestive organs.

able to ascertain. The affection, probably, depended on some local peculiarity of the atmosphere at the time.

I am particularly anxious to call the reader's attention to another remarkable circumstance in the history of this case, namely, the cure of so severe and unusual a degree of dropsy without the assistance of diuretics. The compound powder of jalap, prescribed on the first day of application, will hardly be urged as an exception to this general proposition. I have seen, and I believe have adduced in this report, several instances in which dropsy has arisen, in complication with a similar state of the system; on correcting the habit, the dropsy has gradually, and it may be said, spontaneously disappeared. Surely, in such cases, there can be no inactivity of the absorbents; otherwise, the usual means of exciting them would necessarily form a part of the remedial measures, before perfect convalescence could be fully established.

---

#### CASE XV.

ELIZ. SMITH, aged 50, works at spinning: a poor, emaciated old woman.—Dispensary.

Nov. 14, 1823. Pyrexia; hurried respiration; pulse hard, frequent, and small; thirst; cephalæa, with slight cough, but much more troublesome at night; bowels free; urine plentiful, turbid, with

a kind of cloud in it ; was not examined by heat. Abdomen swollen, with a feeling of distention, which has been increasing for several weeks past ; finds her clothes becoming too tight ; œdema of the feet and legs severe, especially on the right side. *R Pulv. digitalis gr. vj. pulv. ant. gr. xx. ext. hyoscyami gr. viij. M. Ft. pil. no. xij.—st. j. sing. noctibus. R Sulph. magnesiæ ʒss. carb. ejusdem ʒss. aceti colchici ʒij. aquæ font. ʒvj. M.—st. coch. j. amp. ter in die.*

19. Urine increased very much in quantity, but the patient rapidly emaciates ; bowels free ; pyrexia continues ; giddiness ; nausea ; pulse slower, but hard and thready ; cough, ascites, and œdema, nearly as at last. *Mitt. sanguis ad ʒviij.\* Omitt. pilulæ.*

21. All the symptoms relieved ; bowels constipated. *R Pil. aloës c̄ myrrhá ʒss. calomel. gr. x. M. Ft. pil. viij.—st. j. alt. noctibus : cont. mist. diuretica.*

Dec. 1. Ascites much relieved ; urine plentiful ; œdema of the right leg still severe ; bowels free. *Mitt. sanguis ad ʒviij. cont. mistura.*

3. Cough severe ; dyspnoea, with hurried respiration ; fever ; pulse firm, hard, and wiry ;

\* The blood did not buff, but the serum was thick, dense, and gelatinous.

thirst; foul tongue; pain on pressure of the abdomen, which is enlarged; œdema of the legs increased; urine scanty and gelatinous, and coagulates by heat. Blood drawn on the last occasion, did not buff; attributes the increase of the symptoms to cold she caught going home. *Mitt. sanguis ad ʒx. R Calomel. gr. vj. pulv. ant. gr. xx. confecti opii q. s. ut ft. pil. viij.—st. j. tertiis horis. Ht. item pil. aperient. no. viij.—st. ij. sing. noctibus, aut pro re natâ.*

4. Cough and dyspnoea relieved; respiration not so hurried; fever abated; pulse softer and less frequent; skin softer and cooler; abdomen diminished, and œdema less; urine sufficient. Blood buffed and cupped, with a dense, thick serum. *Cont. med. ut suprà.*

5. All the symptoms much relieved; œdema has nearly disappeared. *Perstat usu remedium.*

From this time she continued to improve; the ascites and œdema of the legs speedily disappeared. She took a little infusion of cascarilla as a tonic, and was discharged perfectly cured on the 28th January, 1824.

*Observations.* — The exciting causes of the dropsy in this case I could not well ascertain; she was after what women term the “the turn of life.” There was, it will be observed, pyrexia

from the first ; but whether this pyrexia arose from cold, indigestion, or what other source, I could not well learn. There were no signs of local inflammation at the first application, but fever was present ; I therefore determined to try what effect simply exciting the urinary organs might have upon the disease. In the report, both upon the present occasion, and upon several others in the course of this history, the urine was not only plentiful from the first, but was still farther augmented by the use of diuretics ; but yet the dropsical symptoms remained unabated. Indeed, one circumstance was too obvious and too important to escape observation ; namely the *emaciation*. The increased exhalation being carried off by the kidneys, while the cause of it was not removed, produced the emaciation. Dr. Philip mentions the history of a glutton, who daily consumed an almost incredible quantity of food, yet he rapidly emaciated ; the sustenance, as it were, passing off by the skin and kidneys. Indeed, I fear the reliance solely upon diuretics in active dropsies has often produced diabetes. Dr. Blackall thinks that diabetes and dropsy are very nearly allied to each other ; and I feel very much disposed to agree with him.

There evidently was no organic disease, and therefore the complaint must have depended upon



excitement of some kind, as we may presume from the active means which relieved the symptoms. Whether this excitement arose solely from the febrile state of the system, it is not for me to decide: I have given a true history of the case, let the facts speak for themselves.

---

## CASE XVI.

HANNAH WILLIAMS, aged 30, labourer's wife: a poor woman of spare habit. Dispensary.

Nov. 17, 1823. Considerable pyrexia; thirst; foul tongue; elevated temperature; respiration difficult and hurried; pulse small, frequent, quick, and wiry; bowels irregular, constipated; alvine evacuations dark-coloured; abdomen tumid; œdema of the lower extremities; urine natural in quantity, or rather plentiful, but dense and gelatinous in its appearance, and readily coagulates on the application of heat; has been occasionally subject to leucorrhœa; stomach oppressed with nausea and other symptoms of an irritable state of that organ.\* & *Pil. hyd.* ʒss.

\* She believed herself pregnant, which proved to be the case.

*ipecacuanhæ* gr. x. *Ft. pil.* viij. — *sumat j. sing. noctibus.*

This woman attended at the Dispensary; but although she lived but a very little distance from it, the exertion of walking even so far, seemed to distress her so much, that I recommended her confining herself to bed, and observed to her that I would visit her at home in future.

18. As at last. *Cont. pil.*

19. Pain on pressure of the epigastrium; fever increased; abdomen more swelled; œdema increased; urine scanty, and coagulable by heat. *Admov. hirud. no. viij. epigastrio. Omitt. pil. hyd. & Pulv. digitalis gr. iij. pil. scillit. comp. ʒss. ft. pil. sex; — sumat j. quotidie mane.*

20. Leeches bled freely; pain somewhat relieved; violence of the other symptoms diminished; pyrexia still urgent; urine as before; dropsical symptoms continue. *Perstat usu pilularum.*

22. Nearly as at last. *Cont. pil.*

24. I was absent, but, in consequence of the dyspnœa, a blister was ordered.

25. Pyrexia increased; abdomen swollen and tender to the touch; œdema increased; thirst urgent; skin very hot and dry. Urine coagulates on being heated. *Mitt. sanguis ad ʒviij. & Pulv. ant. ʒj. opii gr. iij. ext. hyoscyami gr. viij. Ft. pil. no. viij. — sumat j. 4tis horis.*

26. The symptoms much relieved. Blood drawn buffed and cupped; the serum dense and gelatinous; skin moister; urine becomes milky on the application of heat. *Perstat.*

Dec. 3. Abdomen reduced in size, bowels free; pulse hard and firm, but reduced in frequency; thirst diminished. Urine plentiful, becomes slightly turbid when the temperature is elevated to nearly the boiling point; bowels constipated. *Ht. pil. aperientes no. vj.—sumat ij. singulis bihoriis ad effectum.*

8. Pyrexia with dyspnoea, cough, and expectoration; bowels free; thirst; and some increase of the abdominal swelling. *℞ Tart. emetic. gr. j. aquæ distillatæ ʒviij. M. Sumat coch. j. amp. tertiis horis ad nauseam promovendam.*

10. As at last, mixture excites nausea. *Perstat.*

12. Improving. *Perstat.*

15. All the symptoms increased; pyrexia; thirst; foul tongue; respiration difficult and hurried; ancles and legs very much swelled, pitting on pressure; bowels constipated; tenderness of the epigastrium on pressure; pulse hard and frequent; skin hot and dry; severe cough with expectoration; countenance and lips purple, with occasional flushes. Urine small in quantity, and on being heated coagulates. Finding herself

getting much better, she undertook her family's washing and the cleaning of her house, and supposes she caught cold through these means. *Mittatur sanguis ad ℥x. — sumat item pil. aperientes no. ij. sing. bihoriis usque respondeat abuis. ℞ Ext. conii, ext. hyoscyami, utriusq. gr. x. confecti opii ℥ss. liq. ammon. acet. ℥ij. aquæ font. ℥vj. M.—st. coch. j. amp. subinde vel tusse urgente.*

16. All the symptoms alleviated; urine coagulates; blood buffed, cupped, and highly inflammatory in its appearance; serum dense and gelatinous. *Repet. venesectio, et detrahantur sanguinis ℥vj. — aliter ut antè.*

17. All the symptoms very much relieved; fever considerably reduced; pulse softer; breathing more free; cough easier, and expectoration nearly gone; countenance more natural, and has lost a peculiar expression of anxiety and distress which it had assumed; skin soft and moist. Feels a kind of burning sensation in her stomach. *℞ Sodæ subcarb. ℥j. aquæ puræ ℥viij. syrupi zingib. ℥iij. M.—st. coch. ij. ampla sextis horis.*

This woman lost all her bad symptoms by the end of the month; the breathing became free; the fever very much reduced; the pulse much softer, and more natural as to frequency and

regularity. The anasarca of the extremities had entirely disappeared. There remained, however, an irritability of the stomach with pain on pressure of the epigastrium, which appeared to me to keep up or foment the irritative fever of the system, and so rendered her always liable to relapses, and to returns of all the severe symptoms, from exposure to the slightest causes. I recommended the re-application of eight or ten leeches to the painful part; but she objected to this in so peevish a manner, notwithstanding she allowed the benefit she had experienced from the practice before, that I gave up going to see her; and as she never afterwards solicited my attendance, I made no inquiries about her, and wholly lost sight of her.\*

*Observations.* — There is every reason to believe that pregnancy had produced so susceptible a state of the system, as to render the subject of this case liable to the morbid operation of the slightest causes of disease. The system was evidently in a state of high irritation; and on exposure to the slightest causes, such, perhaps, as at another period would have in no way affected the economy, she became highly feverish, with anasarca of the extremities, and a very manifest

\* On inquiry since, I discovered that this unfortunate woman died about the same time as Mary Collins. See Case XVIII.

tendency to ascites and hydrothorax. That pregnancy produces serious alterations in the economy of the human female, cannot be denied, without shutting our eyes to the most obvious facts; else, whence the alteration in the sensible properties of the blood? whence the fever which is so frequently attendant on this state, and the preternatural irritation of the stomach which supervenes conception, and continues during the first months of utero-gestation?

It has been supposed, that the anasarca of the lower extremities in pregnant women depends upon the mechanical obstruction which the gravid uterus, by its bulk and pressure, offers to the returning blood of these parts: but this explanation is satisfactory only so far as it goes. At the earliest period of conception, and before the uterus has acquired any very great increase of its bulk, we find anasarca,\* and inflammatory affections of weakened organs and textures, which

\* I know a lady, who, walking through a play-ground, was struck on the foot by a cricket-ball, when projected with great velocity. Inflammation with severe œdema of the foot and leg was the consequence. She was confined for some time, but by leeching and other antiphlogistics, the inflammation subsided, and the œdema disappeared. She is of a very irritable habit; and on becoming pregnant a twelvemonth afterwards, œdema of the injured foot only reappeared, and remained for the first two

surely will not be said to depend on the size of the uterus, at a period when this organ has scarcely exceeded its natural bulk. I am by no means urging that œdema never arises from the mechanical obstruction caused by the uterus, when in its gravid state; but when this symptom occurs in the earlier periods of pregnancy, and before the uterus can have acquired sufficient bulk to admit the possibility of mechanical obstruction, the anasarca of the extremities, and indeed the inflammatory and hydropic tendencies of some habits, must depend upon the unequal excitement of the different parts of the animal economy, and its operation upon the affected structures. Thus, I have known two instances in which women who had suffered severely from pleuritic inflammation, on impregnation became feverish, and also suffered severely from cough and profuse expectoration; and yet these symptoms

or three months, and then gradually disappeared. Surely the bulk of the uterus at such a period could have but little effect in producing the œdema; but if it had, should not the œdema have appeared in both feet alike, and have continued till after confinement? This, however, was not the case: when the febrile excitement consequent on pregnancy, and which usually attends only the first months, abated, the œdema disappeared. It is singular, that a feverish state of the system, with œdema of the foot, were with this lady the most certain symptoms of pregnancy.

subsided in the course of six weeks or two months, when the functions, and the system generally, had become habituated to the alteration in the economy. Coughs, and slight pleuritic pains so frequently attend on the early months of pregnancy, that it would be superfluous either to insist or enlarge on the fact; but the two instances which I have above noticed, were so remarkable, and required so much attention and management, during the prevalence of the excited state of the system, that I considered it necessary to allude to them more particularly. It is too much the system to neglect the irritable state of the animal body during pregnancy; it is considered a state consequent to a natural process, and therefore should not be interfered with, as all the inconveniences and distress, which occasionally attend on it, will subside after delivery. To this, however, it may be answered, that often by such inattention is laid the foundation of diseases, which become a source of long and painful suffering to the patient, and in some instances, even ultimately prove fatal. When the irritability of the stomach during pregnancy is excessive, and, by the repeated but ineffectual efforts to vomit, produces pains in the head or chest, flushings of the countenance, and other sources of distress, and especially, if to these be added a febrile state



of the system, the occasional abstraction of from four to six ounces of blood will not only diminish this preternatural excitability, but also render the succeeding period of utero-gestation infinitely less distressing to the patient, and may, perhaps, contribute to lessen the difficulty and pain of the approaching labour and subsequent confinement.

In the present case, I feel assured, had not the symptoms been met with active treatment, severe hydrothorax, and even suppuration of the lungs and pleura, would have speedily ensued. But it is by no means equally certain, that had these symptoms been neglected, and the patient survived the period of delivery, that on the expulsion of the foetus, the diseases which might have occurred during the impregnated state of the uterus would have subsided spontaneously, or have been removable even by art.

I could adduce several facts in illustration of these principles, but they would be inconsistent with the objects of the present report, which regards rather the pathology and treatment of dropsies, than the management of pregnant or puerperal women.

## CASE XVII.

Mrs. W——, aged 37, a delicate-looking married woman: a remarkably full abdomen; sallow, pallid countenance.

Nov. 29, 1823. Requested my advice for a hysterical affection, to which, she said, she was subject. There was considerable languor, with inability to her usual exertion; appetite bad; tongue loaded with whitish mucus, of a soddened appearance, and swelled. Respiration hurried, otherwise natural; pulse hard, frequent, quick, and full. Abdomen full and distended; extremely tender and sore to the touch; tenderness on pressure of the scrobiculus cordis; fluctuation evident on percussion of the abdomen; anasarca of the feet and ankles much increased at night. Bowels costive; secretions dark-coloured; frequent pyrexia, which is of the remittent type; catamenia irregular; urine plentiful, of a pale straw colour; did not coagulate on the application of heat, or the addition of nitric acid. *Mitt. sanguis ad 3x. ℞ Pil. aloës c̄ myrrha ʒss. Ft. pil. sex—st. j, alt. noctibus. Sumat item calomelanos gr. iij. sub formā pilulæ semel tantum inter sing. hebdomad.*

*Vesperi.* I was sent for in consequence of a severe hysterical paroxysm, but before my arrival

she had become more composed. The pills had operated; the blood drawn was not buffed, but the serum was dense and gelatinous in its appearance, and on heating a little of it, it became a solid, dense mass. She felt severe pain on pressure of the hypogastrium, and a tenderness generally over the iliac regions; pyrexia; hard, wiry pulse. *Admov. hirud. no. viij. vel x. hypogastrio quæ dolet, et foveatur abdomen: aliter ut antè.*

30. She feels much better. The pills have operated well. *Perstat usu pilularum.*

Dec. 1. All the symptoms improving; abdomen somewhat diminished in size; anasarca as at first, or nearly so; but complains of pain and tenderness on pressure of the scrobiculus cordis. *Admov. hirud. no. vj. scrob. cordis quæ dolet: aliter ut antè.*

2. Pain much relieved; pyrexia reduced; passed upwards of a quart of water while the leeches were drawing blood; anasarca disappearing. *Admov. emp. lyttæ epigastrio. Repet. pil.*

10. Abdominal swelling much reduced; no sense of fluctuation; tenderness diminished, but on pressure the bowels feel sore; no pyrexia; pulse hard, but moderate. *Mitt. sanguis ad ʒviij. aliter ut antè.*

11. Pulse soft; skin moist; bowels free; tenderness of abdomen nearly gone; urine natural;

blood drawn did not buff, nor was the serum so dense and gelatinous in its appearance as before.

*Cont. ut antè.*

20. All the symptoms completely relieved.

29. Perfectly convalescent, and I gave up visiting her. I have not heard of her since, nor have I heard that she has been again troubled with the hysterical affection.

*Observations.* — This case is remarkable, as one of dropsy and hysteria, arising from, or even complicated with a subacute inflammation of the uterus. A similar state of this organ is also often, as I have already noticed, a cause of severe and troublesome leucorrhœa;\* such I have frequently relieved by venesection. Uterine derangements are almost always supposed to arise from debility of the system; and the unguarded exhibition of bark and steel, for the correction of this state, often converts remediable into inveterate and incurable diseases.

It is worthy of remark, that depletion in this instance proved a diuretic; and it is still farther an interesting feature in the history, that the assistance of diuretics was not required. If we were to attend more to the symptoms of excitement and of inflammatory action, and prescribe

\* See the observations on Case VII.

for them, and not for the name "dropsy," associated with and arrayed in all its hypothetical terrors, we should find that less reliance should be placed on the operation of diuretics, as remedies in dropsies.

Where there is a scanty secretion of urine, exciting the functions of the kidneys becomes a means of resisting or diminishing excitement, in the same manner as moving the bowels when constipated effects similar purposes in the treatment of inflammatory fevers: but what opinion should we entertain of the practitioner who would persuade us to intrust the relief of violent pneumonia, or enteritis, to the mild but energetic operation of castor oil?

---

#### CASE XVIII.

MARY COLLINS, aged 26, paper-maker's wife: scrofulous habit, with scrofulous ulcers, and cicatrices of the skin. — Dispensary.

Dec. 24, 1823. General dropsy; ascites; anasarca of the extremities and of the whole cellular membrane; legs enormously swelled; dropsical fluid oozing through the broken skin; arms so œdematous that the state of the pulse cannot be correctly ascertained; little or no fever; tongue

foul; bowels regular; dyspnœa; has marks of numerous scrofulous exulcerations on the surface, and many of the joints disorganized from scrofulous ulceration. Has been ill for a considerable time with scrofula; dropsy supervened about twelve months since. Urine plentiful, cloudy, does not coagulate on exposure to heat, nor by nitric acid; but heat dissipates the cloudy turbid appearance, and the urine becomes transparent.  
 ℞ *Digitalis* gr. iij. *pulv. colchici* gr. vj. *ext. hyoscyami* gr. iij. *M. ft. pil. sex* — *st. j. sing. noctibus.*

29. Urine a little increased in quantity, but the symptoms no way relieved. *Perstat.*

January 2, 1824. Symptoms as at last. *Repet. pil.*

5. Legs ulcerating, and the skin assuming a gangrenous appearance. *Ht. ungu. ceræ* ℥j. *ad ulc. curand. et perstat usu pilularum.*

10. Complains of vertigo, nausea, and sickness. *Omitt. pil. digitalis, et hab. pil. aperientes no. vj. — st. j. pro re natâ.*

19. Has taken no medicine since last report, except occasionally an aperient pill; dropsical swellings diminished, in consequence of the profuse discharge from the legs; feels very weak.  
 ℞ *Sulph. ferri* gr. xij. *pil. scil. zss. ft. pil. xij. — st. j. ter in die.*

26. Has not taken the pills very regularly;

merely applied for some dressing for her legs; no amendment. *Cont. pil. ferri.*

28. Has taken the pills, and applied for more; on visiting, found her as at last report — no way improved. *Cont. pil.*

30. Legs continue to discharge, and are very sore and painful. *Ht. ungu. ceræ ʒj.*

Feb. 4. Urine rather scanty; bowels costive. *Repet. pil. ℞ Infusi sennæ ʒvj. aceti colchici ʒij. M. — st. ʒss. pro dos. bis in die.*

6. Urine more plentiful; bowels relieved; has not taken all the medicine; requested dressing for her legs.

9. As at last. *Repet. mistura.*

16. Urine sufficiently abundant; bowels regular; strength failing; no fever, but great oppression. *Repet. pil. ℞ Solut. hyd. potassæ ʒss. aquæ menth. ʒvj. M. — sumat coch. j. amp. ter in die.*

25. Symptoms increased in severity. *Omitt. pil. — cont. mistura.*

March 5. On this day I was absent, but the gentleman who attended for me, directed the repetition of the medicine.

8. Considerable irritation of the bowels; diarrhoea; several gangrenous spots on the legs. *℞ Pulv. cretæ comp. ̄ opio ʒss. divide in chart. vj. equales — st. j. tertiis horis.*

10. Diarrhoea still continues. *Repet. pulv. cretæ comp. c̄ opio.*

24. Diarrhoea was not checked till the 20th, and she has taken no medicine since. *℞ Hyd. protiod. ʒss. arung. ʒss. M. ft. unguent.*

A little of the above ointment was placed in the axilla, and thus absorbed into the system. The bowels were so irritable, that I did not like to give any medicine internally.

April 2. Seems sinking; great irritability. *℞ Hyd. protiod. gr. xij. ext. hyoscyami, conii, utriusq. gr. v. confect. aromat. gr. viij. M. ft. pil. vj.—st. j. alt. noctibus.*

5. All the symptoms much aggravated; diarrhoea. *℞ Infusi cascariillæ ʒiv. mist. cretæ ʒij. tinct. opii ʒj. ft. mistura, cujus sumat coch j. amp. ter quaterve in die.*

This miserable victim died the following day. The mother did not acquaint me with the fatal result, lest I should have solicited her permission to examine the body; and not having visited again, I did not hear of her death till the day of her interment. I regret much that I was thus deprived of an opportunity of examining the diseased structures.

This patient was in a most deplorable condition when she came under my care; and I am only surprised that she survived so long.



*Observations.* — This case, if any can, should be considered as one of passive dropsy, and yet there was occasionally pain on pressure of the abdomen; and indeed, as she sometimes complained of soreness and tenderness of that part, had there not existed such a manifest tendency to gangrene, I should upon those occasions have recommended the application of leeches; but I feared lest the leech-bites might have assumed a gangrenous appearance, or have turned to sloughing ulcers.

There is a part of the medical treatment of this case, which will require some more particular notice, and which will also apply to Case IV. (Thomas Johnson.) On the 24th March, an ointment composed of the *protiodide* of mercury was directed. I have been for some time in the habit of using the iodides of mercury,\* and the hydriodates of iron and zinc, in the treatment of scrofulous diseases; and from tolerably extensive experience, I am inclined to report more confidently of their efficacy than of that of any other remedies with which I am acquainted. The result of my observations, I may, at a more fa-

\* See these preparations described as "Iodurets" in Magendie's Formulary for the Preparation of New Remedies; 2d ed. translated by Dr. Dunglison; Appendix.—See also Appendix to this Work.

yourable opportunity, submit to my professional brethren.

---

### CASE XIX.

LOUISA BURGESS, married, aged 42, of sedentary habits and occupation: a full stout woman.—Dispensary.

May 21, 1824. Pyrexia; whitish tongue, especially in the morning; alvine evacuations are passed daily,\* but they consist principally of mucus, or slime; respiration oppressed, with dry, hard cough; pulse hard and frequent (92); fluctuation in the abdomen, which is much enlarged; anasarca swellings of the ancles, pitting on pressure; urine natural in quantity, no coagulation on being heated. ℞ *Pil. scil. pil. aloës c̄ myrrhá, utriusq.* ʒss. *M. ft. pil. xij.—st. j. sing. noctibus.* ℞ *Carb. ammon. ʒj. acid̄i citrici q. s. ad ammon. saturand. sacchari albi ʒj. aquæ font. ʒviiij. tinct. digit. ʒss. M.—st. coch. ij. ampla 4ter in die.*

24. Pyrexia still continues; the other symp-

\* It should be recollected that most patients, when interrogated, state that their bowels are regular, if they act daily, no matter what the colour or consistence of the evacuations: but these circumstances form the most important feature of the function.

toms nearly as at first. *Mitt. sanguis ad 3x.\**  
*Perstat.*

26. Pyrexia still urgent; hard, frequent pulse; the ascites increased, but the anasarca swellings of the ancles somewhat diminished; thinks she took cold on her return home last day; urine, however, she states has increased in quantity. The cough more severe. *Omitt. pil. scil. ꝛ Pil. aloës ꝛ myrrhá ʒij. pulv. digitalis gr. viij. sulph. ant. præcipit. gr. xij. saponis gr. vj. M. ft. pil. xij. —st. j. sing. noctibus. Repet. mist. salin.*

31. Considers herself a good deal better; urine increased since last report; fever reduced, but the pulse still hard and frequent; respiration easier; the heat of the skin abated. *Perstat.*

June 2. Urine small in quantity, and rather high-coloured; slight increase of the pyrexial symptoms; bowels regular. *Repet. pil.—augeatur digitalis ad grana xij. —st. j. quotidie.*

9. Pyrexia; pulse 90, softer; respiration nearly natural; severe headach; whitish tongue; bowels regular; urine high-coloured, small in quantity; abdomen somewhat more swollen, but the anasarca of the legs reduced; amenorrhœa. *Perstat.*

11. Symptoms relieved; pulse 86, hard; tongue

\* This blood was not allowed to remain sufficiently long to judge of its appearances. She was not bled at the Dispensary, not being as yet upon that establishment.

white; heat of skin reduced; urine plentiful; says her ancles swelled very much last night; complains of a sweet clammy taste in her mouth; and of pain in the breasts. *Repet. pil. ℞ Pulv. jalap. comp. ʒss. theriacæ q. s. ut ft. elect. cujus sumat coch. j. min. ter in die.*

16. Feels much better this day. Urine rather scanty and turbid; a sense of fulness in the epigastrium; the abdomen and ancles, however, decrease; pulse reduced; bowels rather too free; the electuary purges. *Perstat usu pilularum, et repet. elect. c̄ additione pulveris opii gr. vj.*

25. Abdomen more swollen; fluctuation again more sensible; urine scanty and high-coloured, and deposits a reddish sediment; fever with heat of skin increased; the pulse hard and small, but firm (90); respiration free; complains of a sense of fulness, especially after eating; appetite bad; sweet taste in the mouth very unpleasant; tongue white; bowels constipated. Since last report, she experienced some smart attacks of rigors, but which are now less distressing; frequent flushings of the face, with severe headach and vertigo. *Mitt. sanguis ad ʒx. ℞ Ext. colocynth. comp. ʒss. sulph. ant. præcipit. gr. x. saponis gr. viij. Ft. pil. viij. — st. ij. alt. noctibus. ℞ Supertart. potassæ ʒj. pot. acetatis ʒij. theriacæ q. s. ut ft. elect. — sumat coch. j. minim. 4ter in die.*

July 5. Pyrexia reduced; the pills affected the bowels briskly, and a quantity of slimy mucous matter came from the intestines. Bowels now rather constipated; urine is increased, nor is it so red; the abdomen has diminished very considerably, scarcely any fluctuation is now sensible; respiration somewhat difficult, with a trifling degree of orthopnoea; the sweet taste in the mouth relieved; nausea; amenorrhoea. *R Carb. ferri ʒj. supertart. potassæ ʒj. ft. elect. — sumat coch. j. min. ter quaterve in die.*

12. Heat of skin nearly natural; pulse 90; respiration free; tongue moist, but yellowish; bowels regular; urine plentiful, of a reddish colour when passed, but after standing for some time, it becomes blackish; the ancles swell a little towards evening, but the abdomen is wonderfully reduced, nor is there the slightest fluctuation perceptible. All kinds of vegetable food pass the bowels unaltered. *Repet. elect. R Aceti scillæ, colchici, āā ʒj. vin. ant. ʒij. aquæ puræ ʒviij. M. — st. coch. ij. ampla ter quaterve in die.*

From this period, she ceased coming to the Dispensary, and I saw nothing more of her.

*Observations.* — This woman, when she first applied to me, did not entertain the slightest suspicion of her being affected with a dropsical com-

plaint;\* yet no one, who reflects on the symptoms, the preternaturally enlarged abdomen, the anasarcaous legs and ancles, but especially the disappearance of these symptoms, and the great *reduction of the abdomen* under the use of *diuretics*, notwithstanding the *amenorrhœa*, but will be inclined, even from so imperfect a history, to suspect the real nature of the complaint. This patient occasionally suffered from indigestion, especially after the use of fat bacon, a description of food much used by the country people. Upon such occasions, the febrile symptoms generally became severe, and the dropsical symptoms increased. The presence of organic disease will scarcely be urged here; but if a cordial and stimulating plan of treatment had been persevered in, what would have been the consequences? High fever, with increased arterial action; an afflux of blood to parts, greater than what their structure could endure. Hence disorganization would speedily ensue, and perhaps an inveterate and confirmed dropsy, which would be considered as the effects of organic disease,

\* And yet she had consulted another practitioner, who had been attending her for a considerable time before she applied to me.

but which, with its supposed cause, should rather be attributed to the injudicious exhibition of exciting remedies.

It is difficult to explain the amenorrhœa; she was a married woman, and had a family; but during her last pregnancy she miscarried, and had not enjoyed good health since. It should be observed, that she frequently, notwithstanding repeated cautions, exposed herself by washing, &c., and thus often took cold. I regarded the amenorrhœa as arising principally from the above circumstances, although occasional irregularity in this function of the uterus might naturally be expected at her time of life. There is another remarkable circumstance noted in the history of this case: on the 12th July, it is stated, that the urine was passed plentifully, that it was high-coloured at first, but that on standing it became black:\* to what could the black colour be owing? When she first apprised me of the circumstance, I thought that hæmaturia, from some affection of the bladder, might have been the cause, but, upon strict inquiry, I could not discover any grounds for this opinion. We know that iron

\* It should be observed, that this is the woman's own account, as I myself did not see the urine. I begged of her to bring me some of it, but she did not return again.

discolours the fæces, and renders them of a dark green, or dark olive colour, but I have never observed any similar effect upon the urine. I have repeatedly seen the urine of patients to whom I have been giving iron in all its different forms, but I never observed any thing like a similar effect to that which is here reported.

---

#### CASE XX.

ALICE WEST, aged 21, lace-maker: tall, stout-made girl; leuco-phlegmatic countenance. — Dispensary.

June 11, 1823. Complains of oppression, with great weight on the chest; intolerable dyspnoea; perpetual hickup: when the hickup is most violent, the limbs become extended, or stretched out spasmodically with great violence, so as nearly to throw her from her chair: upon these occasions, she feels as if suffocating. There is fever, thirst, heat and dryness of skin; pulse irregular, frequent (96), and hard; scarcely any cough, but if she attempts to lie down, she feels as if she would be suffocated; tongue whitish; bowels regular, but tenderness of the abdomen when pressed upon: there is also soreness along the



course of the sternum; the countenance pallid and tumid, but when oppressed with the sense of suffocation, the cheeks and lips become suffused with a purple flush. She herself feels a sense of fluctuation in the thorax, and distinctly perceives the water rising, as it were, up to her throat, when her position favours such a motion of the fluid. Indeed, during the spasmodic hickup, which is readily excited, or comes on even without any apparent cause, a gurgling noise, such as arises from the agitation of a fluid, is plainly heard and distinguished. The urine is secreted and voided in sufficient quantity; it is rather pale and limpid; no coagulation on the addition of nitric acid. The catamenia now regular, but some time since, she was afflicted with amenorrhœa. The globe of the eye full and prominent, with considerable dilatation of the pupil, which, however, readily contracts on exposure to a strong light.

About three years since, she experienced an attack, for which she applied to various practitioners, but which ultimately terminated in dropsy. One of the gentlemen whom I had an opportunity of consulting upon the history of this case, told me, that the attack in the first instance had been of a pleuritic nature, the symptoms of which had been very severe and acute, and the febrile accessions run very high. A very inactive mode

of treatment seems to have been adopted generally; at least, such appears to be the case from her own account. *Mitt. sanguis ad ℥viij. ℞ Digitalis gr. vj. pulv. ant. gr. xij. confecti aromat. q. s. ut. fl. pil. x. — st. j. bis in die. ℞ Supert. potassæ ℥j. theriacæ q. s. ad elect. formand.—sumat coch. j. min. ter in die. Admov. emp. vesicans sterno.\**

\* This woman came from a neighbouring village about six or seven miles distant. She expected to have been accommodated at a friend's residence about half a mile from Henley; but when she arrived there, she found the place occupied by a boy who had just undergone amputation of the leg, in consequence of a severe accident from a plough-share. She was consequently obliged to return again into Henley, and the overseers of this parish very humanely directed her to be taken into the work-house, and also sent the medical attendant of the parish to visit her. This gentleman, although apprised that she had been placed under my care, and had also taken medicine that morning, sent some draughts to her, which she very prudently refused to take, till she had first consulted me upon the propriety of the measure. When my advice was requested, I stated fully and unequivocally, that as I knew not what the medicine was composed of, I would not be responsible in any way for the consequences. I was afterwards given to understand, that it had been reported that I threw the bottle containing the draught into the street the moment it was shewn to me;—an indelicacy and indecorum of which, I trust, I am and ever shall be incapable. I had given a precisely similar draught, an antispasmodic one, as I have since learned, in the morning, and had I been consulted upon the propriety of giving another, I could

12. The symptoms nearly as at yesterday; no anasarca of the extremities; urine plentiful, of a pale straw-colour; had some perspiration, but which seemed to have arisen rather from agitation than from any effect of the medicine, or yielding of the disease. She did not apply the blister. *Perstat.*

Finding the place where she expected to have been accommodated pre-occupied, she determined to return home again, and no persuasion on my part could induce her to alter her determination: she returned home.

25. It was reported to me that she was actually dying, but the medicine was repeated.

26. Feeling very much interested in the progress of this case, I, at considerable inconvenience to myself, called to see her. I found her in a most distressing situation, when the paroxysms attacked her, which they did almost incessantly; her cries could be heard at a considerable distance in the village. The pupil of the eye was very much dilated, the globe prominent; anasarca of the legs and ancles particularly troublesome at night;

have informed the gentleman, that that which I had given in the morning appeared to me, and to the other medical gentlemen, to do more harm than good. I felt it incumbent to offer this explanation publicly.

some degree of ascites. She now expressed a desire to be removed to Henley, and was accommodated in the work-house of this parish. She came in on the 28th. The symptoms precisely as on the 26th; urine scanty. ℞ *Aceti scillæ* ʒj. *aquæ puræ* ʒviiij. M.—*st. coch.* j. *amp.* 4ter in die.

30. The paroxysms of hickup are not quite so severe; respiration somewhat more free; bowels regular; urine plentiful; some perspiration; pulse rather more regular; palpitation or throbbing at the præcordia, with pain of the epigastrium when pressed upon; dilated pupil; livid appearance of the lips and countenance generally. *Repet. mist. et admov. emp. vesicans scrobiculo cordis.*

July 3. The symptoms as before. ℞ *Vin. ant.* ʒij. *aceti scillæ aceti colchici* āā. ʒj. *spir. ammon. fetid.* ʒjss. *tinct. sennæ* ʒss. *aquæ font.* ʒviiij. M.—*sumat coch.* j. *amplum quater in die.*

8. She had a most extraordinary discharge of urine since bed-time last night. The symptoms have been much alleviated. *Perstat.*

16. I directed an issue to be inserted in the scrobiculus cordis, and the discharge to be excited, rolling the peas previously to their insertion in the emp. lyttæ. This plan has answered its purpose fully — to excite a full discharge from the issue.

It would be unnecessary to detail more mi-

nutely the treatment. The plan which has just been stated, has been persevered in ever since, and the paroxysms of hickup have entirely ceased. On the evening of the 19th she took some fish for supper, and she was almost immediately after attacked with hickup, and on the next day she did not feel near so well. An active purgative, however, soon removed all the unpleasant effects of her imprudence. She is still\* under treatment, and it is therefore impossible to close finally the history of this case.

*Observations.*—That this was a case of dropsy, none could mistake, because the anasaruous ancles, and the ascites, were too evident at one period of her complaint to be misunderstood. However, it does not appear to have been generally imagined that there was any collection of fluid in the cavity of the thorax. I am fully convinced that water in the chest is very often mistaken. How seldom do we hear of hydrothorax! and yet the structure of the parts engaged renders them equally liable with the abdomen to the causes of hydropic accumulations. Water readily forms in the chest, from chronic or subacute inflammation of the pleura, or indeed any part of the pulmonary tissue, or thoracic contents.

28th August.

The pathological researches of Tacheron have shewn that chronic pleurisy is frequently complicated with water in the chest, and in such cases, no doubt, is the cause of the watery accumulation. How often does it happen that the dry cough, which after some continuance is followed by a glairy, watery, mucous expectoration, attended with oppression, shortness of breath, and orthopnoea, is nothing else than the first symptoms of incipient hydrothorax! "There is usually a short cough," says Dr. Blackall, "and something so far *febrile* about such patients, that they are hurt by whatever has a tendency to *excite inflammation*. Often, upon recollection, they are able to trace their symptoms, or at least the sudden increase of them, to some imprudent exposure in bad weather;\* and they are particularly sensible to the effects both of cold and close rooms."†

Squills, and antispasmodic draughts, with large doses of "paregoric," are so frequently resorted to, and it is generally supposed with so much efficacy, that perhaps I shall obtain but little credit, when I declare this practice highly pernicious, and often a means of exciting hydrothorax; or even, what is more serious, its complication with organic disease.

\* How well do these observations correspond with this Report!

† Blackall on Dropsies, pp. 222, 223.

The melancholy situation of the patient whose case has suggested these reflections, and the comparative ease and comfort which she now enjoys, afford a full and decisive illustration of the advantages of an antiphlogistic over a tonic plan of treatment, wherever a febrile tendency exists. The prominent eye, dilated pupil, and occasional headach, to which this girl is subject, would lead us to suspect some affection of the head. Sub-acute inflammation of the diaphragm, or of its lining membranes, would account for the hickup.\*

---

#### CASE XXI.

FRANCES AVERY, the subject of Case X.—Dispensary.

July 12, 1824. Dyspnoea; hard, dry cough, and peculiar hoarseness of the voice; pulse small, irregular, frequent (87); tongue moist and natural; thirst; little or no increase of the temperature. She states, however, that her hands and feet burn at night; bowels regular; urine voided in very small quantity, about a small tea-cupful in the twenty-four hours; no coagulation on

\* Since this period, the progress of this case has been most satisfactory; she is now perfectly free from all spasmodic attacks, and is capable of walking into the town.

being heated. She states that the urine, when first voided, is of the colour of brandy, but after it has stood some considerable time, it then becomes of a brighter red colour, and then changes to a dark or blackish purple; a light pink sediment precipitates. The abdomen is considerably enlarged, with the sense of fluctuation perfectly distinct; anasarca of the legs and ankles, with pitting on pressure; livid colour of the lips and countenance.

She cannot assign any cause for this attack. She does not recollect having been exposed to cold, or any other circumstance of that description.\*  $\mathcal{R}$  *Aceti scillæ, aceti colchici, āā ʒj. vin. ant. ʒij. aquæ ʒviiij. M.—st. coch. ij. amp. ter quaterve in die.*

16. Symptoms as before, without any relief.  
*Repet. mist.*

21. As before. *Repet. mist. et st. pil. hyd. gr. v. sing. noctibus.*

30. Has found no relief from the treatment hitherto adopted. The water, she says, she feels very troublesome; the dyspnoea extremely severe and distressing. *Admov. hirudines no. x. et postea vesicatorium sterno.  $\mathcal{R}$  Aceti scillæ ʒiiij. Colchici*

\* The hoarseness, however, is sufficient evidence of the cause of her complaint.



ʒss. vin. ant. ʒij. aquæ font. ʒviiij. M. — *sumat coch. ij. ampla ter quaterve in die.*

August 9. Feels herself very much relieved; the leeches drew a considerable quantity of blood, and she feels that the discharge from the blister affords considerable relief. *Cont. pil. hyd. et mist. ut supra.*

16. The dropsical swellings very much reduced; a degree of dyspnœa, much increased by exercise, still remains; pulse somewhat irregular; expectoration; bowels regular; urine plentiful. *Admov. iterum vesicatorium sterno, et repet. mist. et pil.*

23. Respiration easier; pulse softer, but frequent (96); heat of skin natural; the livid appearance of the countenance and lips disappearing; slight anasarca of the ancles only, towards night; abdomen reduced to the natural size; bowels regular; urine sufficiently copious, pale or limpid; no thirst; the blister has discharged plentifully. *Repet. mistura.*

This case is still under treatment, but I am obliged to close it here for the press.

*Observations.*—The subject of this case is familiar to the reader who has read the history detailed under Case X. In that instance, the symptoms were infinitely more severe, and required for their relief much more active treatment than what was

adopted on the present occasion. Even here, however, the superior efficacy of active treatment is fully proved. She applied on the 12th July, and a tolerably active diuretic mixture was prescribed. This was repeated again on the 16th. On the 21st a mercurial was given, with the expectation of directing the operation of the diuretics to the kidneys, and of more powerfully exciting the urinary organs. On the 30th, she did not seem to me to be relieved in the slightest degree. The relief which she experienced on a former occasion from vigorous means, determined me to resort to them again; and in this instance, the application of ten leeches and two blisters appears to have had a more direct and powerful effect in relieving the symptoms, than a month's perseverance in an active course of diuretics and mercurials. I cannot finally close this case at the present moment, as the woman is still under medical treatment; but as far as it goes, I think it offers a most instructive lesson, and which, if properly applied, may lead to useful results.\*

---

FROM the foregoing Report, I am fully authorized in deducing the following inferences:—

\* This patient has since almost perfectly recovered.

1. Dropsy is more frequently an active disease.
2. When active, it is generally complicated with a pyrexial or inflammatory state of the system.
3. When dropsy depends upon inflammatory affections of the viscera, the operation of these affections is most frequently indirect; namely, through the fever which commonly accompanies such diseases.
4. Dropsy may arise as the termination of acute and subacute inflammation in the serous membranes, or in the cellular structures.
5. Dropsy, in a very severe degree, may exist independently of any organic disease.
6. When the cellular structures, or serous membranes, &c. are weak, either naturally from mal-conformation, from disease, or mechanical violence, the excitement of the economy, during the earlier periods of pregnancy,\* may lead to a dropsy of the weakened parts, which, if neglected,

\* Of course, excitement of any kind will, under the same circumstances, lead to similar results. But pregnancy being a natural process, the excitement generally attending it would be suffered to pass unobserved and unheeded; whereas a much inferior degree of excitement, arising from an unnatural or unusual cause, would obtain serious attention. I therefore thought it necessary to notice specifically the possible consequences from pregnancy.

will, under unfavourable circumstances, become alarming and inveterate diseases.

7. When dropsy exists in combination with an excited state of the system, or with an inflammatory affection of any organ or texture, antiphlogistic measures, especially blood-letting and antimonials, form the most rational and effectual means of cure.

8. A reliance on diuretics in active dropsies serves merely to debilitate the system, without curing the disease, and may even lead to diabetes.

9. A coagulable state of the urine in dropsy generally indicates the necessity of blood-letting; but the converse of this proposition does not hold good, and the non-coagulability of the urine does not necessarily prohibit venesection.

In referring to the first inference, a question naturally arises, — what is meant by an active disease? In the natural and healthy state of the functions, there is a certain exhalation from the extreme vessels. This, if suffered to accumulate, would, in due time, amount to a greater quantity than is consistent with the purposes of life, the organization of the parts, or their regular and healthy functions. Indeed it seems essential to the existence of organized or animal matter,

that there should be a continual removal or change of it. This appears necessary, to prevent the effects of putrefaction, a process of which dead animal matter is extremely susceptible. The removal of the parts is effected by an order of vessels which, from the nature of their function, have been termed absorbents. Then there seem to be two antagonizing powers, one depositing, the other removing; and the natural ratio of these two powers to each other is such, that the result is healthy structure. But if we suppose exhalation to be preternaturally increased, while absorption remains at the natural standard, preternatural accumulation must be the result. If, on the other hand, we suppose absorption to fail, while exhalation continues with the usual activity, preternatural accumulation must, in this case also, result.

Thus, then, we have two theories of the immediate cause of dropsy; the one accounting for the accumulation by attributing it to an inordinate exhalation, the other to a deficiency of absorption. If the former be considered an explanation of the immediate cause, then dropsy must be considered an active disease; if the latter, it may be regarded as a passive one.

No one, I believe, who attentively reflects upon the foregoing history, but will admit the

great activity of the heart and vascular system, generally noted in each case. Fever forms a prominent feature of the complaint, in almost all the cases noted. Fever too, developed in preternatural temperature, thirst, foul tongue, a quick, frequent pulse, and a peculiar characteristic of this symptom is its general hardness. No doubt the pulse has been stated, in many instances, to be small; but a small pulse is not incompatible with increased activity. We know that the extreme functions are excited by the *vis à tergo*, and a preternaturally excited *vis à tergo* must naturally conduce to increased exhalation. If a mere deficiency of the absorbing powers were in every case the immediate cause of dropsy, we should find the accumulation of fluid to any extent an infinitely slower process than it commonly proves. Who that has witnessed the sudden re-accumulation of several gallons of water, after the operation of tapping the abdomen, will assert that such an accumulation, which will take place in the course of a few days, is the mere natural exudation of comparatively so limited a surface as the peritoneum? A total inactivity of either exhalants or absorbents, is inconsistent with animal structure or organization; for the moment any part ceases to act, its decomposition commences. May we not thus explain the putrid, cadaverous

smell, which frequently exhales from persons labouring under the last stage of typhus fever, particularly in warm climates?—vitality having, as it were, ceased, and the animal matter, being subject to no vital operation, begins to yield to the elective attractions of its elements, and the decomposition becomes thus sensible.

It may be still farther urged: has exciting the absorbents been found the most effectual means of curing dropsy? Mercury has been given in vain, nay, this medicine has even produced dropsy. One case, in illustration of this fact, has been already adduced in this Report; and the reader may consult Dr. Blackall's excellent work for several similar instances. In Dr. Crampton's Clinical Report, it will be found that bleeding was frequently successful, without any assistance from those means which are usually supposed to excite the absorbing powers of the system. In the Report which I have just submitted to the reader, it will be observed that very little has been trusted to diuretics, nor have any special means been adopted for the purpose of exciting the absorbents.

It has been supposed that dropsy might be accounted for upon the principle of a laxity of the exhalants. Laxity, I presumé, in pathology, merely expresses a passive inertness. Let us see

how far such an hypothesis is consistent with, or will explain the phenomena. Laxity presupposes complete inactivity; consequently, in such a case, the exhalants should be regarded as mere inanimate tubes, through which the fluid flows, and which serve only to conduct it. But from whence comes the fluid? The accumulation is greater than would result from exudation, in the utmost vigour of health. To what purpose is it, then, to state that the exhalants are "lax," while we discover the most incontrovertible evidence of preternatural activity behind them? Reduce this activity, — moderate excessive action, — and the dropsy disappears almost spontaneously. What removes the superfluous fluid? The absorbents, the powers of which had never failed. This subject might be discussed at much greater length, but it would be incompatible with the limits which I have prescribed to this work, to pursue the investigation any farther.

With regard to the second inference, no objections occur to me. If I obtain credit, the Report which I have just submitted carries conviction with it. In almost every case, pyrexia is noted as a symptom; and that the term may not be misunderstood, I have simplified it, by noting all the phenomena which occurred to make up the complex idea which "pyrexia" expresses.



With respect to the third inference, perhaps a greater variety of opinion may exist. It is difficult to conceive how disease of one part, abstracting mechanical influences, acts in inducing disease of another. Mechanical pressure, we know, has great power, and we can, under such circumstances, readily perceive the relation between the cause and effect. But how does inflammation of the lungs, or a loaded state of the brain, act in causing a dropsy. Speculation has never yet been at a loss to account for phenomena, however intricate or inexplicable. Accordingly, hypothesis soon suggested a mode of accounting for this extraordinary fact. All that was required was, an unintelligible, and may I not even assert, in its present import, an unmeaning term, and "SYMPATHY" was fixed upon. Dr. Philip observes, "It has been an opinion from the time of Willis, that the sympathy which exists between different parts depends on the connexions in the course of their nerves, and this opinion is still maintained by some of the best writers; but when we consider to what inferences it leads, we shall pause, I think, before we give our assent. It is known that the nerves convey impressions to and from the brain, to which we owe feeling and voluntary power. If we compress or divide the nerves of a limb, so as to cut off its communica-

tion through them with this organ, its sensation and voluntary power are lost. But we have no reason to believe, from the usual phenomena of the nervous system, that an impression made on the extremities of a nerve will, in its progress to the brain, so affect any other nerve with which it may communicate as to influence its extremities.

“The first objection,” continues Dr. Philip, “which presents itself to this explanation is, that it is an unnecessary one. All nerves convey impressions to the source of nervous influence, and every nerve is capable of being influenced by this source. These are acknowledged facts, and are capable of explaining the phenomena in question. It is possible, however, that some collateral facts may prove, that the former is the just explanation. Is it found that parts never sympathize unless their nerves are connected in their progress? Do parts whose nerves are most connected, most sympathize? A crowd of facts reply to these questions. What connexion of nerves exists between a vital organ and the skin which covers it; between the liver and the ligaments of the shoulder; between the viscera of the abdomen and its parietes; the stomach and the cartilages of the ribs, &c.? Why does inflammation of the pleura of the ribs spread as readily,

or nearly so, to that of the lungs, which is only in contact with it, as to that in continuation with it, which is supplied from the same branches, both of nerves and vessels? Why is inflammation of the parietes of the abdomen, or of any part of the bowels, in like manner, as readily communicated to the part in contact with it, however little their nervous communications, as to that with whose nerves the nerves of the affected part most freely communicate?"\*

: Dr. Philip having thus subverted the opinions of Willis, proceeds to propose a solution of this problem, peculiarly his own. He conceives that the phenomena of sympathy arise from the morbid impressions from the diseased part on the brain, being thence transmitted to the part sympathetically affected. "These, and various similar facts," he says, "as far as I can judge, leave no room to doubt that nerves sympathize only from their connexion in their common source, and that the numerous connexions we observe in their course are only useful in the same way with the ganglions and plexuses, which may be proved by direct experiment, to enable the influence descending from that source to pass from one nerve to another, so that one may partake of that which is

\* Treatise on Indigestion, pp. 96—98.

conveyed by many; a power which, it may also be shewn, is necessary to the continuance of life. That the phenomena of sympathy depend on changes in the source of nervous influence, would appear, I think, from the fact alone, that sympathetic feelings still continue to be referred to a limb which is lost; because this seems to be a law of general application, at whatever part the separation takes place.”\*

How far is this explanation consistent with the phenomena? According to this view, sympathetic or secondary diseases, arising from the same primary, should be similar. Thus, a diseased liver should always produce dropsy, phthisis, hydrocephalus, cutaneous eruption, or some one constant and invariable affection. The morbid impression being always the same on the source of nervous influence, the same morbid influence should always be transmitted, and consequently one invariable effect should be the result. But we find that a similarly diseased liver produces dropsy in one form in one individual, in a different form in another, phthisis in a third, hydrocephalus in a fourth, ophthalmia in a fifth, and a cutaneous affection in a sixth; in a word, the

\* Page 99. See also *Experimental Inquiry into the Laws of the Vital Functions, &c.*

secondary affections arising from the same primary diseases, and the structures which they occupy, are as different and dissimilar in their nature and conformation as it is possible to be.

These reflections would lead me to attribute a great portion of the phenomena of sympathy to the febrile excitement which generally prevails when sympathetic disease arises. Is not the destruction of the pulmonary tissue, of the encephalon, the inflammatory affections of membranes, arising as affections secondary to diseased liver, easily understood, and readily explained upon such principles? Those parts which are naturally weak from malformation, or the structure of which has suffered from mechanical violence or severe original disease, and has thus been weakened, are incapable of bearing the increased afflux of blood, and hence take on that species of morbid action to which their structure disposes.

Hence, then, I would add as a corollary, that organic disease has no direct influence (except mechanically) in exciting dropsy. It has been so long and so generally the system to regard organic disease, when complicated with dropsy, as the cause of this latter affection, that I presume this idea will obtain but little sanction. Yet, if organic disease be considered as more immediately the cause of the dropsy, surely it is but a fair

inference, that the removal of the organic affection must be a necessary antecedent to the relief of the dropsy. Where a mechanical influence excites dropsy, as in the case of the gravid uterus, in the last months of pregnancy, nothing will relieve the dropsy, till the uterus, after the expulsion of the foetus, has returned to its natural bulk. Were the influences of a similar nature, should we not expect that the removal of the organic disease must necessarily precede that of the dropsy? But what is the fact? On reference to Dr. Crampton's Clinical Report, and indeed to the reports of many other authors, it will be found, that when dropsy existed, complicated with organic affections, the dropsy was frequently cured, although the organic disease remained unaffected, and in some instances even ultimately proved fatal. And how were the dropsies, in such cases, relieved? By those means which have been most effectual in moderating excitement, and subduing febrile action.

The 4th, 5th, and 6th inferences require no comment. The observations made individually upon the cases comprise as much as it is necessary to urge upon the subject.

From the doctrine which has been established, with regard to the immediate cause of dropsy, we readily infer the means of cure. There are no

means with which we are acquainted, so powerful in allaying excitement, and every species of inflammatory action, as blood-letting. How directly diminishing the quantity of a fluid, the quality of which does not appear to be the appropriate stimulus to action, lessens the vigour and activity of the organ, it is not my object at present to inquire. Experience has fully attested the fact, and we are not to reject the advantage to be derived from a judicious application of this knowledge, because we do not stop to inquire into the theory of its operation. It has been generally noted, throughout this Report, that fever usually prevailed, and that when the febrile accessions were aggravated, either from cold, irritation, or any of the usual exciting causes, the dropsical symptoms generally increased. The means of reducing fever then, become a means applicable to the treatment of dropsy. Hence the advantages of purgatives, antimonials, and saline diuretics. It is well known, that when the treatment of dropsy was less perfectly understood than it is at present, the diuretics which were found most successful, were those which belonged to the saline and refrigerating class. But these are among the most efficacious remedies for the reduction of excitement and fever.

The great success attending blood-letting and

blisters, in the treatment of many of the foregoing cases, must strike every one who reads this Report. The experience of Dr. Blackall, who first improved our views of the nature of dropsy, and indeed proved the superiority of the anti-phlogistic plan of treatment,—and the subsequent testimonies of Drs. Crampton, Kellie, Stock, and Stoker,—have scarcely left a doubt as to the principles which should regulate our practice in these complaints.

But let us even suppose dropsy a passive disease, (that is, in the rational meaning of the term,) should not the same principles regulate the treatment? All that is necessary is, to limit their extent, and adapt the means to the altered feature of the case. If dropsy be a passive disease, the watery accumulation arises from a deficient action or inactivity of the absorbents. Exciting the absorbents would of course naturally present itself as the appropriate plan of treatment in such a case. But let us cautiously examine the applicability and consequences of the practice founded upon such principles. We cannot apply our exciting agents directly to the absorbents themselves; we know of no means calculated so immediately to effect our purpose. We stimulate the absorbents, by the introduction of the exciting agents into the stomach, where they are decomposed and carried



to the extreme parts; or they remain unaltered, are mixed with the blood, and thus their influence upon the particular system is obtained. But can we imagine that these remedies have no action on the parts they pass through, before they reach the absorbents? When mixed with the chyle, and thus conveyed to the right side of the heart, do these cavities of the organ escape? Afterwards, when they are propelled by the action of the right ventricle and pulmonary artery, through the tissue of the lungs, have these remedies no influence on this structure? When in part fitted for the purposes of the general circulation, and conveyed to the left side of the heart, does the ventricle remain wholly insensible to the stimulus, or does it yield to the exciting influence of our remedies, and begin to act with unusual vigour? Hence, then, if we attempt to excite the absorbents, it must be evident, that before we can effect our purpose, we must first excite the heart and larger vessels, and thus render the disease partly an active one. It will here, perhaps, be objected, that this theory is mere plausibility; but let any one attempt the treatment of diseases upon these principles, and attentively watch the phenomena, and he will soon perceive that his remedies are followed by an increased activity of the heart and

circulating vessels, and by an increased hardness of the pulse.

I have repeatedly thought that squills have aggravated the symptoms of some of the diseases in this Report, in which they were administered; and if the reader will attentively examine the clinical history of the cases, I think it probable he may be inclined to similar inferences.\*

The only effectual means of exciting the absorbents, is to diminish the general action of the system. Reduce the activity of the heart and arteries, and the absorbents, even though weakened, are then on a par with the exhalant powers. Am I not supported in this view by the history of Case XVII., where the application of leeches was followed by a copious flow of urine? The efficacy of blood-letting in reducing dropsies, is to me satisfactory evidence of the activity of the absorbents. Diminish preternatural exhalation, and the absorbents being actually in a state of excitement, the effused fluid is speedily removed. One of the most severe cases of dropsy in this Report, and indeed as severe a one as I have

\* Perhaps it may be here objected, if I thought squills injurious, why did I continue to use them? This is an hyper-criticism, of too captious a nature to be attended to. To such a critic I would reply—"Profit by my errors."

seen, Sarah Burgess,\* yielded to blood-letting and antiphlogistic measures. No means to excite the absorbents were adopted, nor was the exhibition of diuretics found necessary.

I was led to the 8th inference, from observing that the exhibition of diuretics, where the urine was plentiful, produced considerable emaciation. Dropsy being an active disease, the fact is readily understood. An extraordinary action drains the system, while the urinary organs remove the results from the body.

As I have not yet met with a case in which a coagulable state of the urine existed, and in which the symptoms did not warrant the practice of blood-letting, excepting the case of Sarah Burgess, where the severity of the dropsy rendered the appropriate symptoms extremely equivocal, I have been led to the first part of this inference. Indeed, the coagulability of the urine has, in many cases, where the indications from the other symptoms were doubtful, decided me as to the propriety of blood-letting. An attention to the properties and characters of the urine in dropsies would tend much to improve our knowledge of their nature. The non-coagulability of the urine is of itself no objection to the practice

\* Case XIV.

of blood-letting. Dr. Crampton's excellent Report, to which I have already alluded, is satisfactory evidence of this fact. The Report just now submitted is a strong confirmation of it. In many of the cases reported, the urine did not coagulate, but yet blood-letting was advantageously employed. Indeed, when I reflect on the great enlargement of the abdomen, the anasaruous ancles, the symptoms of general activity in most of the cases here noted; and also on the efficacy of blood-letting, and other antiphlogistic measures, in reducing the abdominal and other dropsical swellings; I cannot but regard dropsy as having something of an inflammatory nature about it. It is a peculiar advantage, attached to the character in which I have introduced myself to my brethren, that they are not bound to accept my interpretations or to adopt my inferences. I have given a full and faithful history—let the reader draw his own conclusions.

**APPENDIX.**

---

**THEORY AND TREATMENT**

**OF**

**ORGANIC DISEASE IN GENERAL.**

————— “ Si quid novisti rectius istis,  
Candidus imperti ; si non, his utere mecum.”

THEORY  
OF  
ORGANIC DISEASE,  
ETC. ETC.

---

*" Neque enim credunt posse eum scire quomodo morbos curare conveniat,  
qui unde hi sint ignoret."*

---

ORGANIC DISEASE has been defined, "disease attended with such change of structure as is apparent on dissection after death."\* It has been found necessary thus to limit the signification of the expression "organic disease," to exclude merely functional disorder. To suppose that an organ can be functionally deranged, without a corresponding change in its structure, would be to imagine an effect without a cause; an idea wholly at variance with every principle of

\* Vide Philip on Indigestion, p. 316.

reasoning, physical or metaphysical. If healthy structure produce certain motions or effects, can we suppose any deviation in these motions, without corresponding changes in the organization which excites them? However, a serious change in function may take place without any very remarkable alteration in the actual structure of the organ. The structure of some parts of the animal organization is so very fine and delicate, that minute alterations are not readily cognizable to our senses, even when aided by the most powerful means of examination. "We cannot doubt, however," says Wilson Philip, "that there is a change of structure in the finer parts of our mechanism, which leaves no traces to be detected after death. Thus we have seen, that in those who have long been exposed to causes of great nervous irritation, the function of the brain and spinal marrow sometimes fails. The usual stimulants cease to produce their accustomed effects. This, at first, is only occasional, and the organs soon resume their usual functions; pointing out that, however their action has been oppressed, their mechanism is still entire, and has, if disordered at all, only been temporarily so: but, by degrees, the diseased state becomes more permanent, and, at length, sometimes ends in that species of palsy, or apoplexy, in which, although



the permanent inability proves, dissection cannot always detect, change of structure."\*

Hence, then, it has been necessary to confine the meaning of organic disease to those permanent changes of structure, which, from their degree and extent, are readily cognizable on dissection after death. Such a change involves the whole of the component structure of the organ. Before, however, such a change as is comprehended in the above definition can take place, considerable derangement, both of structure and function, must be observable.

Mr. Abernethy distinguishes between what has been termed mere functional derangement, arising from nervous irritation, and that more severe degree which involves a greater extent of structure. "Previous to the history of the case," he observes, "I shall add a few observations as to the different meaning of the words disorder and disease, which I believe have been generally used indifferently, being considered as synonymous. When I first published these observations, I then wished to have defined the terms, and to employ them strictly according to the meaning I should attach to them; but I forbore doing it, thinking it might be con-

\* Treatise on Indigestion, pp. 316, 317.

strued into mere affectation. Disorder, I should define to be an unhealthy state of the feelings or functions of parts, without any apparent alteration of structure;\* and disease, a visible alteration in the appearance or structure of the affected part: disorder is nervous; disease is the effect of vascular actions, excited by nervous disorder: an organ may become diseased to a certain degree, and yet, disorder ceasing, its feelings and functions may be natural and healthy;† yet disease must have a tendency to establish disorder.”‡

The definition which Mr. Abernethy here gives of disease, so far qualifies its meaning, as to exclude from its comprehension “organic affections,” in the usual acceptation. Organic

\* It is evident from the qualifying import of the term “apparent,” in this definition, that Mr. A. acknowledges an imperceptible change, as a necessary antecedent to disorder.

† This proposition can hardly be admitted. If an organ be diseased, in the definition of the term given by Mr. A., a corresponding change must take place in the motions which are the result of that portion of organization which has become thus morbidly affected; otherwise we fall into another inconsistency, admitting the operation of a cause, without its corresponding effect. Cause does not express a mere quality, it supposes some operation or motion, and these cannot take place without some result or effect. Whether the effect be perceptible or not, is another question.

‡ On the Const. Orig. &c. pp. 247, 248.

disease expresses not only such a change of structure as impedes or perverts the natural functions of the organ; but such a general alteration in the entire mechanism, as wholly unfits it for its proper purposes in the animal economy, and renders it a permanent source of irritation and disturbance.

Then the animal mechanism may be considered susceptible of three degrees of change: the first consisting in such a change as has been generally named irritation,\* and which Mr. Abernethy has termed disorder; the second degree comprehends those changes which are the result of the less severe inflammatory affections, and which, perhaps, may be termed disease; the third change includes those alterations which render the structure itself worse than useless, for it becomes a perpetual source of irritation, and generally speaking, ultimately proves fatal.

*Of the first change in the animal mechanism, or functional disorder.* — The first alteration of struc-

\* Irritation merely expresses the phenomena or results of such a change. We as often say "there is great irritation of the bowels," as "that the bowels are in an irritable state." We are much in need of a proper term to express this state. The term "disorder" has been too general in its application to be now limited. It is no matter what term we use to express an idea, so as we limit its signification to the expressing of that idea.

ture is either in itself so minute, or takes place in the ultimate particles, and which are placed beyond the powers of our perception, that its nature is in no way cognizable to our senses. It is only to be inferred from the effects, which are generally sensible. This alteration has been commonly referred to the nervous structure. We perceive certain deviations from healthy function, and we declare these to be owing to nervous irritation. The excitability of the nervous, like that of the heart and vascular system, depends upon the quality of the blood. The blood was formerly considered as the appropriate stimulus of the heart. It was supposed that when an animal was suffocated, the heart ceased to contract, because *black* blood was not a sufficient stimulus to the ventricle. Physiologists did not then reflect that the right ventricle propelled, and that the pulmonary arteries circulated *black* or dark-coloured blood. No doubt the left ventricle circulates red blood. It is from the left ventricle that the substance of the heart itself is supplied. The left side of the heart would unquestionably circulate dark-coloured blood,\* if the coronary arteries were supplied with red blood. In the

\* I am to be here understood as restricting this proposition to a limited time. All the functions are necessary to the continuance of life and perfect organization; the failure of one will

quality of the blood then resides the principle of excitability. This we may infer from the fact, that the life and excitability of a part ceases the moment its substance is supplied with dark-coloured, instead of red blood.\* As in the quality of the blood depends excitability,† may we not logically infer, that any alteration in the physical or chemical constitution of this fluid will, in a corresponding degree, increase or diminish the excitability. Of this fact we have daily proof. We observe that the heart and other structures are preternaturally excited, when the blood exhibits the buffy coat. In pregnant women, the blood becomes seriously changed, and in proportion as this change is more evident, the irritation arising from pregnancy becomes more conspicuous. Wine, and other intoxicating liquors, seem to act by altering the qualities of the blood from mechanical admixture; thus increasing the excitability of the heart, which propels an increased quantity of blood through the brain, in a given time.

in time effect that of another. The circulation of dark-coloured blood through the different organs, will of course derange their functions, diminish, and ultimately destroy their excitability, and thus existence will at last cease.

\* We are indebted to Bichat for this explanation.

† Of course, the principle in part resides in mechanism or organization; but it is unnecessary to take this into account.

If these views be admissible, the minutest changes in the blood will be attended with sensible effects on the ultimate principles of our structure; and thus motions are obvious, the causes of which are beyond the limits of our perception. It is not an object of great moment, whether we refer the phenomena to the nervous, or other parts of our system. Every part of our structure is so intimately connected, that it is difficult, nay, even impossible, to say whether derangement can be purely nervous or purely vascular. We speak of the "vasa vasorum," and may we not with equal propriety consider the "nervi nervorum?" We can hardly distinguish between the vascular and nervous structure of the elementary principles of our composition.

Nervous irritation, then, evidently depends upon changes similar to what have just been described, however minute their nature and degree, however confined their extent. This deviation is manifested in the first instance by deranged function. Thus we find the liver secreting a black, a green, or an acrid bile.\* The stomach, instead of its

\* The alvine evacuations should always be examined as to their colour and consistence, in order to determine whether the alimentary matter has undergone sufficient digestion. Patients will frequently declare their bowels regular, if they pass the *fæces* daily, although they be in hard lumps like bullets, or as

ordinary and healthy gastric juice, secretes an acid liquor, of a highly offensive quality.

The nervous system being the most delicate part of our structure, and its influence absolutely essential to life, we may reasonably presume that a very trifling degree of derangement, so trifling, indeed, as to be wholly imperceptible, in so delicate a piece of mechanism, and one of such general connexion and influence, will be both sensibly and generally felt. Indeed nervous irritation in any severe degree, or in a very sensible part, cannot long exist without spreading to other parts, perhaps of greater importance. From being an affection of the mere nervous tissue, it soon becomes an affection of what is termed, more immediately, the vascular structure. The vessels not only of the part, but of the system at large, soon partake in the disorder, and then sets in the second change in the animal mechanism, or inflammatory action.

*Of the Inflammatory Action.*—The signs of

black as soot. Mr. Abernethy says that the colour of healthy bile in the human subject, is that of a deep brown, resembling a mass of rhubarb, when just moistened with water. He farther observes, "Any kind of brown, which dilution will not convert into yellow, I should consider as unhealthy, since the colour of healthy bile is a bright yellow, which by concentration appears brown."

inflammation are redness and swelling, with heat and pain. I have endeavoured to shew that nervous irritation depends upon certain changes in the fluid which contains the principle of excitability. Sometimes these errors are so trifling, or the structure of the parts may be so sound and healthy, that the part is soon restored, when the causes of derangement cease to be applied. There is no error of the economy whence organic disease more frequently arises, than that of indigestion. Dr. Philip has divided indigestion into three stages. The first he conceives to depend on a debility of the muscular and nervous powers of the stomach; the second is characterized by symptoms of local inflammation, and a hard pulse; the third is that in which the secondary affections have become organic diseases.

The causes of the first stage of indigestion are such as must exert a material influence on the properties of the blood, and the vigour of the heart. Over-repletion, irregularity of diet, and exciting fluids, are among the chief causes of indigestion. What are the consequences of such irregularities? Increased temperature, high arterial action, thirst, delirium, and the other symptoms of increased excitement. Fever, in many cases, especially in nerve-sanguineous temperaments, forms a prominent feature of even the first



stage of indigestion. Indeed I have often felt it impossible to arrange such cases, and have then distinguished them by the name of "febrile dyspepsia." In such there is considerable elevation of the temperature, thirst, foul tongue, dry, harsh skin; frequent headach, especially upon any increase of the febrile symptoms, with a hard, quick, wiry, and frequent pulse. The accessions of fever are at first merely occasional, supervening excesses, or other gross irregularities in diet, or imprudent exposures to cold and wet, or a damp and moist atmosphere. Thus the excitability of the heart, and consequently the momentum of the circulation, are preternaturally increased. "As these symptoms proceed," says Dr. Philip, "others, the consequences of the sympathy which exists between the stomach and other parts of the system, gradually shew themselves. *These are different in different cases*; pain of different parts, and other complaints of the head; affections of the sight, the hearing, the smell, or taste. More or less habitual inflammation, and even ulceration of the throat, are by no means uncommon, and the voice and articulation are sometimes variously affected. The patient is distressed with spasms of the trunk or limbs, numbness, and even temporary loss of power in the latter; and feelings of endless variety are described as sometimes

in one part of the body, and sometimes in another.”\*

These observations perfectly accord with, may I not say confirm, the theory of sympathetic disease which I support. Whenever the organization is weak or defective, it is incapable of supporting or undergoing an excitement corresponding to that of the general system. In consequence of the general excitement, a preternatural momentum of the circulation arises. Those parts of structure which are weakest suffer. A greater afflux of blood takes place, than what the languid action of the organ can assimilate or propel. “ Besides the more transitory symptoms in the head which have been mentioned, there are often marks of an habitual undue determination of blood to the brain, producing languid inflammation of the eye-lids, tinnitus aurium, and occasionally throbbing of the temples. Some are oppressed with drowsiness, sometimes almost approaching to stupor; others with almost constant pain, more or less severe, sometimes in the back of the head, more frequently in the fore part; others are subject to giddiness, and some even to sudden fits of insensibility.”†

At last the fever becomes more permanent, and the consequences of the unequal excitement more

\* Treatise on Indigestion, page 22. † Ibid. page 28.

obvious and distinct. The different viscera according to their powers and structure resist or suffer; sometimes the brain, in another case the lungs, in a third the liver, in a fourth the spleen, in a fifth the skin—in a word, there is every possible variety. When every part of the system is in robust health, and in a state of perfect vigour, the patient continues to experience febrile attacks for a considerable period. These are sometimes accompanied with symptoms of local inflammation, as local pain and tenderness on pressure, and, under certain circumstances, some degree of fulness in the parts. If the part be strong and healthy, the inflammatory symptoms subside on the reduction of the fever, and again manifest themselves when any cause re-produces the febrile state.

But if particular parts be weak, or that the fever itself becomes more permanent, the local inflammation is then more fixed and settled. “In others, on the contrary, particularly those of a more feeble constitution, the second stage\* soon shews itself. Before the symptoms of the first stage have long attracted notice, tenderness in the epigastrium supervenes, and the pulse becomes contracted.”†

\* The inflammatory one. † Treatise on Indigestion, p. 47.

I have already endeavoured to point out the circumstances which dispose to local inflammatory affections. Dr. Philip seems to imagine, that before sympathetic disease manifests itself seriously, the second stage of indigestion, such as he has characterized it, always appears. Of the correctness of this opinion, I must confess, I entertain some doubt. I have seen patients labouring under local inflammations of the different viscera, consequent to indigestion, and in whom I could trace no indications of the previous existence of the second stage, such as he has defined it.\* The parts which are liable to become thus secondarily affected are determined principally by the structure of the parts themselves. I think there can be little doubt that secondary diseases are the consequences of febrile action in the system; and in this view it will be readily perceived that they su-

\* Indigestion thus comes to be divided into three stages: the first, characterized by the various symptoms above enumerated, arising from the undigested food, from the state of the stomach and bowels, which is the cause of the disease, and from its necessary consequence, the additional irritation to which these cavities are subjected by the undigested food and vitiated secretions; the second, characterized by tenderness, or other uneasiness, on pressure in the part of the epigastric region above pointed out, and a degree of hardness in the pulse, often accompanied by other febrile symptoms; and the third, by the symptoms of organic disease in the abdomen, chest, or head. Vide pp. 40, 41.

pervene because the local is inadequate to the general excitement. Is not this theory strongly confirmed by Dr. Philip's own observations? "With regard to the circumstances which dispose the sympathetic disease to affect one part in preference to another, we have reason to believe that this is chiefly determined by different parts in different individuals being more liable to disease than others, and therefore, feeling more the cause of irritation which affects the whole system. Thus in children, who are disposed to inflammation and subsequent effusion in the ventricles of the brain, indigestion often terminates in hydrocephalus internus. From about fifteen to thirty-five years of age, the disposition to affections of the lungs is greatest, and it often produces phthisis. At a more advanced period, a tendency to disease of the rectum prevails, and in old age to affections of the heart and head; the latter, however, of a different nature from those to which children are subject; and we still observe the tendency of indigestion to produce the disease to which the system is disposed, whatever be its seat."\*

Hence then, we find that the second degree of

\* Pp. 49, 50.

I by no means wish to be understood as criticising Dr. Philip's opinions. On the contrary, I believe we are more agreed in our

change in our mechanism, and which arises as a secondary affection, is of an inflammatory type. The character of the inflammation being determined by the strength of the inflamed part, compared with the vigour of the system, and the general excitement, if the excitement be excessive, the character of the inflammation will be per-acute. Per-acute inflammation is, I believe, disposed to terminate very rapidly, ending almost immediately in effusion or suppuration.\* If the

views than at first sight probably would appear. In page 305, he observes: "Now, in those who labour under the second stage of Indigestion, we have seen that some of those parts which greatly sympathize with the stomach, generally suffer most. These, therefore, are the weak parts which most feel the effect of the morbidly increased force of circulation in fever. Their vessels are most apt to suffer distention, producing congestion or inflammation, according as the distention is in the larger or smaller vessels."

\* As an instance of per-acute inflammation arising from a high degree of febrile action, I beg to submit to the reader the following case, and let him draw his own conclusions. A soldier belonging to the Royal Sappers and Miners, was sent into the Royal Ordnance Hospital at Anzin near Valenciennes in France. When admitted, he was labouring under symptoms of fever, synocha type, with high arterial action. There was strong pulsation of the carotid and temporal arteries, and a sense of throbbing in the head. He complained of pain in the chest only; the respiration was hurried and difficult, and he could not make

excitement be more moderate, the inflammation will be of the acute description : that is, not quite

a full inspiration from the severity of the pain. The surface generally was red, and somewhat swollen. The pulse was full, strong, hard, and frequent. His wife stated that he had been complaining for some days previously, and she observed that his appearance had been different from what was natural to him. He had been feverish, as she said, but although he himself felt rather differently from what he usually did, he had no particular pain of any importance.\* Previously to his attack, he had been living rather freely, and he was of a full plethoric habit.

As his quarters were at some distance from the hospital, the surgeon attached to the Pontoon train to which he belonged, bled him the moment he was applied to, and then sent him to the hospital. The inflammatory symptoms still running very high, he was bled again, immediately on his arrival at the hospital; and upon this occasion, thirty ounces of blood were drawn off. The surgeon who had bled him in the first instance, drew away twenty ounces. A blister was then applied to the sternum, and an antiphlogistic treatment and regimen adopted. The surgeon who visited in the evening, finding him no way relieved and the symptoms still intolerably severe, the blood previously drawn also exhibiting a highly inflammatory appearance, determined to practise another venesection : on this occasion, thirty ounces more of blood were drawn, and twelve leeches directed to be applied to the chest. On my arrival at the hospital next morning, and inquiring from the resident medical officer the result of this case, I was informed that the man had died during the night. I perfectly remember observing on this occasion,

---

\* He felt pains in his limbs, back, &c. with headach, but nothing actually indicative of local inflammation.

so violent as in the per-acute, nor so languid as in the sub-acute. If the general excitement be of a very languid description, then the inflammatory action will assume that low, languid character, which so often deceives medical men, and has led to irremediable organic disease. This species may be designated the sub-acute form of inflammation. It is the form, or perhaps more correctly, the degree of inflammatory action, to which organic disease most frequently succeeds. The per-acute and acute are accompanied with symptoms and excitement too obvious and too sensible to be either neglected or misunderstood. Their severity will command the attention both of the patient and the practitioner. The sub-acute, however, being of a very languid nature, is neither so severe nor so urgent, and probably has made

“ I feel convinced a great collection of water will be found in the cavity of the thorax, and I have not the least doubt the pulmonary structure will also be found completely inundated with a similar fluid.”

On gently pressing the sternum with my hand, a quantity of fluid flowed out at the mouth and nostrils. On opening the cavity of the thorax, it was found wholly inundated with a sero-aqueous fluid. The pulmonary tissue was also completely filled with the same kind of fluid. The pericardium likewise contained a considerable quantity. The vessels of the brain were turgid, with a darkish-coloured blood. In the sinuses of the dura mater were several clots of dark granous blood.



great progress before any attention has been bestowed on it.

Another source of inattention to that species of inflammatory action arising from a sub-acute degree of fever, is the type which the fever itself, the immediate cause of the inflammation, assumes. The fever most commonly appears in the remittent form; I have known it appear as an intermittent.\* In the latter case, the supervention of the fever can generally be traced to some obvious cause, as exposure to cold, wet, moist or damp air; or to some excess and irregularity either in diet or exercise. The ague cakes and congestions, which formerly were so frequent an occurrence after, or even during the progress of intermitting fevers, were ascribed to the specific action of the medicine, necessarily exhibited for their cure, upon the congested organ. We have now, however, become better acquainted with the effects of febrile action, and medical men are at present more disposed to regard those inordinate enlargements of the liver and spleen as the con-

\* In the pyrexia which attends the febrile form of dyspepsia, the cold stage is not so fully formed nor so conspicuous as in the true and regular intermitting fever. But the hot stage and even the sweating stages are sometimes very evident. Perhaps I may be told, that what I describe is merely hectic—in regular hectic there are no *apyrexial* periods.

sequences of the fever, probably increased by the bark. Even in a healthy state, it is highly probable, that the exciting influence of so large a quantity of bark, as was considered necessary for the cure of obstinate agues,\* would not exert itself equally through the whole animal economy, and that habitual inflammatory action of different parts would soon be evident.

However the intermitting form of fever, in dyspepsia, that is, arising solely from the regular causes of indigestion, is so rare an occurrence, as to be regarded rather an anomaly in pathology. The fever frequently assumes the remitting type. Thus we often learn from patients, that at night, after being exposed to the influence of the various exciting agents of the day, they labour under inward fever; that their sleep is disturbed and unrefreshing; that they thirst; the hands and feet burn; they are harassed by dreams, night-mare, or palpitations. In some instances, an irregular kind of delirium manifested in a confusion of intellect or stupor, and even some degree of coma, attend. A febrile dyspeptic will, in the morning, perhaps, be perfectly collected and sensible, and, perhaps, capable of the most vigorous mental

\* There can be no doubt that the treatment formerly adopted, rendered the disease not only obstinate, but intractable.

exertion. He may also be able to undergo some degree of bodily fatigue; but, before night, the mind languishes, the strength fails, and the whole energies, both animal and mental, become enervated and enfeebled. These attacks are at first only occasional, and are therefore neglected; or, if attended to, are by a stimulating plan of treatment converted into more permanent disease. The fever now probably remits irregularly, or is readily excited by the slightest causes. Sometimes the fever becomes continual, and the patient is seldom or ever free from some degree of the febrile state.

He is now particularly liable to local inflammations. These sometimes affect the eye, the throat, the liver, the lungs, &c. according to the peculiar circumstances on which I have already insisted.\* Thus I have seen the structure of the

\* "The liability of parts to become diseased," says Mr. Abernethy, "in consequence of general disorder, will probably be in proportion to their weakness, susceptibility, or complication of structure and function. We know that bones, ligaments, and glands, are very liable to be thus affected; and in the Third Lecture at the College, I have endeavoured to shew how dissimilar, or much diversified, diseases\* may arise from the same general causes."—*On the Constitutional Origin, &c.* Note p. 71.

\* These secondary affections are, I believe, so far similar, that they are always of an inflammatory nature, however different the species of the inflammation.

eye completely destroyed, and its function wholly lost, from a tonic and exciting plan of treatment. The same takes place in the secondary diseases of the chest and abdomen.

At length, pain, tenderness, soreness on pressure of the most affected parts, take place. It often happens that the patient is not aware of this circumstance, and that the inflammation has gone some length, or even terminated in effusion, as in the case of the serous and cellular membranes; or in suppuration, as when the parenchymatous viscera become the seat of the inflammatory action, before either he or his professional attendant is aware of the actual danger. Sometimes ulceration takes place, and sphacelus of the intestines, even without any very evident symptoms of inflammatory action. This I have met with occasionally. Very recently (7th August, 1824,) I was called to a case, in which the symptoms of inflammation of the bowels were extremely equivocal. There was obstinate constipation; a strong regular pulse; pain of the abdomen, apparently from distention. The abdomen was very much distended with wind, and was blown out almost as if with a severe ascites. Pressure, though it created some pain, yet gave a little relief; there was fever, irritability, and great uneasiness. The man, how-

ever, was perfectly collected. Sixteen ounces of blood were drawn, leeches applied to the abdomen, and a blister afterwards. Purgatives of various descriptions and powers were also actively administered. He took nearly a drachm of oil of croton, in doses of three drops every half hour; the purgative effects of which were assisted by cathartic enemata. Every effort, however, proved unavailing, and he died on the 12th, between 11 and 12 at night.

On opening the abdomen, the omentum majus was found very much loaded with fat; in the centre was a complete tissue of red vessels, which gave it the appearance of an injected preparation. All the intestines and the stomach were greatly enlarged and distended with air; there seemed to be no difference between the diameter of the large and small intestines; nor could the colon be distinguished from the jejunum or ileon, except by its ligamentous bands and cells. The large intestines were filled with a soft (almost fluid) stercoraceous matter: the small intestines contained hardened scybala. In the cœcum was found an ulcer which had opened completely into the cavity of this portion of the intestines. The general appearance was a dark sphacelated or gangrenous one: their texture was nearly rotten, as the bare handling for examination was suffi-

cient to rupture them in many places. The liver was natural, but the gall-bladder was enormously enlarged, and contained twelve ounces of a dark-green-coloured bile. The spleen was unusually small, and did not weigh above two ounces; the pancreas nearly natural, a little hard and somewhat turgid; the bladder natural. The peritoneum was inflamed in several places; and in some, had the same dark sphacelated appearance already noticed in the intestines.\*

Unquestionably this state of the inflamed viscera arose in consequence of that languid inflammatory action which I have been hitherto discussing. Had this man applied more early, or even adopted the means suggested by the gentleman† who attended him in the first instance, this state might probably have been averted; or at all events the disease would not have terminated fatally so soon.

I am particularly anxious to call attention to this period of secondary disease. It is that at which active and judicious medical treatment may do much; if the third or organic change should set in, I fear all our efforts will then prove unsuccessful.

\* Mr. Brookes jun. and Mr. Morau, surgeon and assistant to Mr. Brookes sen. surgeon in this town, kindly favoured me with their assistance in this dissection.

† Mr. Jeston.

When a patient has laboured under febrile dyspepsia, due care and attention should be paid to all the symptoms; and indeed, to the general history of the case. The appearance of those organs and parts which are exposed should be narrowly watched; and the site of those which are contained in cavities, and thus concealed from our view, should undergo minute manual examination. It will often happen, under such circumstances, that a local inflammation may be found lurking in some part of the body, and which, but for such attention, would have escaped observation.

When the organs which are thus secondarily inflamed, are contained in a bony case, or in a cavity protected with bone, as in the head and chest,\* we must be guided by certain symptoms, which are generally considered characteristic of

---

\* The researches of Laennec, and the indefatigable exertions of Dr. Forbes, have brought the diagnosis of diseases of the chest to a degree of certainty and precision, which, perhaps, is scarcely attainable in those of other parts. The reader will find Dr. Forbes's late work on these diseases and the stethoscope\* replete with the most valuable information.

\* I think it a material improvement in the mechanism of this instrument, to construct the auditory extremity so that it may enter the meatus auditorius externus of the ear.

internal inflammations. A minute description of these would be inconsistent with the objects of this work. I may just here observe, that impeded, perverted, or deranged functions of any description, when complicated with a febrile state of the system, should always be attended to; and the means of reducing fever, combined with those calculated to relieve local inflammation, should form the basis of our medical treatment.

It cannot be too seriously impressed on the mind both of the practitioner and patient, that the tonic and stimulating plan, if adopted or persevered in, under such circumstances, will soon lead to the third alteration in structure, which, when once fully formed, leaves us but little to hope from the utmost efforts of medicine.

*Of the third degree, or Organic Change of Structure.* — After a continuance of the second change which has just been noticed, and the duration of which will vary in different cases, partly determinable by the severity of the morbid operations, and the particular structure and strength of the parts secondarily engaged, succeeds that more serious change, which completely alters the mechanism of the part, and wholly unfits it for its purposes in the animal economy. Every one the least acquainted with morbid anatomy, must be aware of the total impossibility of exactly defining the



limits of these changes,—that is, precisely where the one ceases, and the other begins. We well know, that important organs can undergo considerable alteration, and yet conduce, though in an imperfect degree, to the purposes of life: but there are changes to which parts are liable from diseased action, and which render them wholly incapable of any function in the animal economy. Thus the structure of the eye may be so far altered, as that vision may be impaired, but yet not wholly destroyed. If we do not, or cannot correct this state, or at least suppress the causes of it, the mechanism of the organ becomes so far altered, that vision is not only impaired, but absolutely lost. But who will point out wherein consists the essential difference between the termination of the one, and the commencement of the succeeding change of structure. In the more remote degrees, the shades of difference are both obvious and sensible; but when more closely connected, the changes are so gradual and insensible, as to be wholly imperceptible.

If the part thus affected be not essential to life, perhaps the inconvenience may cease with the loss of the function; but if the organ should be of vital importance, or that the perfect function should be essential to life, then such disease must necessarily prove fatal. We have instances of

the destruction of an organ, and the loss of its function, in some of those scrofulous inflammations which attack the eye, and which at length render it incapable of vision. Indeed a sub-acute inflammation of the eye, if not checked, soon destroys its mechanism, and the patient is deprived of sight. I have repeatedly seen, both in England and in France, ophthalmia break out among the troops, and produce the most untoward consequences. Red vessels begin to shoot from the opaque into the lucid cornea. When this occurs, the practitioner should then be on the alert. Sometimes exulceration, thickening, and opacity of the transparent cornea very speedily succeed. A negligent or inert practice may, in a very short time, lead to irreparable mischief.

The eye, the ear, the brain,\* the lungs, the heart, the liver, spleen, pancreas, and mesenteric glands, all become similarly affected, and their mechanism destroyed. The brain is liable to secondary affections, terminating in hydrocephalus. In the case of which I have detailed the morbid appearances in the Medical and Physical Journal, nearly half a pint of fluid was discovered in the ventricles. In those cases of sub-acute disease, with the fluid complete disorganization

\* See No. 307 of the Medical and Physical Journal.

of the brain is generally found. Who will say the precise amount of watery accumulation which is incompatible with life?—to this quantity may it increase, and no more. In the case to which I have just referred, I believe death resulted rather from the change of structure in the brain, than from the effects of the accumulated fluid. When fluid accumulates to such an extent in the brain, and is at the same time complicated with serious changes of structure, we have every reason to presume that the brain has been long subjected to the mechanical pressure, arising from a considerable quantity of water in the head; and therefore, we may regard the disorganization of the encephalon as the part of the disease incompatible with life.

The lungs undergo serious changes: thus their substance becomes indurated and impermeable to air; sometimes they are completely hepatized, somewhat resembling the liver in structure. They are frequently tuberculated, and phthisis comes on. In some cases, the bronchial structure becomes inflamed, exudes pus, and the disease resembles phthisis so closely, as hardly to be distinguished. Several instances of this description I have had an opportunity of witnessing, and indeed, the general progress of the disease. Sometimes the air cells of the lungs, from the violence

of inflammatory action, become inundated with water, their functions are arrested, and the patient suffocated. The same may happen from the more gradual purulent or pituitous exudations attendant on sub-acute inflammatory action of their substance.\* Indeed the lungs are liable to a great variety of changes—even gangrens, scirrhus, &c.—each differing somewhat from the other, but all, when arrived at a certain extent, equally fatal.

The heart is also subject to a variety of affections, which are differently named and distinguished. For an accurate description, the reader may consult Baillie's *Morbid Anatomy*, Laennec and Forbes on the Chest.

The liver, spleen, and pancreas, it is well known to every pathologist who is anxious to acquire any knowledge upon these points, undergo considerable changes. The liver becomes enlarged, indurated, and scirrhus. The spleen is liable to similar changes; and every one in the least degree conversant with morbid anatomy, must have seen not only the foregoing alterations in the liver and spleen, but an indurated pancreas.

The serous membranes sometimes become tuberculated; sometimes they suppurate, pouring

\* It was to disease of this description that the celebrated Dumourier, whom I attended professionally, fell a victim.

out great quantities of purulent matter; and occasionally they even exulcerate.

But it is not my intention to attempt any thing like a particular description of individual organic diseases. Such a work would require infinitely more labour and experience than could devolve to the share of one individual. Dr. Baillie, with great labour, and in the possession of extensive opportunities, published an account of the morbid changes which he had observed himself; but the numerous valuable contributions daily to this important department of our science, fully attest how inadequate the most zealous industry, consummate ability, and extensive opportunities in the hands of one person, prove to its perfection. Medicine is too comprehensive a science to be raised to that perfection, of which no doubt it is susceptible, by the labours of one or two individuals: it is from the united efforts of a body of men, zealously and ardently devoted to their professional pursuits, that we are to hope for any thing like permanent and valuable improvement.

The particular description and classification of organic diseases, however, are not so much our present purpose, as their theory; that is, what are the antecedent operations whence they originate, and by which they are induced. There can be no doubt, that in every instance, some

of the phenomena which characterize the febrile action precede them. If we examine the history of organic diseases in general; if we inquire into the individual history of each particular form, and of each special disease; we shall discover that some of the manifestations termed febrile have been observable. Are we not then justified in concluding that these manifestations are essentially necessary, or at least fully adequate to the production of the phenomena? In the Report which immediately precedes these observations, it is shewn that dropsies have been aggravated by a pyrexial state of the system, independently of local inflammatory action, at least sensible by its peculiar characters.\* Surely then pyrexia, by thus acting on particular structures, may induce such changes in them as have been already adverted to. Local inflammation, in the abstract meaning of the expression, supposes a physiological axiom or principle, which some very eminent professors† of the science not only dispute, but even deny that it can be inferred from any of the phenomena—I mean the active agency

\* *Notæ verò inflammationis sunt quatuor, rubor et tumor, cum calore et dolore. Quo magis erravit Erasistratus, qui febrem nullam sine hâc esse dixit.*—*CÆLS.* lib. iii. cap. 10, p. 139.

† Bichat, Parry, &c.

of the larger vessels in circulating the blood. Men, however, of considerable reputation,\* support an opposite opinion, and assert that the vessels are endowed with a contractile power, and which contributes, independently of the heart, in no small degree, to carry on the circulation. Perhaps the question is not very material to our present object. We are not assured of the supervention of disorganization unattended by more or less febrile disturbance in some of its stages. "The connection of local disease," says Abernethy, "has been often remarked; it has been formerly attributed to impurity of the fluids; a theory which is not irrational. Imperfect digestion must influence the qualities of the blood, and all the parts of the body may be affected from this source."†

Which is the part first influenced by the impurity of the blood? Undoubtedly the part which is first exposed to the effects of this impurity; and surely the heart is this part.‡ Its excitability,

\* Wilson Philip, Hastings, &c.

† P. 65.

‡ Perhaps it may be here urged as an objection, that upon the principle of impurity, the lacteals and thoracic duct should come first in order. And upon similar grounds, the right auricle, ventricle, and lungs, would next succeed. But to this it may be replied, that this fluid is not blood, nor does it con-

therefore, becomes more instantaneously affected, and often the *vis à tergo* has acquired a preternatural momentum, before the extreme branches of the circulation are sufficiently excited to support it.

However, a certain debility (either actual or relative) of the parts seems essential to the phenomena of diseased action. We know that the *vis à tergo* may be preternaturally excited, and yet the phenomena of disease not succeed, because the extreme parts soon partake of the excitement in a corresponding ratio. When the exciting causes cease to act, the excitement subsides, and gradually falls to the natural standard. During preternatural excitement, we often observe the deleterious effects on particular parts of our system, prevented or suspended by an increase of function proportioned to the excitement. Thus violent exercise causes perspiration; and where it is long continued, as in the

tribute in the least degree, during this lesser circulation, to animal nutrition or assimilation. Therefore, whatever its qualities, it cannot affect, in a physiological sense, any organ or texture, till propelled from the left ventricle. The first arteries given off from the aorta are the coronary arteries of the heart. Consequently, the substance of this organ is the first to suffer, and of course its excitability will be soonest and most immediately affected.



instance of hard-worked horses, the different animal excretions are voided much more frequently, and in greater abundance. Nature seems to have provided for every possible contingency; it is only from a gross abuse that permanent suffering results.

In fine, from the different opportunities which I have had of inquiring into the history, and witnessing the progress of secondary diseases, and the termination of these in organic affections, I feel disposed to support the view which I have just now taken; and to attribute them to the fever which prevails in the system at large, operating prejudicially upon the less excitable parts of structure; and that the fixation of disease of this nature is determined by the comparative structure and strength of the affected part itself. We have too long been in the habit of regarding such fevers as sympathetic or secondary to the local affections; whereas it is equally reasonable, and in many instances much more consistent with the phenomena, to look upon the fever as the primary affection, and the local affections, and subsequent disorganization, as the effects of febrile excitement prevailing generally, but unequally, through the system.

TREATMENT  
OF  
ORGANIC DISEASE.

---

*"Eum verò rectè curaturum, quém prima origo causæ non fefellerit."*

---

THE foregoing observations on the nature and theory of organic disease, readily suggest the principles of its treatment. If the view here taken be correct, it must be evident, that the means of cure consist in general rather than local measures. One principal object, and one of considerable importance in regulating the treatment of these affections, is the reduction of fever. If the violence of the febrile action be not subdued, or at least in some degree controlled, the principal cause of the disease will continue in operation; and it is a well-established maxim, that the continued or renewed application of the cause will be followed by its consequential effect.

In considering the treatment of dropsies, I have endeavoured to shew, that even if the dropsical accumulation depended upon a failure in the absorbing vessels, the attempt to excite them must have the effect of first exciting the general system. If we excite the system in general,\* as much as we do any particular part, how do we restore the natural relations, and which are necessary to health, when they have been subverted or destroyed? If we suppose the healthy relations represented by the whole numbers 10 and 5, but that 5 be reduced to 2; if we, in our attempts to raise the power represented by 2 to 5, at the same time raise 10 to 16, we are as wide of the natural relations as at first. Our remedies are more calculated to act on the excitability generally, than on particular parts of it. The great object is to reduce the general excitement; that of particular parts will soon correspond.

All theories, unsupported by practical experience, should be scrupulously examined, and if admitted, adopted with great caution; but surely, when theory suggests the principles, and experience confirms the efficacy of our practice, we may be said to have attained the highest degree of

\* It should be also recollected, that our means act more powerfully on the general system than on a particular part.

certainty of which our science is susceptible. I was led to adopt the foregoing theory of organic diseases, and I conducted the treatment on the principles which it suggests. I shall not extend this work by a detail of cases in illustration; these I shall reserve for another opportunity. I shall merely observe that I have found the plan generally successful, when adopted sufficiently early, and before the organic affection had attained an incurable degree of severity. I shall now, in conclusion, merely observe on the application of these principles in detail to the cure of organic diseases.

The treatment of fever by depletion is not new. It was adopted by the ancient practitioners, and in more modern times, Sydenham is said to have carried it to rashness. Perhaps this charge is not quite just. In many fevers the excitability of the heart and arteries is preternaturally increased, and the momentum of the blood augmented beyond its due bounds. We know of no means so powerful in diminishing the momentum of the blood, or in reducing the activity of the heart and arteries, as lessening the quantity of the circulating fluid. In prescribing the quantity of blood to be drawn, we are to be guided by the vigour of the heart and arteries, and the hardness of the pulse. I believe it may be laid down as an

axiom, that a hard pulse invariably indicates the necessity of blood-letting.

I have repeatedly witnessed the advantage of blood-letting, in cases where there was no other symptom to warrant it, except a hardness of the pulse, and some degree of fever.\* If we attempt the cure of the first stage of disorganization, and which has been termed nervous irritation, by tonics, and exciting remedies, when fever prevails, we incur great risk of fixing the violence upon some particular part, and possibly a vital one, to the imminent danger of our patient. Dr. Philip considers the treatment of the first stage of indigestion to consist in the exhibition of tonics, to excite the languid functions of the stomach and digestive organs. But these principles are admissible only to a certain extent. I have often seen the febrile form of dyspepsia induced by stimulating remedies, exhibited, in too great abundance, to restore the languid powers of the stomach. In the febrile form, if such treatment be solely relied on, it will as certainly induce local inflammatory action, even where the slightest traces of it had not previously existed.

\* I have never witnessed a hard pulse alone, or without some degree of fever: and I do not believe the former ever appears without the latter.

Patients labouring under febrile dyspepsia are generally oppressed with a languor and despondency which renders them extremely miserable. A stimulating treatment is calculated to intoxicate the senses, and render them insensible to every feeling of distress. Nay, even the spirits may be thus exhilarated, and a temporary respite obtained; but it proves an interval of repose from which the patient awakes no way refreshed. He soon finds that there has been no real suspension of his sufferings, which now again press upon him with aggravated severity. Similar, but more powerful means are now resorted to, and each successive effort is followed by still more disastrous consequences.

Local inflammations now begin to shew the peculiar tendencies of the habit; and fortunate will it prove for the patient, if the inflammatory manifestations shew themselves in such a form, or appear in parts where their character cannot readily be mistaken. It has often happened that pains, and tenderness, the consequences of internal inflammatory action, have been looked upon and treated as nervous, till the total disorganization of the part has left nothing whereon to doubt, nor any thing to hope. In the febrile form of dyspepsia, before we attempt to arouse the vigour of the digestive organs, we must first reduce the inflammatory tendency. It may be observed of

tonics and stimulants in general, that whenever they excite fever they are hurtful, and their exhibition under such circumstances should be suspended till this tendency has been reduced.

It has been already observed, that the quantity of depletion should be proportioned to the violence of the excitement. The object is to reduce inordinate momentum, not wholly to arrest vital action. We wish to equalize the circulation, not to suspend it. If venesection be prescribed empirically, that is, without any object, there is much greater chance of erring than of being right. It may fail of reaching the requisite amount, or it may greatly exceed the necessary limits; either error must equally prove injurious to the patient.

Another means of reducing fever, is by increasing the quantity of the natural excretions. Hence purgatives, diuretics, and sudorifics, present us with powerful remedies in the treatment of disease. A course of purgation will prove adequate in some cases, to the reduction of the inflammatory diathesis; but it will be thus effected at a much greater sacrifice of the strength. However, the regular evacuation of the bowels should form a part of the treatment of every disease. But wherever there is an inflammatory tendency, the free evacuation of the bowels daily will con-

tribute much in diminishing fever, and reducing this tendency.

The selection of the purgative is a matter of some moment. The resinous purgatives are apt to irritate, and do not produce that plentiful secretion from the bowels, which it is here our object to excite. The neutral salts have ever been remarkable for their febrifuge and anti-inflammatory powers.

We have been too much in the habit of neglecting the urine, and the influence which through these organs may be exerted over disease. In an inflammatory state of the system, we find the secretion of urine considerably diminished, and its sensible characters seriously altered. Thus it is high-coloured and scanty, or it is pale and limpid. Sometimes it is of a straw colour, dense in appearance, and of great specific gravity. A remarkable property,—its coagulation by heat, has been already adverted to, and in one instance it almost resembled jelly. Surely, then, the due regulation of the urinary functions must tend much to diminish the severity of disease.

There is a particular class of medicines, which, from their being supposed to exert a specific influence in exciting the secretion of urine, have been named diuretics. How far they are deserving of this special distinction, it is not now my object



to inquire. Some of the most powerful of these have been administered in dropsies, and that too in active doses, without any very sensible effect. It is with them as with all other remedies:—much will depend upon the state of the system at the time. Whenever there is an inflammatory tendency, the saline class are most indicated. Of the vegetable class, those which control the circulation are to be preferred. Of this description is digitalis, and perhaps colchicum. Squills I think too heating; but if special confidence in its powers should obtain for it the preference, I believe the vinegar or acetum scillæ will be found the most eligible form. The same observations will apply to colchicum; the acetum colchici will occasionally answer our purpose, when any other preparation would stimulate too much.\*

Exciting the skin has long been regarded as a means of cure in fevers. A regular action of the skin is very successful in keeping down inordinate excitement, and hence must be applicable to the objects now in review. Idiopathic fevers are frequently wholly arrested by an active sudorific. A gentle diaphoresis is always beneficial in fever. Those diaphoretics which exert the greatest control over the force and frequency of the pulse,

\* The powers of colchicum will greatly depend upon the time of the year at which it is taken up.

are found preferable in inflammatory fevers; and hence antimonials are particularly serviceable. The James's and antimonial powders are highly extolled; but I know of no preparation which exhibits greater powers than the tartar emetic, given so as to keep up a constant nausea. By such means, the skin is bedewed with a thin, gentle moisture, and the momentum of the circulation is reduced, and permanently controlled. Indeed the advantages of tartar emetic, in those inflammatory fevers termed "phlegmasiæ," are universally known and acknowledged; and the vinum antimoniale of the New London Pharmacopœia is an officinal solution of this mineral preparation, to which we may at all times resort, and with considerable advantage, in cases such as have been described.

There is another means of reducing the inflammatory diathesis, and which has been of late much neglected; I mean a permanent drain from the system. This is effected by the successive application of blisters and issues, or setons. Blisters are objectionable, because they excite in the first instance, and increase fever. The stimulus of a blister, in cases of merely diminished inflammatory action, I have known to cause a relapse. Great judgment and caution should be exercised in the application of blisters, whenever there is

high fever, and increased arterial action. Issues and setons are not liable to similar objections: their effects are not preceded by that irritation which always attends the action of a blister. I am convinced from repeated trials, that in the sub-acute form of fever, which frequently harasses some dyspeptics, an issue, or seton, will reduce this fever, and subdue those manifest tendencies to local inflammatory action, which so perpetually distress the patient, and perplex the practitioner.

Opium, and indeed narcotics in general, have under particular circumstances great powers in softening the pulse, and thus reducing the inflammatory tendency. I remember the case of a young lady, who was seized with erysipelatous fever, at the termination of which there was great irritation, with a very small, hard, wiry pulse. General bleeding was out of the question, and there was no symptom present to direct it locally. A tolerably large dose of opium shewed considerable powers, both in diminishing irritation and tranquillizing the circulating powers. The powers of opium and other narcotics should not be neglected in such cases, and they will always, when judiciously administered, be found materially to assist our other means.

It may happen, that the debility of particular parts may have arrived to such a height, as to

pervert, or even wholly arrest their natural functions: but it must be carefully remembered, that the debility of one organ does not necessarily involve the whole system. Thus, the stomach may be weak, and incapable of acting on the aliment; and of fitting it for the purposes of nutrition. In such cases we are to endeavour to awaken the dormant powers of the stomach by means applied directly to itself. We know that all parts of human organization are not equally susceptible of impressions from the same stimuli; nor are even the same parts equally susceptible under every variety of circumstance. If then we attempt to excite a debilitated part, we must take care that our means do not at the same time excite the whole system. The greatest attention is required in the exhibition of tonics and stomachics, that their action may be confined to the parts which we wish to excite, and that their exciting influence may not be exerted unequally through the system. "Ginger," says Dr. Philip, "may be used when cardamoms would *heat* too much, and cardamoms will relieve flatulence and spasmodic pains when ginger would fail." Speaking of ammonia and its carbonate, the same author observes:— "They are more apt to *heat* than aromatics, and, in the same proportion, more beneficial in that languor and coldness which are

often such prominent features of indigestion. Their greater tendency to heat seems to arise from their acting as a more general stimulant. They are more apt to strengthen and quicken the pulse, and, probably, act on the sanguiferous system after they are taken up by the absorbents; I have found them decidedly serviceable when aromatics had failed. They are best adapted to those cases where a continuance of the disease has produced much debility, and consequent languid circulation, without much *tenderness* of the epigastrium, or *hard* pulse, or any sensation of *burning* in the hands or feet at night.”\*

In these observations we find experience confirming theory, and thus important improvements in our practice suggest themselves. We learn that even a languid and debilitated circulation cannot be rashly excited, where there are local manifestations of disease, without considerable risk.

Dr. Paris, in his learned work upon Pharmacologia, states that venesection proves a powerful means of awakening the dormant susceptibilities of the system to the impressions of medicinal agents. “In enumerating the methods,” he says, “to be adopted for increasing the energies of a

\* Treatise on Indigestion, page 190.

remedy, by rendering the system more susceptible of its action, it is right to observe, that under certain circumstances venesection deserves a distinguished rank amongst the *ADJUVANTIA*." He continues: — "Whether the '*Vis Conservatrix*' which nature, when in a state of health and vigour, opposes to the admission of poisonous substances into the circulation, be overcome by blood-letting, is a question which I shall leave others to decide;"\* — perhaps, a solution upon the principles already advocated would be applicable, at least, in many cases. By correcting fever, and equalizing excitement, venesection will prove a valuable resource to the physician; and by reducing the phlogistic diathesis, remedies will thus become admissible which previously could not be administered without considerable danger. "The effects of *Bark, Steel*, and other tonics, are certainly influenced in the same manner; † whether in any case it may be prudent to have recourse to such a practice, is a question not immediately connected with the present inquiry." ‡

If the views which I have submitted to the reader be admissible, the question may be considered as settled; and the practitioner will frequently meet with cases in which, though tonics

\* Pharmacologia, pp. 114, 115.

† By venesection.

‡ Pharmacologia, page 116.

and exciting remedies be required to fulfil certain indications, yet it will be hazardous to resort to them, till the excitement has been equalized, and the inflammatory tendency subdued by sufficient depletion.

Among the means of diminishing febrile excitement, and reducing the inflammatory tendency, we should not omit dilution and refrigerants. Dilution in ardent fever, is of the highest importance, and indeed it is what the patient's own natural feelings prompt.

Refrigerants, too, are in such cases of great service; they diminish general excitement, and at the same time promote the action of the skin. Dilution and refrigeration may be successfully attempted by a union of the means adapted to each object. Indeed many of the objects which have just been reviewed, may be attempted with much greater prospect of success, and certainly much more effectually insured, by a judicious combination of the different remedies adapted to each purpose: but for information on these heads, I refer to the different works on *Materia Medica*, and Dr. Paris's *Pharmacologia*.

We must not pass over the advantages to be derived from regimen, in our endeavours to subdue a phlogistic diathesis. Regimen compre-

hends three important objects in the treatment of disease: namely, diet, air, and exercise. To enter at length on these questions separately, would be wholly incompatible with my limits. The diet should be light, nutritive, easy of digestion, and such as will not excite fever. When the inflammatory tendency is well marked, and that the patient continually suffers from some degree of fever, perhaps a total abstinence from animal food\* may be advisable. This plan of course cannot be long pursued, for there are few patients who will submit to it, however conscious they may be of the advantage. However, where the inflammatory tendency is obstinate, and that the strength has been already sufficiently reduced by depleting measures, we must then endeavour to counteract these tendencies by restrictions on diet. "It would surprise any one," says Dr.

\* I had occasion to visit a young lady some time since, who, to impress me with an adequate idea of the serious indisposition of a young friend, observed: "You may guess how ill she has been since she was confined to her sofa, and ordered to eat a mutton-chop every half hour." That she should ever have left her sofa is to me the mystery. Perhaps the prescriber in this instance was of the same opinion as Sir William Temple, who asserted that "the stomach was like a schoolboy, always doing mischief when unemployed!"



Philip, " whose attention had not been particularly directed to them, to observe the effects which a diet composed wholly of vegetable substances and milk, if the stomach can bear it, combined with small doses of such medicines, often produces in those labouring under this form of the disease, who have been vainly endeavouring to support their strength by a large proportion of animal food and tonic medicines. It has long been admitted, indeed, that such a diet is useful in cases of debility. By this change the pulse is more or less softened, and the bowels and the skin are relaxed."\*

Indeed, it is occasionally impossible to reduce the inflammatory diathesis by active antiphlogistic measures; thus, I have known one or two cases, in which great irritability of the nervous and sanguiferous systems prevailed. In these instances blood-letting to any extent, as from fourteen to twenty ounces, had no effect in reducing the symptoms; undoubtedly the pulse became small, but the inflammatory tendencies were by these means no way subdued. The proper treatment of such cases consists in small bleedings, as from four to six ounces, repeated at proper intervals, and a cooling diet, principally vegetable.†

\* Treatise on Indigestion, page 257.

† " The treatment of this disease consists in forbidding animal

There are few cases which will resist these means, if properly and judiciously managed. In some cases, however, the patient cannot or will not submit to what he may consider so severe a discipline, more especially in the first stage of organic disease, when perhaps his fears and apprehensions are as yet but little excited. Under such circumstances, we must recommend that animal food be used only once or twice a week, and that on these occasions the least stimulating kinds be used. For a detailed account of the articles of diet and their properties, I must refer the reader to the works on the *materia alimentaria*, and to Dr. Philip's *Treatise on Indigestion*.

Air, to which head I also refer climate, is a powerful means of reducing or increasing the inflammatory diathesis. One great advantage of the warmer latitudes, is that there the invalid is not exposed to such sudden changes of weather as constantly prevail in our own. Dr. Philip seems to attach but little importance to change of air, and perhaps, in the abstract meaning of the expression, he may be right. He observes :—" There has been

food, or broths, and all fermented liquors ; in enforcing the absolute necessity of rigidly adhering to a milk and vegetable diet ; and above all, in taking away blood once or twice in the week, to the quantity of six ounces each time." — *Pemberton on the Abdominal Viscera*, p. 14.

much difference of opinion respecting the cause to which the benefit to be derived from change of place is to be ascribed. We have reason to believe that it arises from various circumstances, but least of all, in most instances, from mere change of air. It is evident that the air is effectually changed by the wind, and far more rapidly than it can be by any change of place. Yet it is only when the temperature or degree of moisture is changed by the wind, that we can perceive it produce any change in the health, if we except that a certain degree of wind is useful by preventing absolute stillness of the air, which always becomes oppressive when long-continued, and that independently of any impregnation of the air; for it is felt by those who inhabit single houses in the country as well as by the inhabitants of towns. A free circulation of air is particularly grateful to the feelings, and, as we might from this alone infer, favourable to health.”\*

It is evident that Dr. Philip here regards change of air as merely effecting an interchange between the particles of this medium. In such a sense his observations are unquestionably perfectly just. That such is his meaning appears from the following paragraph:—“The truth is,”

\* Treatise on Indigestion, pp. 261, 262.

he says, "that the air is essentially the same in all places. It has been found by correct experiments that in the closest parts of London, and on the top of the Malvern Hills, it possesses the same proportion of the principle which supports animal life,\* and is itself, indeed, in all respects the same."†

The great misfortune of empirical practice is, that the prescriber, when he issues his precepts, has no other object in view than merely an appearance of doing something. Perhaps this is the reason why what is understood by change of air has not met with all that attention and consideration which its importance requires. Change of air, or perhaps more correctly change of climate, is capable of effecting much, both in preventing organic disease, and in relieving it when it has supervened. The chemical constitution of the air is, perhaps, every where the same; but the physical properties of this fluid will differ essentially as to its volumes under different temperatures. A cubic foot of air under the pole and under the equator will afford the same relative quantities, as to volume, of the vital principle or oxygen; but the absolute quantities will be widely different.

\* This is to be understood relatively, not absolutely.

† Treatise on Indigestion, *ubi supra*.

A volume of air at a *medium* density, will occupy a greater or less space according as its temperature is either elevated or lowered. If, then, an animal breathe in an elevated temperature, it must be evident, that in a given number of inspirations the blood will be exposed to the action of a less quantity of oxygen, than if the density of the medium were increased by a corresponding reduction of its temperature. The converse of this reasoning is equally evident; for during a given number of inspirations in a denser medium, the blood will be submitted to the action of a greater quantity of the vital principle than when the air is rarer.

Oxygen, it appears from numerous experiments, is absolutely necessary for the support of animal life; but it has also been ascertained, that an atmosphere of pure oxygen increases the excitability to an extent incompatible with life; and if its inhalation be continued for any time, inflammatory action, and death ultimately, will succeed. Hence then it is established, the lower the temperature the denser the atmosphere, and the greater the influence of the exciting principle on a breathing animal; and consequently, under such circumstances the more will the inflammatory tendencies be increased.\* May not the inflam-

\* I have recently had an opportunity of witnessing a practical confirmation of these principles. A lady to whose case I have

matory tendencies of the diseases of winter and spring be thus in part explained?—and the peculiar languid character which distinguishes those of summer and autumn may be satisfactorily accounted for,\* upon the converse of these principles. Reflection upon these circumstances will

casually adverted, was attacked with a severe pulmonary affection in Dublin, for which a change of residence was strongly recommended. This affection Dr. Laennec, whom she consulted at Paris, pronounced a “peripneumony.” On her way into Devonshire, where she is to pass the winter, she determined to remain some days with me, at Henley. During her stay all the symptoms had improved very much, till a north-easterly wind set in. She felt this change of weather most acutely and sensibly. The febrile tendency and cough were much increased, in so much that the local symptoms required leeches and blisters for their reduction. Notwithstanding every attention and effort to regulate the temperature, and to preserve an equable and uniform degree, the thermometer and barometer manifestly indicated the inefficacy of all endeavours. On the change of wind to south-west, the symptoms immediately improved, and the patient experienced much relief; the severity of the febrile symptoms and cough abated so far, that she could pass quiet and comfortable nights. These facts are of considerable importance, and may lead to the most useful practical results.

\* Some years since, I had some very instructive opportunities of witnessing the effects of climate in stamping the character of diseases. During the Peninsular war, I found that the inflammatory affections which prevailed among the troops in Spain and Portugal, partook of that low and languid type which required but very moderate antiphlogistic measures, indeed venesection to a great extent was inadmissible. After the termination of the war I went to Canada; and here I found that the vernal inflam-

unequivocally prove the great accuracy of Sydenham, and the attention with which he reviewed the phenomena of disease; and it still farther shews that his division into vernal and autumnal diseases is by no means either arbitrary or fanciful, but a real practical distinction, the importance of which, in a more enlightened age, may be successfully supported and established upon the clearest principles of reasoning and philosophical induction.

We know that if the temperature of the atmosphere be much elevated, from the elastic nature of this fluid its volume is considerably increased, and the breathing becomes hurried in a corre-

mations required the most active antiphlogistic measures,—even venesection, carried to comparatively an immoderate and incredible extent. Again, on my arrival in the Netherlands and France, it was necessary to limit the activity of the means: the men too were the same in each instance. Hence also we may infer that medicine is not so much a mere empirical art, as some would insinuate, as a philosophical science, the practice of which is to be cultivated and established upon principles of reasoning and philosophy.—“For the complete knowledge of medicine as a science, all the collateral lights of natural philosophy and erudition are required, while for its successful practice as an art, the physician should possess those high qualifications of mind, and have received that moral cultivation, which a mere technical education can never bestow.” See *Medical Jurisprudence*, by Paris and Fonblanque, vol. i. page 4.

sponding ratio;\* what does this physiological fact indicate?—but that nature by a hurried respiration is endeavouring to compensate the absolute diminution of the vital principle under the increased volume of the medium. On the contrary, in a low temperature the breathing is comparatively slow, because the density of the atmosphere allows the introduction of a sufficient quantity of the vital principle into the lungs, under the diminished bulk of the air, to effect the necessary changes in the blood, as quickly, or even more rapidly than the purposes of the circulation require. Thus, in the colder season, the blood is more arterial, the excitability increased, the force, vigour, and velocity of the circulation augmented. Hence the common expression “a bracing air.” Hence too it is that the inflammatory diseases of winter and spring are attended with a higher degree of excitement, require more copious venesection, and the adoption of more active and vigorous antiphlogistic measures and regimen.

The habit of blood-letting in spring which so generally prevails among the vulgar, may thus obtain some satisfactory explanation. We know, too, that it is a common practice among grooms,

\* Witness the dog, without the least exercise, panting on a hot summer's day.



to submit the cattle committed to their charge to a similar discipline at this season. So confident, indeed, are some persons of the prophylactic virtues of this practice, that I have heard them attribute all their diseases for the year to their neglect of it. Habitual venesection, however, conduces to plethora, and is therefore objectionable, as much may be effected by abstinence, and greater temperance in our living at these periods, as by habitual venesection, and certainly with infinitely more safety.

As in some measure allied to the foregoing means, I may mention clothing. There is nothing which tends so much to counteract the susceptibilities of the system, as warm clothing. The clothing should be adapted to the season of the year. In the winter it should consist of such materials as will prevent the effects of the weather upon the natural functions of the skin — the insensible perspiration. Hence it is, that leather waistcoats are found so valuable an article of dress against the low temperature of a Canadian winter. In those who perspire much in summer, flannel worn next the skin, by absorbing the perspiration, and preventing it cooling, and thus suddenly checking this secretion, will be highly beneficial in preserving health. There is another circumstance which should be closely attended to

by those who are subject to habitual fevers and inflammations : I mean airing or drying the bed-linen and night-clothes daily before a fire. The same may be observed of the linen and clothes worn next the skin during the day. The perspirable vapour which they absorb from the surface, becomes condensed into perfect moisture by the cold, when removed from the influence of the animal heat which kept it in a state of vapour. Of the truth of this assertion any one may satisfy himself.

With regard to exercise, a very few remarks will be sufficient ; some discrimination may be required in suiting it to the patient's strength, habits, and circumstances in life. Exercise may be considered as of two kinds, bodily and mental. That kind of exercise which employs both while it does not over-fatigue or distress either, is the most eligible. All kinds of horse-exercise, if the patient can bear it, are very suitable to our purpose. The body is exercised at the same time that the mind is amused with the variety of passing scenes. The field sports would to some patients prove too fatiguing ; besides they who indulge in these exercises are generally so infatuated with them and addicted to their pursuit, that they never hesitate to sacrifice their health to their gratification.

Fishing appears to be an exercise of rather too indolent a nature, and the patient is apt to become chilled from so long and inactive an exposure to the air.

Walking is a highly beneficial means of exercising the body. "Walking," says Dr. Philip, "when it can be borne for an hour or two without fatigue, is of all exercises the best; it is that which nature intends for us. There is no other accompanied with such a uniform and regular exercise of the muscles and joints; and from the valvular structure of the veins of the extremities, it is better fitted than any other to promote the circulation, and consequently all the functions of the system. It is also the most agreeable mode of exercise; our desire for it, when it has been long withheld, becomes excessive."\*

It has been already observed, that those kinds of exercise in which the mind as well as the body is employed, are most beneficial. Hence it is that sporting offers such attractions. Dr. Philip observes that a proper exercise of the mind is of as much consequence as that of the body. He says, when the latter is debilitated and ill at ease, the former is generally languid and listless; and although this state of mind is more or less coun-

\* Treatise on Indigestion, pp. 168, 169.

teracted by a due degree of bodily exercise, yet the occupation of the mind itself is necessary to its cure.

Intense study is rather too severe an employment for the mind either of the invalid or the valetudinarian. The maxims which have been urged for regulating the exercise of the body, are also applicable to that of the mind. Indeed, the great object in both cases is adequate exercise without the danger of over-fatigue. Hence those kinds of exercise which combine both objects, are most suited to our purpose. "Those exercises in the open air," Dr. Philip observes, "in which the bodily exercise is combined with a moderate and pleasurable exercise of mind, particularly gardening, are well adapted to this disease, provided the patient can avoid fatigue, which is not always easily done when the mind is occupied."\*

The philosophy of the sciences offers to our consideration a most eligible means of employing both the body and mind of an invalid. By the philosophy I mean, such a general knowledge of the principles of a science as may be acquired without undergoing too great a degree of mental exertion or fatigue. An attempt to cultivate a more intimate acquaintance by over-fatiguing the

\* Treatise on Indigestion, pp. 169, 170.

mind, might, through the reaction, debilitate the body, and thus prove generally prejudicial. There is no study which seems so admirably calculated for our purpose, as the philosophy of botany. It is at once a most delightful and engaging occupation. It affords sufficient bodily exertion, while at the same time it adequately engages the attention: add to which, that it may be cultivated in every climate, and can hardly be considered objectionable from the risk of over-fatigue.

A cultivation of the philosophy of the sciences presents the prospect of still greater advantages, which, perhaps, we professional men are too apt to overlook—I mean the moral cultivation and improvement of the mind. An invalid, whose idea of the Supreme Being extends perhaps no farther than a mere compliance with custom in addressing hebdomadal supplications, will, in prosecuting the philosophy of a science, discover such omnipotence and justice; and the exercise of such mercy, attention, and benevolence towards even the meanest of his creatures, as will inspire him with a well-founded hope and confidence in that solicitous care and consideration which the Deity has manifested every where throughout the creation. These are objects which are far from beneath the dignity of philosophical medicine.

The precepts which have just been delivered

will apply to all stages of organic disease. Of course the farther advanced the progress of the disease, the greater the necessity for a strict and rigid observance, on the part of the patient, of those rules of living, which he alone can render efficient. The physician can prescribe medicines, and he can soon ascertain, from the expected result contrasted with the real phenomena, whether his prescriptions have been complied with; but in as far as regards regimen, the patient may easily practise on the most skilful, and deceive even the most cautious. But these are arts to which it is to be hoped no reasonable being will descend; if any should, let them blame only themselves in the hour of necessity and tribulation.

The second stage of organic disease will require a union of the means suited to the first, with those local measures which the affections of particular parts require. These consist in all the foregoing measures, with cupping, leeches, blisters, and all the means in use for the reduction of local inflammatory action. Whenever the signs of local inflammation supervene, if the practitioner persevere in the use of tonics, without having first reduced or equalized the excitement, this stage will soon run its course, and speedily terminate in the third, in which there is but little

to hope from any mode of treatment. We have seen that the stimulating plan of treatment in the first stage, in an excited state of the system, is capable of inducing the second, in which the symptoms of local inflammatory action are more clearly developed. "The stimulating plan," Dr. Philip observes, "which is proper while the fault is in the muscular and nervous powers of the stomach alone, is no longer applicable."\*

I have seen many cases, in which the patients, with not only pain on pressure of different parts of the abdomen, but such tenderness of the præcordia immediately under the ensiform cartilage, that as Dr. Scudamore emphatically expresses it, they dreaded the slightest touch, as the stab of a sword; yet, under these unfavourable circumstances, have they been taking Cayenne pepper, bitters, and tonics of every description. Thus, the symptoms were aggravated, and the unfortunate victim of such imprudence, finding no relief whatever from medicines, has, in the bitterness and anguish of despair, betaken himself to intemperance, and surrendered himself to habits wholly at variance with his natural inclinations; but which, in his erroneous views of his own situation, he conceives absolutely essential, not

\* Treatise on Indigestion, p. 226.

only to the restoration of his debilitated and enfeebled powers, but actually necessary to support even so wretched an existence. Nor are such errors always confined to the patients themselves; they sometimes, however seldom, obtain professional sanction: thus a case presented to me some time since, in which the patient, though labouring under a glandular inflammation of the mesentery, was very injudiciously dosed immoderately with the tincture of muriated iron. In this instance, the mere application of the hand to the abdomen would have fully informed any one, in the least conversant with the signs of inflammatory action, of the real situation of the patient, and the hazard and danger of subjecting him in such a state to the exciting influence of steel.

The means applicable to the first stage of organic change, become doubly so to the second. When the pulse is hard with fever, the means already noted are to be adopted for the reduction of these symptoms. If the practitioner confide too much in the powers of local blood-letting, he will in all probability be deceived. Leeches may relieve the pain and tenderness of the part, but they will not subdue the fever which produces them. Perhaps the pain and tenderness may be thus relieved, or even wholly removed for a few days, but the fever continuing, they soon return



again. It is a great mistake to suppose the pain the original, the fever the secondary affection. In my mind, the very reverse of this is the more correct view. Fever, more or less marked, ushers in the actual commencement of the disease, and local inflammatory action succeeds. Is it not therefore reasonable to presume, that if any such relation as cause and effect exist between these two morbid states, the primary affection should be regarded as the cause?—for it would be rather a novel system of logic that the effect precedes its cause.

I am anxious to direct the attention to these views, because on a correct understanding of this question depends the proper treatment. I have seen instances in which leeches have relieved, nay even removed the local tenderness, but it proved merely a temporary removal. It soon returned: the same means were followed by similar effects, but a recurrence of the symptoms fully proved, that though relieved, they were not wholly subdued. The apparent debility is in some instances such as to deter from the practice of general blood-letting; but I would under most circumstances prefer drawing six ounces of blood from the arm, to the application of twenty or thirty leeches. The irritation from so many leech-bites is quite sufficient, in a delicate and

sensitive habit, to aggravate all the symptoms. A combination, however, of general with local blood-letting, will answer best. Thus the abstraction of four or six ounces of blood from the system, with the application of six or eight leeches, followed by a blister to the tender part, will in many cases give more permanent relief, than ten times the same quantity of blood drawn by the repeated application of leeches or the scarificator and cupping-glasses.

It will sometimes happen that the inflammatory tendency is so great, that a perpetual recurrence to these means seems to effect little more than merely debilitating the patient. We reduce the excitement, but we cannot equalize it. In such cases, issues and setons will be found of the greatest service. The various modes of blood-letting are merely temporary operations; and if the system be not susceptible of the impression, its effects are soon overcome by the inflammatory tendency, and thus all benefit is lost. Issues and setons are more permanent measures. They operate powerfully, and they are in operation both day and night, in fact at every moment. "When the inflammatory symptoms continue to recur," says Dr. Philip, "after the temporary relief obtained by the preceding means, a perpetual drain established in the most tender part is often fol-

lowed with the best effects. I have seen many cases, with this aid, yield to the means which they had long resisted without it."\*

I have already noticed the powers of such drains in subduing the inflammatory or phlogistic diathesis, even when no local affection exists. In No. 307 of the Medical and Physical Journal, I have adverted to the efficacy of an issue, in perfectly subduing a tendency to severe hæmoptoe. Such drains I have known of the utmost benefit in habitual inflammations of the eye, throat, ear, &c. Cephalæa to a very urgent and troublesome degree, and which has resisted every kind of blood-letting, local and general, has yielded to an issue or seton. Indeed, recent experiments seem to prove that active venesection does not relieve vascular turgescence in the brain. The peculiar construction of the internal contents of the cranium, is such as to resist, or at least such as is unaffected by, any immediate operation of blood-letting. However, small venesections frequently repeated manifest considerable powers in diminishing the plethoric state of the vessels of the encephalon and its membranes. Hence the superior efficacy of permanent drains. Their operations, though slow and gradual, are yet never-

\* On Indigestion. p. 233.

ceasing in their action. I remember to have heard of a case which happened about twelve or fourteen years since, which is highly illustrative of the powers of issues and setons. A married woman was very much afflicted and distressed with severe menorrhagia, alternating with leucorrhœa. She had tried a great variety of remedies, and indeed the tonic plan had not been neglected. Her health, however, began to suffer materially, and she at last came to town\* to consult an eminent physician, who directed the insertion of an issue—I believe, in the arm. The immediate flow was thus checked, and her health improved rapidly. In the course of some time she became pregnant, and then she experienced all that languor and irritability which I have already noticed as connected with pregnancy. She, in the more urgent moments of her distress, applied to her accoucheur, unfortunately a very rash and ignorant character, who told her that the real cause of her sufferings was, that her enfeebled frame was not equal to the discharge from the issue, and the debilitating effects of breeding. In consequence of this so plausible representation, the issue was dried up; but a fatal abortion very shortly after proved the fallacy of the hypothesis. The gentle-

\* Dublin.

man who informed me of this termination observed, that on examining the uterus there were very evident signs of undue arterial action, great turgescence of the vessels, and depositions of coagulable lymph. Thus it is, that by the mismanagement of excitement the worst forms of disease may be induced.\*

Indeed, in the first stage, before the local symptoms have completely and unequivocally developed themselves, the tonic plan we have seen should be adopted with caution: how much more necessary is it then, when the symptoms of local derangement are perfectly manifested, to use caution in the exhibition of such remedies as are calculated, by their influence on the circulation, to aggravate the mischief! “By stimulating qualities of bitters,” says Dr. Philip, in the note, p. 197, “I mean the power by which some of them increase the force of the circulation, and consequently are rendered improper where the inflammatory diathesis prevails.” Even the vegetable bitters then have the power of increasing the force of the circulation; but the mineral tonics possess this pro-

\* I had once an opportunity of seeing an attack of acute rheumatism in a gouty habit, accompanied with fits of temporary delirium, by an exciting mode of treatment, terminate in insanity, which ultimately proved fatal: at least, such was my impression from a careful attention to the circumstances.

perty in a more eminent degree, and are probably still farther objectionable upon other grounds. Upon this subject I shall make but one other observation for the consideration of the reader, — that in those suffering from the first stage of disorganization the second stage has yet to intervene, before the third and last stage can put an end to all our hopes; but when the second stage has clearly developed itself, the least error in the treatment may superinduce that final change of structure which in all probability admits of little or no relief, at least under ordinary circumstances, from medicine.

From the despondency with which I have mentioned the third stage, or that in which the natural structure has been disorganized, the reader's anticipations are no doubt of the most gloomy character: and so they well may be, when such serious changes have taken place to any extent, in the structure of vital or important organs. However, these changes, even in the most obstinate cases, sometimes take place only partially; that is, they do not pervade the entire mechanism of the organ. Thus we sometimes meet with one lung indurated, or hepatized, while the other performs the function of respiration, and life is, though imperfectly, still supported. Sometimes the disorganization is confined to a portion, even

to a single spot, narrow in extent, of the diseased part.

But perhaps the reader is now ready to exclaim, are we to resign the patient to his fate, or are we to persevere in our efforts, however vain and hopeless they may seem. To this it may be answered, that no degree or severity of disease, except the unequivocal signs of momentary dissolution, can justify the practitioner in relaxing from his endeavours for the preservation of his patient. If a part only of an organ has been thus destroyed, should we not endeavour to preserve or restore the integrity of what has suffered but imperfect disorganization? In such a case, if the patient's means will admit, a residence, a temporary one at least, in a more congenial climate, would be highly desirable. The history of therapeutics in pulmonary consumption furnishes abundant evidence of the advantages which may be derived from change of climate. In scrofulous diseases, the adoption of similar means has proved a powerful prophylactic, as well as a most efficacious measure in the therapeutics of these diseases. In this work, I cannot enter at greater length on the objects to be attained by change of climate, than what I have already done in the preceding pages. Perhaps, therefore, the reader will take the trouble to re-

view the facts there established, and the principles deduced from them. With this view, I refer him to the observations upon regimen.

When the third stage of organic disease has fully established itself, the inflammatory tendencies cannot be said to be subdued by this occurrence; the same unequal excitability continues. Excitement, we know, if uncontrolled, will at last cure itself, or perhaps wear itself out. This is a fact, which both observation and experience have confirmed. But the natural reduction, if it may be so expressed, or the spontaneous cessation of active or even subacute excitement, seldom occurs till the miserable patient has been worried nearly to death. However, even in such cases it is easily renewed, and is then of that low, languid nature, of which, however, the different organs cannot partake, and consequently suffer; but yet, which will not admit of any attempt at equalization, without the most imminent danger, and indeed, immediately risking the life of the patient. Therefore, as we dare not attempt balancing the powers of the system, when any become comparatively preternaturally excited, we should immediately remove the patient from the influence of all those causes of excitation, of which our own climate is so abundantly prolific. Perhaps, by these means we may arrest the farther progress of disorganiza-



tion, and thus confine it, if we can effect nothing more, to those parts to which it has already extended.

Dr. Philip, in his accurate description of a species of pulmonary disorganization, which he has named "dyspeptic phthisis," recommends small and unirritating doses of mercury. This practice is founded upon sympathy and the theory of its diseases; namely, that if a disease be sympathetic of a primary or original one, on the cure of the latter, the former ceases spontaneously.

Dr. Philip examines into the nature of the relation between the affection of the lungs and that of the digestive organs. "Is the one a consequence of the other, or are they simultaneous affections arising from a common cause? They are not simultaneous affections, for the one almost always evidently precedes the other."\*

In the report upon dropsies, I have endeavoured to detect the fallacy of the opinion which connects the complication of organic diseases with dropsy, as cause and effect. The theory which refers "dyspeptic phthisis" to sympathy with other parts, taking this term in its present acceptation, may, perhaps, appear to be equally unfounded. "We often observe," says Dr. Philip, "the first† of these forms of the disease arise from

\* Treatise on Indigestion, pp. 336, 337.

† Dyspeptic phthisis.

causes evidently acting on the digestive organs, and, as far as we can perceive, in no degree on the lungs."\* — Can this proposition, in its literal meaning, be admitted? Do not the digestive organs prepare the germs at least, of that which afterwards becomes the nutrition of the pulmonary substance itself? Is not the excitability and power of the heart thus increased or diminished? Does not the quality of the blood depend in some degree upon digestion?—and must not all these circumstances have a direct, though, perhaps, not an immediate effect upon the component structures of animal organization? In fine, have we not thus primary, secondary, in a word, consecutive causes of disease, which will explain their theory much more satisfactorily, and certainly infinitely more philosophically, than such an unmeaning term as sympathy?

Dr. Philip's accuracy and candour afford a still farther confirmation of what has been advanced: He says, — "It is not to be overlooked, however, that it is in those most disposed to pulmonary disease, that affections of the digestive organs most frequently produce it. We consequently see this species of phthisis most apt to occur in the same habit which disposes to other forms of that disease."<sup>†</sup> Here we can clearly develope

\* Treatise on Indigestion, *ubi supra*.

† P. 339.

the theory. The lungs are weak from natural conformation, or other causes into which it is unnecessary to inquire. Indigestion, in the way already explained, excites the heart and arteries; the momentum of the blood, (the quality of which, perhaps, is seriously changed,) is thus preternaturally increased. What then must be the consequence of such an afflux, with such an impetus, upon a delicate structure—weakened still farther, either by conformation or diseases? But why should the lungs be gifted with those fine feelings, which Virgil has so elegantly depicted in the character of “Soror Anna,” in the story of “Dido,”\* in one case, the liver in another, the brain in a third, the eye in a fourth?—in a word, every organic texture seems liable to similar feelings: how then can we reconcile such phenomena with the idea which the term sympathy so universally excites? If we would improve the science of medicine, we must refer the phenomena of disease to physical operations, rather than to moral agency, or metaphysical speculations. Upon the principles which I support, we can readily trace the origin and progress of secondary disease, and even develop the theory of more obscure

\* “Cum sic *unanimem* alloquitur *malesana sororem*.” see also *Æneid*. lib. iv. v. 9—53, et passim.

affections, through a succession of intervening disorders and consecutive morbid operations.\*

Let us next examine the theory of that treatment which Dr. Philip has found most successful. "Provided," he says, "there be no great tendency to tubercles, and the hepatic affection be not unusually obstinate, the first stage generally yields to the usual means of relieving the cough and TENDENCY TO FEVER, combined with the milder parts of the treatment of the second stage of indigestion, particularly such an attention to diet as prevents the stomach being oppressed, and *counteracts the inflammatory tendency*; keeping up rather a freer action of the bowels than is necessary in health, and taking care by occasional doses of blue pill or calomel, according as the bowels are more or less easily acted on, to preserve a sufficiently copious, and healthy secretion of bile."†

In the above observations, we see that Dr. Philip is fully impressed with the consequences of febrile excitement, acting on a diseased or weakened structure. The less stimulating stomachic medicines have generally been used, particularly when the appetite was much impaired.

\* See a paper on the Pathology and Treatment of Hydrocephalus, in No. 307 of the Medical and Physical Journal.

† On Indigestion, p. 353.

But the reader will do well to watch narrowly the stimulating plan of treatment.

“ All of this class of medicines which possess any *heating quality*, have appeared objectionable. Even gentian, so useful in the first stage of indigestion, seems often to increase the cough, and the tenderness of the epigastrium. I have found the extract of camomile flowers, combined with small quantities of the powder or oil of carraway, among the best stomachics in such cases; and, unless the strength be much reduced, Epsom salts have appeared to be the best assistant to the cathartic effects of the mercurial.”\* Here the principle which I have laid down is fully confirmed by experience: we wish to restore their healthy functions to the digestive organs; but in our efforts to act locally on these parts, we must at the same time take care that our remedies do not too powerfully affect the momentum of the circulation.

Dr. Philip lays great stress upon reducing the hardness of the pulse, and regulating the febrile heat.—“ I have also, particularly where the pulse was very hard, seen great advantage from giving with the mercurial, very small doses, four or five minims, of the tincture of colchicum, repeated

\* Page 355.

three or four times a day; and it is of great use in all cases, to allay the feverish heat by nitrate of potash, or saline draughts.”\*

Dr. Philip seems to refer the relief obtained from mercury† in this disease, to the specific action of this mineral on the liver, and its power in exciting the languid, or controlling the irregular functions of this organ. He observes, — “Where the failure of relief proceeds from the *obstinacy* of the *hepatic affection*, some hope arises from a fuller mercurial course, but it is often fallacious; for, although such a plan as I have recommended may be pursued without any diminution of strength, and is generally, by relieving the disease, attended with an improvement of it; a freer use of this medicine, if its advantage be not immediately apparent, will generally be found hurtful.”‡

Now if the change of structure depended on sympathy, that is, that unintelligible and inexplicable connexion of parts, whereby, when one organ becomes diseased, another immediately, as it were, in compliment to it, assumes a morbid condition also, should we not presume, that on

\* Treatise on Indigestion, p. 360.

† See an excellent article by Dr. Robertson, on the effects of mercury, in No. 126 of the Medical Repository, June 1824. See also one on Curative Medicine, by Dr. Shearman, *ibid*.

‡ On Indigestion, p. 361.

the cessation of the primary affection, the sympathetic one would also think of terminating its career? But what does Dr. Philip say upon this subject? "It sometimes happens that the tenderness of the epigastrium is wholly, but the pulmonary symptoms only partially, relieved by the above plan."\* I would observe that the converse often takes place: the pulmonary symptoms subside, while the disease in the epigastrium continues, or even aggravates: or other structures, weaker, and more susceptible than the pulmonary organs, become engaged; and thus the brain, the eye, the rectum, the mesenteric glands, or even the skin, suffer manifest changes, or perhaps undergo complete disorganization, according as the structure may be deficient, or the excitability impaired.

I have already had occasion to advert to two important functions in the animal economy—deposition and absorption. It was then observed, that the incessant operation of these functions was, independently of other considerations, absolutely essential to preserve our structure from that putrefactive decomposition to which animal matter, deprived of its vitality, so speedily yields. If then the animal structure be not completely destroyed, and that these two functions, secretion

\* *Loco citato.*

and absorption, still continue, however imperfectly they may be performed, there still exists the possibility that the absorbents may remove the morbid structure; and if a healthy depositing power be restored to the secreting vessels, the morbid matter may be removed, and the natural and healthy structure thus recovered.

The curative indications then, in organic disease, may be here deduced. We must endeavour to awaken the dormant powers of absorption, and at the same time, to control and regulate deposition. It is probable that the latter is the *modus operandi*, or rather the rationale of our means, in effecting a cure of the first and second stages of organic disease. The depositing power is controlled and regulated, while the discerning one removes the effect of the previous morbid action.

Mercury appears to be the panacea in almost all diseases. Dr. Philip found a cautious use of it the only means in dyspeptic phthisis, and attributes its effects in this disease, as already observed, to its powers in exciting the biliary functions.

The introduction of mercury into the system, is accompanied with two obvious and remarkable phenomena, namely, fever and emaciation. An active exhibition of mercury proves highly stimulating; the heart and arteries contract more powerfully, the pulse is accelerated and hardened,



and all the functions are more vigorously excited. Absorption is similarly affected; and hence, perhaps, one great cause of the emaciation consecutive of protracted mercurial courses.

The facts just now stated, with regard to the effects of mercury upon the human constitution, are the deductions of acknowledged observation and experience. May we not then, upon these principles, readily explain the beneficial effects experienced by Dr. Philip from the exhibition of mercury in the treatment of dyspeptic phthisis? His use of this mineral was the most temperate and cautious that can be well conceived. Just sufficient was given to prove a gentle stimulus to absorption, while the quantity never amounted, nor was suffered to accumulate in the system, to the extent necessary to excite the heart and arteries, and thus increase the momentum of the blood. Dr. Philip himself tells us, that he gave small and unirritating doses, frequently repeated; indeed, "so small, that if they did little good, nothing, at least, was to be apprehended from them."\*

We know that mercury has been given to excite the absorbents to take up the water effused in hydrocephalus, and extravasated in the brain from

\* Treatise on Indigestion, p. 241.

injuries of the head. Physicians have endeavoured to cure dropsies by mercury, upon similar principles. It has been given in chronic ophthalmia, to force the blood through the languid vessels. It has been given *empirically*, that is, without any principle or object, in scrofula; and Dr. Cullen tells us that, whenever it excited fever, it invariably proved hurtful in these cases.

May we not, in these acknowledged properties, discover a more satisfactory, and certainly a more philosophical explanation, of the successful mode of treatment adopted by Dr. Philip, than in the agency of those *moral* sensibilities which sympathy would establish, between the different structures and their functions?

Mercury has been given, and with success too, unless indeed we doubt the most credible evidence, in pulmonary consumption. Instead of doubting the fact, should we not rather seek its explanation? This can be attended with no evil consequences, for if we do not attempt to emulate, but merely to develop a practice, the rationale of which we do not comprehend, no mischief whatever can befall our patient from such endeavours.

From an attentive observation, and careful reflection upon the general history, the slow and gradual progress of scrofula, and indeed the

general phenomena to be observed in this disease, I conceived myself warranted in regarding the immediate cause of scrofula to consist in a torpor or weakness of the absorbing system generally, or of the diseased part. This led me to adopt a practice, the efficacy of which I have proved in about forty cases. It consists in exciting the absorbents to a vigorous and healthy exercise of their functions.

We have been long acquainted with one article of the materia medica which manifests considerable powers upon the functions of the faulty system; I mean mercury, and its different preparations. Mercury, however, in most of the forms hitherto tried, has been found to excite the heart and arteries too much to admit of its use, so as to derive the full benefit of its powers upon the absorbing system. I have found that by bleeding, antimonials, and other antiphlogistic means, its exciting influence upon the heart and arteries may be controlled, and its influence upon the absorbing system thus secured. I have frequently regulated the treatment of scrofula upon these principles, and in many cases with success.

An agent of similar, but far superior powers upon the absorbent system, has been lately, at least in a comparative sense, introduced to professional notice. This agent has been named IODINE.

But iodine, though it strongly excites the lymphatic system, yet it also exerts considerable influence over the heart and arteries, and excites them to vigorous action. Hence an attempt to treat scrofula by an empirical exhibition of iodine would be surely attended with disappointment and defeat, if not with infinitely more serious consequences.

The exciting influence of iodine, and the increase of this influence by the spirituous menstruum first used for its pharmaceutical preparation, led those practitioners who were fully impressed with a sense of the value of this remedy, to seek for a more eligible, or at all events a less objectionable form for exhibition; and a union of iodine with potass or soda was pitched upon.\* To deny that iodine possesses extraordinary powers in scrofula, would be to deny a fact which may be tested and proved, and which every day's observation and experience fully confirm; but to deny that great mischief, even the most serious consequences, may result from an ignorant and empirical exhibition,† would be equally absurd and incorrect.

It is an established principle in pharmacology,

\* Was it the ineligibility of the menstruum, or the supposed value of the alkalies themselves, in scrofulous affections, which led to the combination above noted?

† Vide Gairdner on Iodine, &c.

that similar remedies, if combined, reciprocally increase each other's effect.\* Hence the idea occurred to me, that a union of iodine (chemically) with mercury,† might increase the medicinal efficacy of each, while, at the same time, both might be thus disarmed of those properties which render them, singly, injurious in scrofula.‡ The idea no sooner occurred, than I instituted a number of experiments, to determine the most advantageous mode of preparing, as well as of ascertaining the properties of the mercurial iodides. It would be superfluous here to enter on the detail of these experiments, the more especially as I perceive their preparation and properties are sufficiently explained for practical purposes, in the Appendix to Magendie's Formulary, by Dr. Dunglison. Suffice it to say, that I succeeded to the full extent of my expectations on the first point, that is, increasing the ener-

\* "Dr. Fordyce," observes Dr. Paris, "first established the existence of the singular and important law, that a combination of similar remedies will produce a more certain, speedy, and considerable effect, than an equivalent dose of any one."—*Pharmacologia*, ed. 4, p. 102.

† When I determined on this preparation, I was not aware that Professor Brera had used it, nor do I believe he had, when the idea first occurred to me.

‡ We know that many articles, individually poisonous, by combination become mild, and even wholesome agents; as sulphuric acid and caustic potass.

gies of the remedies by combination ; and that I partially succeeded in the second. As far as regards the second object, depriving the remedies of their objectionable properties, it is not completely effected by their union. The combination is apt to excite the force of the heart and arteries, and so to increase the momentum of the circulation. Hence, when fever, or any marked tendency to fever prevails, the diathesis wherein this tendency consists should be corrected, before the mercurial iodides be exhibited. It frequently happens, that where no febrile symptoms were observable before the exhibition of the iodides, some time after the administration a febrile tendency prevails, and the manifestations sometimes run very high. Immediately on the appearance of such symptoms, we should desist from the farther use of the remedy, and institute those means which experience has proved most efficacious in subduing fever.

The treatment of organic disease, conducted upon such principles, if what has been advanced be true, bids fairest for success. I have already endeavoured to refer the success of Dr. Philip's practice to the action of the mercury upon the absorbents ; the course being so mild and gentle as not to affect the general system. By these means the absorbents are excited to remove the morbid deposition, while, the vigour of the secreting

vessels being moderated, or their unhealthy action worn out by long-continued excitement, or perhaps corrected by previous treatment, healthy assimilation takes place, and natural is deposited in the place so lately occupied by morbid structure. The removal of the diseased structure is the object of the practitioner; the corrected assimilating powers will secure healthy deposition. Dr. Philip found the exciting influence of mercury, even in such small doses, occasionally, in irritable habits, extremely troublesome; so much so as, in some cases, to render a resort to gentle and mild anti-phlogistic measures necessary. This practice he found frequently successful, and the fact goes a great way in confirmation of the theory which I have supported.

There are two iodides of mercury; the first, the protiodide, formed by the decomposition of proto-nitrate of mercury, by a solution of hydriodate of potass\* or soda, is a yellowish powder, and con-

\* It may also be prepared extemporaneously, by directing the trituration of about two parts of hydriodate of potass with three of calomel; there is an immediate interchange of principles—the iodine of the hydriodate unites to the mercury, and the chlorine of the calomel unites to the potass. As prepared in this way, there is an intermixture of protochloride, commonly called sub-muriate of potass. This might be separated by washing; but I think in glandular affections of the mesentery, it frequently exalts the virtues of the iodide, and I therefore do not remove it.

sists, when properly prepared, of 2.5 mercury, and 1.56 iodine. This may be given in doses of from one to two grains at first, even to children. Adults may begin with even three grains. However, large doses do not seem necessary, for the gradual but constant influence of the medicine will be more efficacious than any active effects, and which would immediately require the suspension of its use, should no worse consequences ensue.

The other compound is named the periodide of mercury, and is formed by decomposing a solution of perchloride of mercury (corrosive sublimate) with one of hydriodate of potass. On mixing the solutions in proper quantities, a double decomposition takes place, and a red powder, the periodide, precipitates. This red powder consists of 2.5 of mercury, and 3.12 of iodine.\* This preparation may be given in doses of one grain. I have given as much as three grains for a dose, for some continuance; and in a case of white swelling which lately came under my care, I found these doses,

\* The French nomenclature designates these preparations "iodures," as it does the compounds of chlorine "chlorures." The composition of the iodides may be thus stated:—

*Mercury Iodine*

Protiodide, equivalent  $1=2.5 + 1=1.56$ .

Periodide .....  $1=2.5 + 2=3.12$ .



and friction with an ointment, consisting of half a drachm of periodide of mercury, rubbed up with twelve drachms of lard, extremely powerful. The man to whom I now allude, (Richard Wakefield) is a labourer, living at Hambledon, about three miles from this town. When he first applied to me, he was obliged to ride into Henley on an ass. The knee was very much contracted, swollen, and extremely painful. The occasional application of leeches, with the internal exhibition of the periodide of mercury, and friction above described, comprises the principal part of the treatment in this case. He can now walk to the Dispensary from Hambledon, and can very nearly straighten his knee. The swelling is almost wholly reduced. Surely white swelling is a very severe, and undoubtedly a very intractable species of disorganization; and if the mercurial iodides can exert any influence over such affections, what may we expect from them in the more tractable forms of disease, especially when matured experience shall have more fully developed their powers, and the most effectual mode of insuring them?

Periodide of mercury may be formed in the dry way, by the mere trituration of corrosive sublimate and hydriodate of potass. When I first commenced using these remedies, I was in the habit of directing the periodide to be thus formed

for ointment. The ointment, when merely smeared on a part, produced a severe excoriation of the skin, which was in many instances followed by desquamation. This I at first attributed to the muriate of potass, with which the periodide prepared in the dry way is always mixed. But I found that the same effect followed, even when it was wholly freed from muriate; so that excoriation of the surface is an effect which always follows two or three applications of the ointment of periodide of mercury.\*

The periodide is soluble in alcohol, æthers, spirits of turpentine, and I believe, most essential oils. It is also soluble in a solution of the alkaline hydriodates.† Thus we can give this preparation in the form of solution, which may occasionally be desirable. When I have given the periodide in a liquid form, I have always employed the solution of hydriodate of potass as the menstruum; this I

\* An ointment is now prepared by triturating hydriodate of potass with lead. This is the mode usually employed for the introduction of iodine by friction into the system. In this formula, however, the hydriodate of potass is decomposed; the potass unites with the lead, forming an imperfect soap; while the iodine, either pure or in the state of hydriodic acid, is diffused mechanically through the soap. Hence it is an unphilosophical, or at all events an unchemical formula.

† See No. 307 Med. and Phys. Journal, and Appendix to Magendie's Formulary, &c.

prefer, on account of the stimulating properties of the other solvents.

Where the continuance of diseased action has induced considerable debility, or where, from any other cause, this state has supervened in a severe degree, I can scarcely anticipate so rash a practice, as pushing these remedies to such an extent as to excite inflammatory action. If unfortunately, however, such an accident should occur, the iodides must be immediately suspended; and if the fever or inflammation should subside on suspending the exhibition of the medicine, the practitioner will have more luck on his side than he deserves. But if, notwithstanding, the symptoms should run high, and the excitement threaten the life of the patient, the prudent practitioner I cannot advise more judiciously, nor more eloquently, than Celsus has done in a similar case.—“*Fieri tamen potest, ut morbus quidem id desideret, corpus autem vix pati posse videatur: sed, si nullum tamen appareat aliud auxilium, periturusque sit, qui laborat, nisi temerariâ quoque viâ fuerit adjutus, in hoc statu boni medici est ostendere, quàm nulla spes sine sanguinis detractioe sit; faterique, quantus in hâc ipsâ re metus sit: et tum demum, si exigatur, sanguinem mittere. De quo dubitare in ejusmodi re non oportet, satius*

est enim anceps auxilium experiri quam nullum.”\*

If by a cautious and judicious perseverance in a plan of treatment, conducted on the principles just now laid down, the practitioner should perceive any amendment in his patient's disease, he may then endeavour to improve the strength, by the exhibition of some mild and gentle tonic. In resorting, however, to a tonic, I am particularly anxious to warn the physician of the danger. There is no source from whence relapses more frequently occur. Tonics do not excite every part of the system *equally*, consequently some are more powerfully and immediately stimulated than others. Thus we often find that the bark, bitters, and aromatics, so commonly used in indigestion, exert little or no effect upon the stomach, and are only sensibly felt by their excitation of the heart and arteries, and their general disturbance of the circulating functions. These observations are particularly applicable to the *febrile form* of dyspepsia.

In cases of scrofula, where there is a peculiar tendency to febrile excitement, and local inflammatory action, I have found the hydriodates of iron and zinc,† given in small doses, and repeated

\* Lib. i. cap. 10.

† They are readily formed by decomposing a solution of the

at proper intervals, excellent tonics. I think the carbonate of iron is generally too irritating, or unequally stimulating. This appears to be owing to its always passing to a higher degree of oxidation. The protoxide, or that in which the metal is in the lowest state of oxidation, is less objectionable; but from the affinity which iron has for oxygen, it can never be kept in this state for use. Even the sulphate and muriate of iron undergo similar changes, for they become brown on exposure to air; add to which, that even in their lowest degree of oxidation, I have found them too heating and stimulant. The tartrate of iron is a good tonic, and will frequently answer, being of the class of mild and gentle tonics; but even this preparation in time undergoes changes, which render it in some measure objectionable. Indeed, I believe the hydriodate of iron will be found most suited to our views: it is a mild and gentle tonic,\* and from the action of the iodine on the

metallic sulphates with one of an alkaline hydriodate; there is an immediate interchange of principles—hydriodate of the metal, and sulphate of the alkali, resulting. They remain in solution, and may be thus advantageously administered.

\* It may be given in doses of half a grain at first, three times a day. It may be increased afterwards to two or three. But I believe the same observation which was made with regard to the iodides of mercury, will apply here. The constant operation of the medicine is preferable to any immediately active effect, which may require its suspension.

absorbent system, admirably adapted to fulfil the indications which I have endeavoured to establish, for the cure of fully-formed organic disease.

Of course the practitioner will not neglect such other means as the progress, or other circumstances of the case, either suggest or admit. Thus the advantages to be derived from change of climate, change of scene, and from regimen generally, in the most comprehensive acceptation of the term, will not be overlooked or neglected.

Such are the views which I have been led to adopt, with regard to the theory and treatment of organic disease. There are few who will dispute the imperfect state of medical knowledge upon this subject. Indeed, when the third stage has supervened, we can expect but little from medicine; but the more imperfect and deficient our experience, the more zealous and ardent should we be in our endeavours to overcome our ignorance, and supply its place with useful practical knowledge.

THE END.

LONDON:

PRINTED BY J. MOVES, GREVILLE STREET.

# MEDICAL WORKS

RECENTLY PUBLISHED BY

THOMAS AND GEORGE UNDERWOOD.

**A MANUAL OF PHARMACY.** By **WILLIAM THOMAS BRANDE**, Esq. Professor of Chemistry and Materia Medica to the Society of Apothecaries of the City of London. In one vol. 8vo.

**AN ANALYSIS** of **MEDICAL EVIDENCE**; with **DIRECTIONS** for the **PRACTITIONER** in the view of becoming a **WITNESS** in **COURTS** of **JUSTICE**; and a very copious **Appendix** of **PROFESSIONAL DEPOSITIONS** and **EXAMINATIONS**. By **JOHN GORDON SMITH**, M.D. In one vol. 8vo.

**OUTLINES** of a **SYSTEM** of **MEDICO-CHIRURGICAL EDUCATION**; containing **ILLUSTRATIONS** of **ANATOMY**, **PHYSIOLOGY**, and other **SCIENCES**, to the **Principal PRACTICAL POINTS** in **MEDICINE** and **SURGERY**; with **Plates**. By **THOMAS TURNER**, Member of the Royal College of Surgeons of London, Lecturer on Anatomy, &c. &c. 8vo. 12s.

The **LECTURES** of **SIR ASTLEY COOPER**, Bart. on the **PRINCIPLES** and **PRACTICE** of **SURGERY**, with **Notes** and **Cases**. By **FREDERICK TYRBELL**, Esq. Surgeon to St. Thomas's Hospital. Volume I. 8vo. 10s. 6d.

## MEDICAL JURISPRUDENCE.

The **PRINCIPLES** of **FORENSIC MEDICINE**, systematically arranged, and applied to **British Practices**; intended for the use of **Magistrates**, **Coroners**, **Barristers**, **Medical Practitioners**, and **Jurymen**. Second Edition, greatly enlarged and improved. 8vo. 16s.

By **JOHN GORDON SMITH**, M.D.  
Lecturer on Political Medicine.

## NEW REMEDIES.

**FORMULARY** for the **PREPARATION** and **MODE** of **EMPLOYING** several **NEW REMEDIES**; namely, the **Nux Vomica**, **Morphine**, **Prussic Acid**, **Strychnine**, **Veratrine**, the **Active Principles** of **Cinchonas**, **Emetine**, **Iodine**, &c. with an **Introduction**, and **copious Notes**.

By the late **C. T. HADEN**. Translated from the French of **MAGENDIE**.

**New Edition**, with numerous **Alterations** and **Additions**, including the important **Additions** in the **FOURTH Edition** of the **Original Work**. By **ROBLEY DUNGLISON**, M.D. &c. 12mo. 5s. 6d.

An **APPENDIX**, containing all the **ADDITIONS**; price 1s.

## MEDICAL WORKS RECENTLY PUBLISHED

BY T. AND G. UNDERWOOD.

### DISEASES OF THE SKIN.

**A PRACTICAL TREATISE** on DISEASES of the SKIN, arranged with a View to illustrate the Constitutional Causes of these Diseases, as well as their Local Character. By SAMUEL PLUMBE, Member of the Royal College of Surgeons, London, &c. &c. 8vo. 14s.

Section 1st, Comprehends the Description and best Methods of Treatment of those Diseases which most affect and disfigure the Face, together with Ringworm, Scalled Head, &c.

2d, Those which depend on Debility.

3d, Eruptions most prevalent in Spring; the Eruptions of Infants, and those which exert a salutary influence on the System.

4th, Chronic, or Scaly Diseases; as Leprosy, &c.

5th, The Itch, Mercurial Eruptions, &c.

### DISEASES OF THE CHEST.

**ORIGINAL CASES**, with Dissections and Observations, illustrating the Use of the STETHOSCOPE and PERCUSSION, in the Diagnosis of DISEASES of the CHEST; also Commentaries on the same subjects, Selected and Translated from AVENBRUGGER, CORVISART, LAENNEC, and others. By JOHN FOARNS, M.D. Physician to the Chichester Dispensary.—“*Scripti illa quæ sensuum testimonio inter labores et tædia iterum iterumque expertus sum.*” AVENBRUGGER. 8vo. 10s. 6d.

### PRINCIPLES OF PATHOLOGY.

An EXPOSITION of the PRINCIPLES of PATHOLOGY, and of the TREATMENT of DISEASES. By DANIEL PRING, M.D. Member of the Royal College of Surgeons, London. 8vo. Price 14s. in boards.

**A TREATISE** on DISEASES of the NERVOUS SYSTEM. Vol. I. comprising Convulsive and Maniacal Affections.—The design of this Work is to illustrate by numerous Cases of Epilepsy, Mania, Chorea, and the different Forms of Paralysis, the Connexion between Affections of this Class, and a variety of Disorders of the Natural Functions. By J. C. PRICHARD, M.D. F.L.S. &c. Physician to the Bristol Infirmary, &c. 8vo. Price 12s. boards.

**THE SURGEON'S VADE-MECUM**: containing the Symptoms, Causes, Diagnosis, Prognosis, and Treatment of Surgical Diseases. Accompanied by Engravings to illustrate the modern and approved methods of Operating: also, select Formulæ of Prescriptions, and a Glossary of Terms. The Third Edition, greatly enlarged. 12mo. 8s.

BY THE SAME AUTHOR.

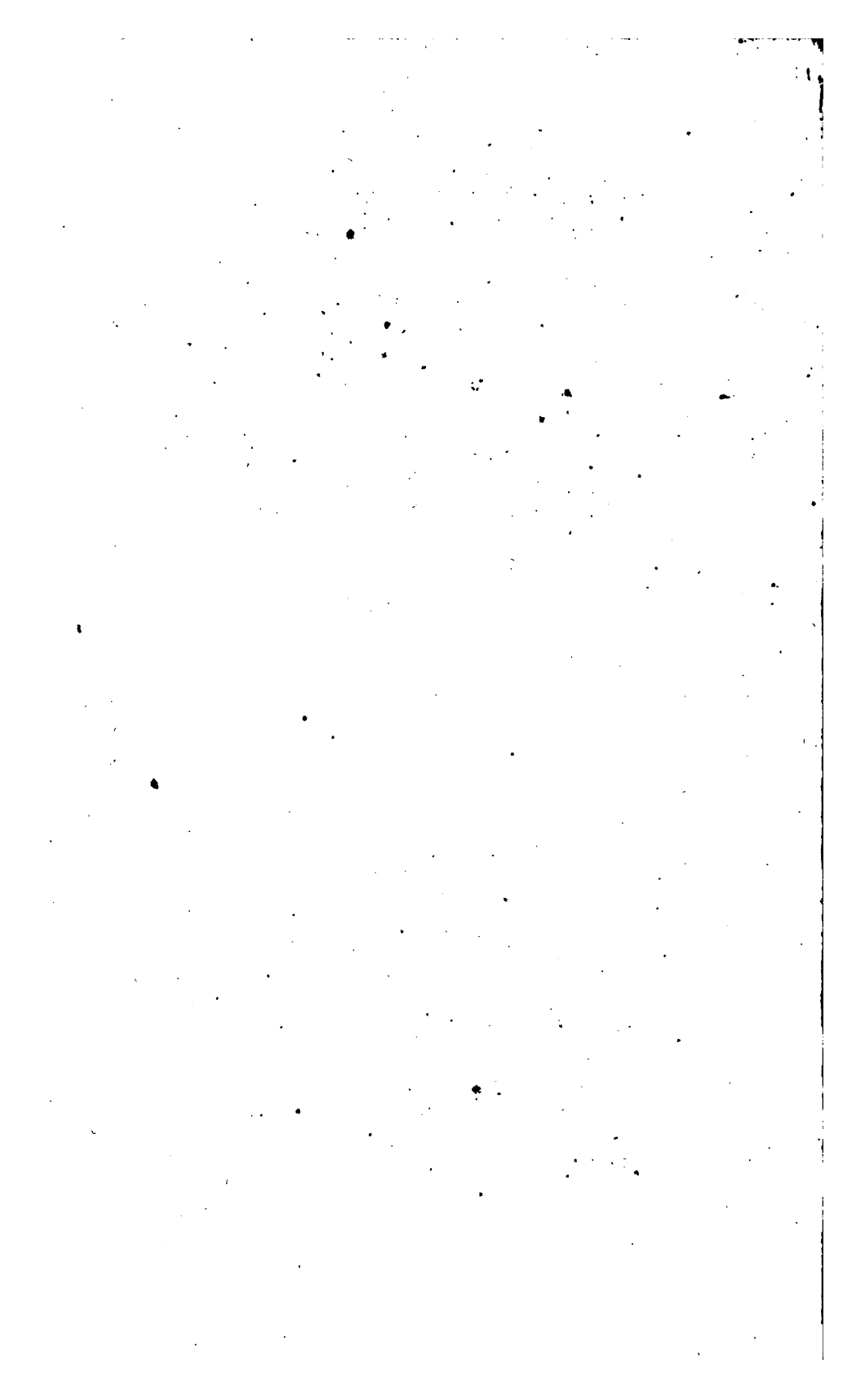
The PHYSICIAN'S VADE-MECUM, 12mo. 7s.

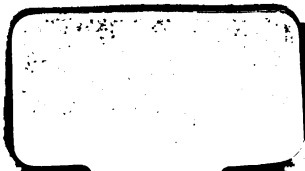
The ANATOMIST'S VADE-MECUM, 12mo. 8s.

EXAMINATIONS in ANATOMY, 12mo. 5s. 6d.









**60000539M**